



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

12/30/2024

Santé Shoreline ALF Op Co LLC
Laurel Cove Community
17201 15th Ave NE
Shoreline, WA 98155

RE: Laurel Cove Community # 2389

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 52232 (Completion Date 12/30/2024) and 47161 (Completion Date 10/10/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/30/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

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;
- (2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

This document was prepared by Residential Care Services for the Locator website.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

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

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(iv) Alternative resident accommodations;

(v) Provisions for essential resident needs, supplies and equipment including water, food, and medications; and

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.

WAC 388-78A-3140 Responsibilities during inspections. The assisted living facility must:

(1) Cooperate with the department during any on-site inspection or complaint investigation;

(2) Provide requested records to the representatives of the department; and

(3) Ensure the assisted living facility administrator or the administrator's designee is available during any inspection or complaint investigation to respond to questions or issues identified by department staff.

The Department staff who did the On Site verification:

Faith Le, NCI

Erin Steinbrenner, Nursing Consultant Institutional

If you have any questions, please contact me at (253)312-1446.

Sincerely,


Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Licensee: Santé Shoreline ALF Op Co LLC
Laurel Cove Community
17201 15th Ave NE
Shoreline, WA 98155

RE: Laurel Cove Community License # 2389

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 10/10/2024 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement':
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
 - o Mail the Plan/Attestation Statement and report with original signatures to:

Santé Shoreline ALF Op Co LLC
Laurel Cove Community # 2389
10/10/2024
Page 2 of 15

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

In Addition, You May:

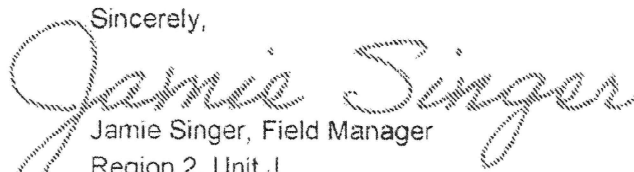
- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
 - What specific deficiency or deficiencies you disagree with;
 - Why you disagree with each deficiency; and
 - Whether you want an IDR to occur in-person, by telephone or as a paper review.
 - Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (253)312-1446.

Sincerely,



Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Enclosure



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2389	Compliance Determination # 47161
Plan of Correction	Laurel Cove Community	Completion Date
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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 and complaint investigation on 09/30/2024 and 10/02/2024 of:

Laurel Cove Community
17201 15th Ave NE
Shoreline, WA 98155

This document references the following complaint numbers: 149280.

The following sample was selected for review during the unannounced on-site visit: 11 of 68 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Erin Steinbrenner, Nursing Consultant Institutional
Faith Le, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

10/16/2024
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.

This document was prepared by Residential Care Services for the Locator website.

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Administrator (or Representative)



Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 6 staff (Staff B, C and D) completed the required two-step tuberculin (TB) skin test. This placed 68 residents at risk of exposure to a communicable disease.

Findings included...

Review of records showed the ALF hired Staff B (Nursing Assistant) on 03/04/2024. Record review showed Staff B had only one-step TB test completed after date of hire on 07/23/2024. Record review showed Staff B did not have the two-step TST completed.

Review of records showed the ALF hired Staff C (Nursing Assistant) on 04/03/2024. Record review showed Staff C had only one-step TB test completed after date of hire on 07/23/2024. Record review showed Staff C did not have the two-step TST completed.

Review of records showed the ALF hired Staff D (Nursing Assistant) on 11/20/2023. Record review showed Staff D had only one-step TB test completed after date of hire on 07/23/2024. Record review showed Staff D did not have the two-step TST completed.

In interview, on 10/01/2024 at 10:35 AM, Staff A (Executive Director) confirmed they were unable to provide documentation for Staff B, C and D's second TB tests. Staff A stated all staff had been recently tested following an internal audit and thought only a one-step TB test was required.

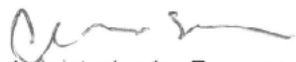
This document was prepared by Residential Care Services for the Locator website.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2389	Compliance Determination # 47161
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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, Laurel Cove Community is or will be in compliance with this law and / or regulation on (Date) 11/21/24.

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


Administrator (or Representative)

11/21/2024
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;
- (2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record reviews, the Assisted Living Facility (ALF) failed to ensure the residents', or their representatives signed the Service Plans (SP-equivalent to the Negotiated Service Agreement) at least annually for 3 of 9 sampled residents (Residents 1, 4 and 6). This placed Residents 1, 4 and 6 at risk for receiving or not receiving care and services that had been agreed upon.

Findings included...

Review of a Face Sheet showed the ALF admitted Resident 1 on [REDACTED]/2024 with multiple diagnoses. Review of Resident 1's SP, undated, showed no signature from the resident or the resident representative.

Review of a Face Sheet showed the ALF admitted Resident 4 on [REDACTED]/2024 with multiple diagnoses. Review of Resident 4's SP, undated, showed no signature from the resident or the resident representative.

Review of a Face Sheet showed the ALF admitted Resident 6 on [REDACTED]/2024 with multiple diagnoses. Review of Resident 6's SP, undated, showed no signature from the resident or the resident representative.

In interview on 10/01/2024 at 2:31 PM, Staff G (Director of Nursing) confirmed the ALF did not have signed service plans for Residents 1, 4 and 6.

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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, Laurel Cove Community is or will be in compliance with this law and / or regulation on (Date) 11/21/2024.

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

[Signature]
Administrator (or Representative)

11/21/2024
Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

- (a) Exclusively for the individual resident; or
 - (b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.
- (3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to identify and document in the Service Plan (SP- equivalent to the Negotiated Service Agreement) clearly defined roles and responsibilities of hospice (care provided to the terminally ill) providers and an alternate plan that supported the care needs of 1 of 11 sampled residents (Resident 4). This failure placed Resident 4 at risk for care needs not met related to lack of coordination between the ALF and hospice providers.

Review of a Face Sheet showed the ALF admitted Resident 4 on [REDACTED]/2024 with primary diagnosis of [REDACTED] ([REDACTED]).

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Record review of the Resident Characteristic Roster, provided on 09/30/2024, showed Resident 4 was on hospice services.

Review of a Progress Note, dated 08/23/2024, showed Resident 4 was admitted to hospice services.

In interview, on 10/02/2024 at 1:00 PM, Staff E (Resident Care Coordinator) confirmed Resident 4 had been enrolled in hospice services. Staff E stated any changes to a resident's care would first be put on a Temporary Care Plan (TCP) for staff to read and sign to acknowledge the changes. Staff E was unable to locate a TCP showing this change to Resident 4's care.

Record review of Resident 4's SP, undated, provided on 10/01/2024, did not show Resident 4 received services from any outside providers such as hospice.

In interview, on 10/01/2024 at 2:35 PM, Staff G (Director of Nursing) stated she thought she had added hospice care to Resident 4's SP and would provide a copy. No updated SP was provided to the Department.

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, Laurel Cove Community is or will be in compliance with this law and / or regulation on (Date) 11/4/2024

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

Chen
Administrator (or Representative)

11/4/2024
Date

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

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

This document was prepared by Residential Care Services for the Locator website.

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Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure new staff received facility orientation for 6 of 6 sampled staff (Staff A, B, C, D, E and F). This failure placed 68 of 68 residents in the care of unqualified staff unfamiliar with the ALF and their expected duties.

Findings included...

A review of a Resident Characteristic Roster, provided on 09/30/2024, showed the ALF provided care and services to 68 residents.

Note: WAC 388-112A-0200

What is orientation training, who should complete it, and when should it be completed?

There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

Record review showed the ALF hired Staff A (Executive Director) on 06/19/2023. Record review, on 10/01/2024, of Staff A's records did not show a facility orientation.

Record review showed the ALF hired Staff B (Nursing Assistant) on 03/04/2024. Record review, on 10/01/2024, of Staff B's records did not show a facility orientation.

Record review showed the ALF hired Staff C (Nursing Assistant) on 04/03/2024. Record review, on 10/01/2024, of Staff C's records did not show a facility orientation.

Record review showed the ALF hired Staff D (Nursing Assistant) on 01/20/2023. Record review, on 10/01/2024, of Staff D's records did not show a facility orientation.

Record review showed the ALF hired Staff E (Resident Care Coordinator) on 07/05/2022. Record review, on 10/01/2024, of Staff E's records did not show a facility orientation.

Record review showed the ALF hired Staff F (Housekeeping Assistant) on 07/16/2015. Record review, on 10/01/2024, of Staff F's records did not show a facility orientation.

During an interview, on 10/01/2024 at 10:35 AM, Staff A confirmed there were no facility orientations for staff and was working on a fix.

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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, Laurel Cove Community is or will be in compliance with this law and / or regulation on (Date) 11/24/2024.

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

[Signature]
Administrator (or Representative)

11/24/2024
Date

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure the water temperatures in the ALF were between 105 degrees Fahrenheit (F) and 120 degrees F. This failure placed 68 of 68 residents at risk for burns and injury.

Findings included...

Record review of an undated Characteristic Roster showed the ALF provided care and services for 68 residents, 27 of the residents resided on the MCU.

Observation, during the environmental tour with Staff H (Environmental Guest Associate) and Staff I (Environmental Guest Associate), on 09/30/2024 at 10:50 AM, showed the following water temperatures were taken in the MCU: the bathroom sink in the activities room was 130 F; the tub room sink was 128.7 F; the common bathroom sink was 124.6 F; apartment #106 sink was 125.2 F. The common women's restroom sink on the first floor, near reception desk, was 125.2 F.

In interview, on 09/30/2024 at 10:58 AM, Staff H stated the water temperature should be around 118 degrees F and the recorded temperatures were too high and should be lowered.

Plan/Attestation Statement

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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, Laurel Cove Community is or will be in compliance with this law and / or regulation on (Date) 11/4/2024.

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


Administrator (or Representative)

11/21/2024
Date

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(iv) Alternative resident accommodations;

(v) Provisions for essential resident needs, supplies and equipment including water, food, and medications; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to develop and maintain an emergency preparedness plan to assist the ALF in anticipating and addressing needs for natural and man-made disasters. This failure placed 68 residents in at risk of displacement and being without essential provisions in the event of emergency or disaster.

Findings included...

Review of a Resident Characteristic Roster showed the ALF provided care and services to 68 residents.

Record review of the ALF's Disaster Manual, showed alternative accommodation for residents was not identified.

In interview, on 09/30/2024 at 2:40 PM, Staff A (Executive Director) reported she had been working to find resident accommodations with other communities and confirmed the Disaster Manual was not complete.

In interview during an environmental tour, on 09/30/2024 at 11:23 AM, when asked about emergency food and water for residents, Staff H (Environmental Guest Associate)

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reported food services department oversees maintaining emergency food and water.

Observation and interview during the food service and kitchen tour with Staff J (Culinary Director), on 10/01/2024 at 10:50 AM, showed 14 one-gallon jugs of water in the dried food storage pantry. Staff J reported the jugs of water were not enough for all residents during an emergency. Staff J could not confirm if he was responsible to oversee the facility's emergency water.

In interview, on 10/1/2024 at 1:20 PM, Staff H reported the ALF has determined the facility's hot water tanks would be used as emergency water source.

Observation and interview on 10/01/2024 at 1:39 PM of the facility's boiler room showed four hot water tanks. Staff I (Environmental Guest Associate) could not demonstrate how to access water from the hot water tanks. Staff H was unable to identify the drain valve on the hot water tanks.

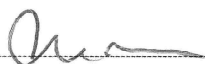
In a follow up interview, on 10/01/2024 at 1:53 PM, Staff H reported she had located the hose that connected to the hot water tanks and confirmed provisions for emergency water needed to be clearly developed and information would be kept in the Disaster Manual.

On 10/09/2024 at 3:02 PM, the Department sent a group email to Staff A (Executive Director), Staff G (Director of Nursing), and Staff K (Regional Nurse) requested pictures of the facility's emergency water set up and written explanation of how to access the emergency water. As of 10/14/2024, the requested records had not been received by the Department.

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, Laurel Cove Community is or will be in compliance with this law and / or regulation on (Date) 11/4/2024.

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



Administrator (or Representative)

11/4/2024

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:

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- (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

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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 ensure a system was in place to complete a Full Assessment, within 14 days of moving into the ALF, for 1 of 3 sampled residents (Resident 7). This failure placed Resident 7 at risk for unmet needs and a decreased quality of life.

Findings included...

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Review of the Resident Characteristic Roster showed the ALF admitted Resident 7 on [REDACTED]/2024 and provided services to include activities of daily living (a term used in healthcare to refer to people's daily self-care activities such as bathing, grooming, ambulation, etc.). Record review showed a pre-admission Assessment was completed on 04/26/2024, and no Full Assessment was on file.

In interview, on 10/01/2024 at 1:35 PM, Staff K (Regional Nurse) confirmed a Full Assessment was not performed for Resident 7.

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, Laurel Cove Community is or will be in compliance with this law and / or regulation on (Date) 11/21/2024.

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



Administrator (or Representative)



Date

WAC 388-78A-3140 Responsibilities during inspections. The assisted living facility must:

- (1) Cooperate with the department during any on-site inspection or complaint investigation;
- (2) Provide requested records to the representatives of the department; and
- (3) Ensure the assisted living facility administrator or the administrator's designee is available during any inspection or complaint investigation to respond to questions or issues identified by department staff.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to provide records, information, and policies after numerous requests by the Department. This failure placed 68 of 68 residents at risk of harm when the Department was unable to review documents or policies and procedures to ensure safe practices at the ALF.

Findings included...

During an exit interview, on 10/03/2024 at 2:47 PM, Staff A (Executive Director), Staff G (Director of Nursing), and Staff K (Regional Nurse) acknowledged that additional records may be requested by the Department until data collection was completed.

This document was prepared by Residential Care Services for the Locator website.

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On 10/07/2024 at 9:25 AM, the Department sent a group email to Staff A and Staff G requesting records with deadline to receive them by end of day on 10/07/2024.

On 10/08/2024 at 8:00 AM, the Department had not yet received the records.

On 10/08/2024 at 9:58 AM, Staff A replied to email reporting the Department would receive the records today.

On 10/08/2024 at 1:22 PM, Staff A emailed some records to the Department, but did not fulfill all the records requested.

On 10/09/2024 at 8:41 AM, the Department sent a group email to Staff A, Staff G, and Staff K reporting the Department had not yet received all the records.

On 10/09/2024 at 2:47 PM, the Department called Staff A on a mobile phone listed on Staff A's business card and left a voicemail.

On 10/09/2024 at 2:49 PM, the Department called Staff K requesting records. Staff reported she would contact ALF's staff to provide requested records.

On 10/09/2024 at 2:55 PM, Staff K emailed a record to the Department, but did not fulfill all the records requested.

As of 10/10/2024 at 8:00 AM, the facility had not provided all the records requested by the Department.

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, Laurel Cove Community is or will be in compliance with this law and / or regulation on (Date) 11/4/2024.

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


Administrator (or Representative)

11/4/2024
Date