STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Cascade Living Group - Burlington, LLC
Creekside Continuing Care Community
400 Gilkey Rd
Burlington, WA 98233

RE: Creekside Continuing Care Community License # 2316

Dear Administrator:

This letter addresses Compliance Determination(s) 61517 (Completion Date 06/24/2025) and 58454 (Completion Date 04/29/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/24/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2474-4, WAC 388-78A-2240, WAC 388-78A-2371-1, WAC 388-78A-2371-2, WAC 388-78A-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2150-1, WAC 388-78A-2290-3, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-d, WAC 388-78A-2290-3-e, WAC 388-78A-2620-2-a

The Department staff who did the on-site verification:
Cristina Gonzalez, Nursing Consultant Institutional

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 04/23/2025 and 04/25/2025 of:

Creekside Continuing Care Community
400 Gilkey Rd
Burlington, WA 98233

The following sample was selected for review during the unannounced on-site visit: 9 of 89 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, ALF Licensor
Melissa Phillips, Long Term Care Surveyor
Karen Glover, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services | Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) | Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 5 staff (Staff B, C, and F) obtained Home Care Aide (HCA) certification. These failures resulted in Staff B, C, and F not having demonstrated, via an examination from the Washington State Department of Health, if they had the required level of skill and knowledge to become certified as an HCA and placed all 89 residents at risk for compromised care and safety.

Findings included…

Review of WAC 388-112A-0060 showed long-term care workers without a health care provider credential must obtain home care aide or nursing assistant certification within 200 days of hire unless the long-term care worker meets the requirements for provisional certification allowing an extension of 60 additional days.

Review of the ALF's employee files showed the following:

Staff B, Medication Technician, was hired on 07/29/2024. There was no documentation that Staff B had obtained their HCA certification as of 269 days after their date of hire.

Staff C, Caregiver, was hired on 05/27/2024. Documentation showed Staff C was given a provisional certification extending their due date by 60 days. There was no

documentation that Staff C had obtained their HCA certification as of 332 days after their date of hire.

Staff F, Caregiver, was hired on 08/12/2024. There was no documentation that Staff E had obtained their HCA certification as of 255 days after their date of hire.

Review the DOH's Provider Credential Search (https://fortress.wa.gov/doh/providercredentialsearch/) showed that Staff B, C, and F did not have their HCA or nursing assistant credentials in the State of Washington.

On 04/24/2025 at 3:22 PM, Staff A, Executive Director, stated that Staff B, C, and F had not received their HCA certification yet. Staff A stated that their Resident Care Coordinator became involved with getting staff on schedule to test for their HCA near the end of last month.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Creekside Continuing Care Community is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on record review and interview the Assisted Living Facility (ALF) failed to ensure medications were ordered and available for 2 of 9 sampled residents (Resident 3 and Resident 7). This failure resulted in Resident 3 and 7 not receiving their prescribed medications and placing them at risk for medical complications.

Findings included…

Review of the ALF's policy titled, "Medication Assistance", dated 10/2023, showed that

all medications dispensed by the community would be reordered in accordance with pharmacy policies, with sufficient time so that the resident does not run out of a medication. Should there be a delay in obtaining the medication and a dose is missed, the resident's health care provider should be notified, as well as the resident's responsible party. All medication associates are responsible for keeping track of the need for medication refills when performing routine medication duties. A system of reporting medications that need refilling is kept by each community and overseen by licensed personnel.

Resident 3

Review of an undated face sheet showed Resident 3 was admitted to the ALF on [redacted]/2025 with multiple diagnoses including [redacted] and [redacted].

Review of Resident 3's Service Plan Report dated 02/26/2025 showed that facility staff are to order, store, and deliver medications per health care providers orders and Licensed Nurse instructions.

Review of Resident 3's medication administration record (MAR) for March 2025 showed Resident 3 was to receive Pramipexole (used to treat restless legs) Tab 0.5 Milligram (mg) three times a day. The MAR showed that Resident 3 did not receive the Pramipexole for 8 days (03/24/3035 to 03/31/2025). Review of the MAR notes showed staff were waiting for delivery of the Pramipexole from the pharmacy and that they would follow up with the pharmacy.

Review of Resident 3's progress notes showed no documentation of follow up with the pharmacy or medical provider until 04/01/2025 when the medication was placed on hold.

On 04/25/2025 at 3:45 PM, Staff G, Health and Wellness Director, stated that they were unable to locate documentation to show the communication between staff and the pharmacy or medical provider regarding the missing medication.

Resident 7

Review of an undated face sheet showed Resident 7 was admitted to the ALF on [redacted]/2024 with multiple diagnoses including [redacted]

Review of Resident 7's Service Plan Report dated 02/10/2025 showed that facility staff are to order, store and deliver medications per health care providers orders and

Licensed Nurse instructions.

Review of Resident 7's MAR for April 2025 showed Resident 7 was to receive Furosemide (a medication used to treat fluid retention and high blood pressure) 20 mg tablet, ½ tablet daily. The MAR showed that Resident 7 did not receive the Furosemide for six days (04/09/2025, 04/11-15/2025). Review of the MAR notes showed staff were waiting for delivery of the Furosemide and did not follow up with the pharmacy until day 5.

Review of Resident 7's progress notes showed Staff B, Medication Technician, followed up with the pharmacy on 04/14/2025 (5 days after the initial documentation) and again on 04/15/2025.

On 04/22/2025 at 1:21 PM, Staff G, Health and Wellness Director, stated that if medications do not come in, staff should call the pharmacy right away, alert the medical provider and document.

Plan/Attestation Statement

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to document investigative actions and findings for 6 of 9 Residents (Resident 3, 4, 5, 6, 7, and 8). These failures resulted in Resident 3, 4, 5, 6, 7, and 8 having incidents that were not investigated or documented and placed these residents at risk of harm due to the ALF not investigating the circumstances of the event and documenting the findings to

prevent similar future situations.

Findings included…

Review of the ALF's policy titled, "Incident/Accident Management", dated 11/01/2023, showed that in the event of an accident or injury to the resident, an Incident/Accident Report would be completed as soon as possible. The policy shows that the incident investigation summary portion would be completed by the licensed nurse or supervisor on duty and after completion would be kept in the Executive Director's or Wellness Director's office.

Resident 3

Review of an undated face sheet showed Resident 3 was admitted to the ALF on [redacted]/2025 with multiple diagnoses including [redacted].

Review of a progress note, dated 02/17/2025, showed that Resident 3 called for assistance using their pendant around 1:00 PM that afternoon and was found by staff on the floor.

Review of Resident 3's records showed no documentation of a completed incident report or investigation related to the fall on 02/17/2025.

On 04/25/2025, Staff G, Health and Wellness Director, stated that they could not find the incident report for the fall from 02/17/2025.

Review of a progress note, dated 03/22/2025, showed that Resident 3 was found on the floor in their room.

Review of an Incident/Accident Report, dated 03/22/2025, showed an incomplete section titled "Summary of Assessment of Contributing Factors and Action Plan/Interventions to Prevent Further Occurrences".

Resident 4

Review of an undated face sheet showed that Resident 4 was admitted to the ALF on [redacted]/2024 with multiple medical diagnoses including [redacted].

Review of a progress note, dated 02/18/2025, showed Resident 4 was given the wrong medication during a medication pass that morning.

Review of a Medication Error Report, dated 02/18/2025, showed “Section 2 (to be completed by Wellness Director or Executive Director” was incomplete. This section included subsections titled “Type of occurrence” and “System review and corrective action”.

Review of a progress note, dated 02/20/2025, showed Resident 4 was found on the floor after falling that morning.

Review of an Incident/Accident Report, dated 02/20/2025, showed an incomplete section titled “Summary of Assessment of Contributing Factors and Action Plan/Interventions to Prevent Further Occurrences”.

Review of a progress note, dated 03/22/2025, showed Resident 4 was found on the ground outside after falling that afternoon.

Review of an Incident/Accident Report, dated 03/22/2025, showed several incomplete sections including sections titled “Immediate Steps Taken to Protect the Resident from Further Incidents” and “Summary of Assessment of Contributing Factors and Action Plan/Interventions to Prevent Further Occurrences”.

Resident 5

Review of an undated face sheet showed Resident 5 was admitted to the ALF on [redacted]/2025 with multiple diagnoses including [redacted]

Review of progress notes showed Resident 5 had fallen on 01/26/2025, 02/23/2025, and 02/25/2025.

Review of Resident 5’s records showed no documentation of a completed incident report or investigation related to the falls on 01/26/2025, 02/23/2025, and 02/25/2025.

On 04/25/2025 at 1:34 PM, Staff G stated that they could not find the incident reports for the falls on 01/26/2025, 02/23/2025, and 02/25/2025.

Resident 6

Review of an undated face sheet showed Resident 6 was admitted to the ALF on [redacted]/2019 with multiple diagnoses including [redacted] and [redacted].

Review of Resident 6's Medication Administration Record (MAR) for February 2025 showed that Resident 6 did not receive their Eliquis (a medication used to prevent blood clots) for the dates of 02/27/2025-02/28/2025 for a total of 4 missed doses. Review of the Pass notes on the MAR showed "awaiting delivery".

Review of Resident 6's MAR for March 2025 showed that Resident 6 did not receive their Eliquis for 03/01/2025-03/02/2025 for a total of 3 missed doses. Review of the Pass notes on the MAR showed "awaiting delivery".

Review of Resident 6's records showed no documentation of a completed medication error report related to the 7 missed doses of Eliquis.

Resident 7

Review of an undated face sheet showed Resident 7 was admitted to the ALF on [redacted]/2024 with multiple diagnoses including [redacted] and [redacted].

Review of Resident 7's Service Plan Report dated 09/27/2024 showed that Resident 7 used a cane for distances and was normally independent with ambulation. On 02/20/2025 it showed that Resident 7 needed occasional assistance with transfers and ambulation following falls in 12/2024 and staff were to encourage Resident 7 to use their pendant when feeling weak or unsteady.

Review of Resident 7's progress notes showed falls on 02/18/2025 and 03/02/2025.

On 04/25/2025 at 1:03 PM, Staff G stated that they could not find the incident report for the fall from 02/18/2025.

Review of an Incident/Accident Report, dated 03/02/2025, showed an incomplete section titled "Summary of Assessment of Contributing Factors and Action Plan/Interventions to Prevent Further Occurrences".

Review of Resident 7's MAR for April 2025 showed Resident 7 was to receive Furosemide (a medication used to treat fluid retention and high blood pressure) 20 mg tablet, ½ tablet daily. The MAR showed that Resident 7 did not receive the Furosemide for 6 days (04/09/2025, 04/11-15/2025).

Review of Resident 7's records showed no documentation of a completed medication error report related to the 6 missed doses of Furosemide.

Resident 8

Review of an undated face sheet showed that Resident 8 was admitted to the ALF on [redacted]/2024 with multiple medical diagnoses including [redacted]

Review of a progress note, dated 03/01/2025, showed Resident 8 was found on the floor after falling that afternoon.

Review of an Incident/Accident Report, dated 03/01/2025, showed an incomplete section titled "Summary of Assessment of Contributing Factors and Action Plan/Interventions to Prevent Further Occurrences".

On 04/25/2025 at 1:21 PM, Staff G, stated that there should be an incident report completed on each medication error, including missed medications.

On 04/25/2025 at 4:31 PM, Staff G, stated that before 04/01/2025, it was a previous staff member's responsibility to complete the investigation portion of an incident report. Staff G stated they were unable to find completed incident reports and investigations for Resident 3, 4, 5, 6, 7, and 8's recent incidents. Staff G stated that incident reports and investigations are to be completed as soon as possible and then kept in management's office.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Creekside Continuing Care Community is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a full assessment for 4 of 4 newly admitted residents (Residents 3, 4, 5, and

7) within 14 days of admission. This failure resulted in Residents 3, 4, 5, and 7 not having an assessment to determine their capabilities, needs, and preferences and placed these residents' needs at risk of being unmet.

Findings included…

Resident 3

Review of an undated face sheet showed Resident 3 was admitted to the ALF on [redacted]/2025 with multiple diagnoses including [redacted].

Review of Resident 3's records showed an assessment titled "14-Day", dated [redacted]/2025, 24 days past the expected timeline for the 14-day full assessment.

Resident 4

Review of an undated face sheet showed that Resident 4 was admitted to the ALF on [redacted]/2024 with multiple medical diagnoses including [redacted].

Review of Resident 4's records showed an assessment titled "14-Day", dated [redacted]/2024, 39 days past the expected timeline for the 14-day full assessment.

Resident 5

Review of an undated face sheet showed Resident 5 was admitted to the ALF on [redacted]/2025 with multiple diagnoses including unspecified [redacted].

Review of Resident 5's records showed an assessment titled "14-Day", dated [redacted]/2025, 23 days past the expected timeline for the 14-day full assessment.

Resident 7

Review of an undated face sheet showed Resident 7 was admitted to the ALF on [redacted]/2024 with multiple diagnoses including [redacted].

Review of Resident 7's records showed an assessment titled "14-Day", dated [redacted]/2025, 103 days past the expected timeline for the 14-day full assessment.

On 04/24/2025 at 4:11 PM, Staff A, Executive Director, stated that the ALF does a pre-admission assessment and then has several assessments that their data system requires to be completed within 30 days. Staff A stated that the 14-day assessments for Residents 3, 4, 5, and 7 were completed by the former Wellness Director and they were unable to explain why they were late.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Creekside Continuing Care Community is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain resident or resident representative signatures on the Negotiated Service Agreement (NSA) at least annually for 2 out of 9 residents (Residents 1 and 5). These failures resulted in Residents 1 and 5 receiving care that was not agreed to and placed residents at risk for receiving care from the ALF that didn't support their needs and preferences.

Findings included…

Resident 1

Review of an undated face sheet showed Resident 4 was admitted to the ALF on

[redacted]/2020 with multiple medical diagnoses including [redacted].

Review of Resident 1's NSA signature page, dated 08/13/2024, showed the following text: "My signature below indicates that I have been given the opportunity to participate in the development of my Customized Service Plan and that this plan reflects my needs and preferences for services. I understand that I will be consulted if my plan changes and that I have the right to review this plan at any time," with signature lines for the resident and the resident representative. Both signature lines were blank.

Resident 5

Review of an undated face sheet showed Resident 5 was admitted to the ALF on [redacted]/2025 with multiple diagnoses including [redacted]

Review of Resident 5's most recent NSA, dated 02/27/2025, showed it had no signatures.

On 04/25/2025 at 1:09 PM, Staff G, Health and Wellness Director, stated that they were unable to locate the signature page for Resident 1 or Resident 5.

On 04/25/2025 at 1:26 PM, Resident 1 stated that they hadn't had anyone come and discuss their care needs in a long time. Resident 1 denied signing a NSA in the past year.

On 04/29/2025 at 4:15 PM, Resident 5's legal representative stated that they had never signed a NSA.

Plan/Attestation Statement

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a written plan for family assistance with medications was in place for 1 of 1 residents (Resident 7) whose family member provided assistance with medications. This failure resulted in the ALF not having a backup plan if the family member was unavailable to provide the medication, placing Resident 7 at risk of not receiving prescribed medications in the event of an emergency or if assistance could not be provided by the designated family member.

Findings included…

Review of the ALF's policy titled, "Medication Management", dated 11/2023, showed under Family Assistance with medications: a written backup plan is required to address any time that the family member may no longer be available, able or willing to assist the resident with medications.

Review of an undated face sheet showed Resident 7 was admitted to the ALF on [redacted]/2024 with multiple diagnoses including [redacted] and [redacted].

Review of a Service Plan Report, dated 02/10/2025, showed that Resident 7 required facility staff to order, store and deliver medications per health care providers orders and Licensed Nurse instructions. Exception was Ibrutinib (chemotherapy medication)-Family ordered and delivered, and staff was to administer.

On 04/25/2025 at 1:03 PM, Staff G, Health and Wellness Director, stated that they could not find the family assistance form in Resident 7's chart. Staff G stated that they reviewed the progress notes and family had started doing all the medications in October and then the community took over in February. Staff G stated they were not sure why the family assistance form had not been completed and that maybe the previous Health and Wellness Director was not aware that it needed to be done.

Plan/Attestation Statement

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 pets (Pet 2) living in the ALF had regular examinations and vaccinations by a veterinarian. This failure placed all 89 residents at risk of exposure to communicable diseases.

Findings included…

Review of a policy titled, “Pet Care”, dated January 2020, showed that pets must be up to date on all vaccinations and annual checkups by a veterinarian.

Review of Pet 2’s records showed that Pet 2 did not have an annual exam, and the rabies vaccination expired on 02/09/2025.

On 05/24/2025 at 2:14 PM, Staff A, Executive Director, stated that pet records were initially completed by sales and marketing and then the front desk maintained the pet binder.

On 05/25/2025 at 4:28 PM, Staff H, Business Office Manager, stated that they have reached out to the family of Pet 2 to tell them the pet was due for an exam and vaccinations. Staff H stated that there was no one person responsible at the front desk for the pet records and that they did not have a system for alerting the ALF when pets were due for their annual exams or vaccinations.

Plan/Attestation Statement

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date