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

10/25/2024

Cascade Living Group - Mt Glen, LLC
Mountain Glen Retirement Community
1810 E Division St
Mount Vernon, WA 98274-4633

RE: Mountain Glen Retirement Community # 2328

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 49343 (Completion Date 10/25/2024) and 46078 (Completion Date 08/29/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/25/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

The Department staff who did the On Site verification:
Allison Nunn, Long Term Care Surveyor

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

Sincerely,

Kimberley Ripley, Field Manager
Region 2, Unit A

Residential Care Services
Investigation Summary Report

Provider/Facility: Mountain Glen Retirement Community
Provider Type: Assisted Living Facility
License/Cert.#: 2328
Intake ID: 142276
Compliance Determination #: 46078
Region/Unit #: RCS Region 2 / Unit A
Investigator: Allison Nunn
Investigation Date(s): 08/22/2024 through 08/29/2024
Complainant Contact Date(s):

Allegation(s):

1. The Named Resident (NR) had not received a proper shower in three months.
2. The NR was supposed to wear pressure stockings but did not have them on.
3. The NR had pressure sores on their coccyx and buttocks.

Investigation Methods:

Sample:	Total residents: 59 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Resident care equipment Resident rooms Staff to resident interactions
Interviews:	Identified Resident Sample Residents Executive Director Director of Health and Wellness Business Office Manager
Record Reviews:	Negotiated Service Agreement Medical Records Shower schedule Facility policies

Investigation Summary:

1. The NR was offered bed baths rather than a shower in the spa bathroom. Review of the NR's Negotiated Service Agreement (NSA) showed that the NR was to receive a shower twice per week in the spa bathroom. The NR stated that they preferred to have their shower in the spa bathroom so that they could get a proper shower and wash their hair. Review of the Assisted Living Facilities (ALF) daily shower schedule showed the NR had refused a bed bath. There was no documentation by the ALF as to why the NR had refused the bed bath. The ALF did not implement the care and services that was agreed upon in the NSA. Failed practice was identified, and a citation was issued for Washington Administrative Code (WAC) 388-78A-2160.

2. Review of the NR's NSA on 08/22/2024 showed no information that the NR was to wear pressure stockings. In an interview on 08/29/2024, the Assisted Living Facility (ALF) Nurse stated that the NR did not wear pressure stockings. No failed practice was identified.

3. The NR had pressure sores on their coccyx and buttocks. Review of the NR's NSA on 08/22/2024 showed the ALF's nurse would monitor and document the wound every week. In an interview on 08/29/2024, the ALF's Nurse stated that the ALF has a wound nurse that does weekly skin care and assessments for the residents. Review of the NR's weekly wound assessments dated August 2024 showed the ALF had documented and treated the wound. Review of the NR's progress notes dated August 2024 showed the ALF had notified the physician. No failed practice was identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 2328	Compliance Determination # 46078
Plan of Correction	Mountain Glen Retirement Community	Completion Date
Page 1 of 3	Licensee: Cascade Living Group - Mt Glen, LLC	08/29/2024

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 an unannounced on-site complaint investigation on 08/22/2024 and 08/22/2024 of:

Mountain Glen Retirement Community
1810 E Division St
Mount Vernon, WA 98274-4633

This document references the following complaint number(s): 142276

The following sample was selected for review during the unannounced on-site visit: 3 of 59 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Allison Nunn, Long Term Care Surveyor

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.

Kim Ripley

Residential Care Services

09/11/2024

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-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interviews and record reviews the Assisted Living Facility (ALF) failed to provide services as negotiated for 1 of 3 residents (Resident 1) who required bathing assistance by the ALF. This failure resulted in Resident 1 not receiving showers two times per week in the spa bathroom as agreed upon and placed Resident 1 at risk for medical complications and a diminished quality of life.

Findings included…

Review of the ALF's policy titled, "Customized Service Plan," dated 05/2018, showed all residents living in the ALF's licensed rooms will have a customized service plan based upon their needs and preference for service delivery agreed upon by the community as well as by coordination of outside services, to ensure the resident's needs can be safely met within the community.

Resident 1 was admitted to the ALF on [redacted]/2024 with multiple medical diagnoses including [redacted].

Review of the Negotiated Service Agreement (NSA) undated, showed Resident 1 was to get showers two times per week on the PM shift in the spa bathroom.

In an interview on 08/22/2024 at 1:05 PM, Resident 1 stated that they were not receiving showers, they were only offered bed baths. Resident 1 stated that they did not want a bed bath. They wanted to get in the shower and wash their hair.

Review of the daily evening shower schedule for August 2024 showed Resident 1 denied their bed bath on August 4, 8,11, and 18. There was no documentation of why Resident 1 refused their bed bath.

In an interview on 08/22/2024 at 1:39 PM, Staff B, Business Office Manager, stated that they did not know why Resident 1 was being offered bed baths when the NSA showed a shower in the spa room. Staff B stated that staff should be documenting why a resident refused their shower.

In an interview on 08/22/2024 at 3:03 PM, Staff A, Wellness Director, stated that Resident 1's care plan should have reflected that there were times when a bed bath was safer and more appropriate for Resident 1.

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, Mountain Glen Retirement 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