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

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

RE: Laurel Cove Community License # 2389

Dear Administrator:

This letter addresses Compliance Determination(s) 37697 (Completion Date 03/14/2024) and 34827 (Completion Date 01/18/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/14/2024 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-2350-7-a, WAC 388-78A-2600-1-b, WAC 388-78A-2600-2-p

The Department staff who did the off-site verification:
Lisa Hauk, Complaint Investigator

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

Sincerely,

Jamie Singer

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Laurel Cove Community
Provider Type: Assisted Living Facility
License/Cert.#: 2389
Compliance Determination #: 34827
Intake ID: 113333
Investigator: Lisa Hauk
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 01/08/2024 through 01/18/2024
Complainant Contact Date(s):

Allegation(s):
A Named Resident (NR) acquired a pressure area to their heel at the Assisted Living Facility (ALF).

Investigation Methods:

Sample:
Total residents: 57
Resident sample size: 3
Closed records sample size: 0

Observations:
Activities
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions
Common areas
Isolation carts outside resident apartments

Interviews:
Administration
Nursing staff
Residents

Record Reviews:
Resident Characteristics Roster
Incident report and investigation
Medical records
Facility policies

Investigation Summary:
Interview, observation and record review showed the NR had a dark purple pressure area to their heel. Home Health (HH) nurses visited the NR and wrote instructions for ALF staff. The ALF did not document the status of the wound regularly per their policy. The ALF did not update the NR's Assessment, or the NR's Service Plan (Negotiated Service Agreement) per their policy, identifying the wound or adding HH's instructions for care and monitoring of the wound. Violation of regulations identified. See citations under WAC 388-78A-2350 (7)(a) and 388-78A-2600 (1)(b)(2)(p).

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2389	Compliance Determination # 34927
Plan of Correction	Laurel Cove Community	Completion Date
Page 1 of 5	Licensee: Santé Shoreline ALF Op Co LLC	01/18/2024

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 01/08/2024 and 01/09/2024 of:

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

This document references the following complaint number(s): 113333, 113137

The following sample was selected for review during the unannounced on-site visit: 3 of 57 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Lisa Hauk, Complaint Investigator

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.

Jennie Singer
Residential Care Services

1/22/2024
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.

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From:
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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)

1/30/2024
Date

WAC 388-78A-2350 Coordination of health care services.

(7) When coordinating care or services, the assisted living facility must:

(a) Integrate relevant information from the external provider into the resident's preadmission assessment and reassessment, and when appropriate, negotiated service agreement; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to document relevant information regarding coordinating care for 1 of 3 sampled residents (Resident 1) into their Assessment and Negotiated Service Agreement. This failure placed Resident 1 at risk for unmet care needs.

Findings included...

Record review of a Move In Record, dated 01/08/2024, showed the ALF admitted Resident 1 on [redacted]2018 with multiple medically disabling diagnoses.

Review of a Progress Note (PN), written by Staff A (Health and Wellness Director) on 11/21/2023, documented Resident 1 had a large black area on her left ankle. A Patient Communication Note written by a third-party nurse practitioner on 11/22/2023, documented a left heel pressure area and bruises to Resident 1's left heel and recommended heel protectors to reduce any further skin injury. Review of a Home Health (HH) note, dated 11/23/2023, documented a deep tissue skin injury to Resident 1's left heel and instructed ALF staff to monitor the left heel, keep pressure off the area, and notify HH if the area became an open wound. Review of a HH note, dated 12/13/2023, directed ALF staff to notify HH if Resident 1's left heel wound showed any signs or symptoms of infection. Review of a PN, written by Staff A on 01/04/2024, showed Resident 1's left heel was now considered an unstageable pressure area (a type of bed sore that occurs due to prolonged pressure on a specific area of the skin resulting in the lack of blood flow and oxygen to the tissue. The depth of the wound is completely obscured by eschar - a dry, dark scab in the wound bed).

Record review of an Assessment, dated 08/25/2023, showed Resident 1 did not have any skin issues and did not require wound/skin care assistance. The Assessment, under the section "Care Coordination" was blank. Review of a Service Plan (SP – equivalent to a Negotiated Service Plan) showed no information regarding Resident 1 receiving HH services or skin issues.

Administrator (or Representative) Date

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Record review of a Move In Record, dated 01/08/2024, showed the ALF admitted Resident 1 on [redacted]/2018 with multiple medically disabling diagnoses.

Review of a Progress Note (PN), written by Staff A (Health and Wellness Director) on 11/21/2023, documented Resident 1 had a large black area on her left ankle. A Patient Communication Note written by a third-party nurse practitioner on 11/22/2023, documented a left heel pressure area and bruises to Resident 1's left heel and recommended heel protectors to reduce any further skin injury. Review of a Home Health (HH) note, dated 11/23/2023, documented a deep tissue skin injury to Resident 1's left heel and instructed ALF staff to monitor the left heel, keep pressure off the area, and notify HH if the area became an open wound. Review of a HH note, dated 12/13/2023, directed ALF staff to notify HH if Resident 1's left heel wound showed any signs or symptoms of infection. Review of a PN, written by Staff A on 01/04/2024, showed Resident 1's left heel was now considered an unstageable pressure area (a type of bed sore that occurs due to prolonged pressure on a specific area of the skin resulting in the lack of blood flow and oxygen to the tissue. The depth of the wound is completely obscured by eschar - a dry, dark scab in the wound bed).

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In interview, on 01/11/2024 at 11:25 AM, Staff A (Health and Wellness Director) stated that she did not remember if Resident 1's Assessment was updated with the left heel pressure area and coordinating skin care with HH. Staff A stated that she had not updated Resident 1's SP to include the wound or any HH information.

This deficiency was previously cited on 05/03/2021.

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) 2/19/2024.

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

Administrator (or Representative)

1/30/2024
Date

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(b) Provide the necessary care and services for residents, including those with special needs;

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(b) To coordinate services and share resident information with outside resources, consistent with WAC 388-76A-2350;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement their policies regarding skin breakdown and coordination of care for 1 of 3 sampled residents (Resident 1). This failure may have contributed to Resident 1's worsening skin breakdown and placed them at risk of not receiving appropriate monitoring and interventions.

Findings included...

Record review of the ALF's "Skin Care Policy", dated 12/01/2023, showed that if a resident

In interview, on 01/11/2024 at 11:25 AM, Staff A (Health and Wellness Director) stated that she did not remember if Resident 1's Assessment was updated with the left heel pressure area and coordinating skin care with HH. Staff A stated that she had not updated Resident 1's SP to include the wound or any HH information.

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Findings included…

Record review of the ALF's "Skin Care Policy", dated 12/01/2023, showed that if a resident

had skin breakdown the licensed nurse would complete a Skin Observation Tool and the resident's Service Plan (SP- equivalent to a Negotiated Service Plan) would be updated with skin concerns. Review of the ALF's "Coordination of Care" policy, dated 12/01/2023, showed residents' SP's would be updated to reflect ancillary services (home health).

Review of a Move In Record, dated 01/08/2024, showed the ALF admitted Resident 1 on [redacted]2016 with multiple medically disabling diagnoses.

Review of a Progress Note (PN), written by Staff A (Health and Wellness Director) on 11/21/2023, documented Resident 1 had a large black area on her left ankle. A Patient Communication Note written by a third-party nurse practitioner on 11/22/2023, documented a left heel pressure area and bruises to Resident 1's left heel and recommended heel protectors to reduce any further skin injury. Review of a Home Health (HH) note, dated 11/23/2023, documented a deep tissue skin injury to Resident 1's left heel and instructed ALF staff to monitor the left heel, keep pressure off the area, and notify HH if the area became an open wound. Review of a HH note, dated 12/13/2023, directed ALF staff to notify HH if Resident 1's left heel wound showed any signs or symptoms of infection. Review of a PN, written by Staff A on 01/04/2024, showed Resident 1's left heel was now considered an unstageable pressure area (a type of bed sore that occurs due to prolonged pressure on a specific area of the skin resulting in the lack of blood flow and oxygen to the tissue. The depth of the wound is completely obscured by eschar - a dry, dark scab in the wound bed).

Review of Resident 1's records showed there was no documentation completed on a Skin Observation Tool as per the ALF's policy. Review of Resident 1's undated SP, showed no information regarding her skin breakdown, information regarding the heel protectors or interventions to prevent worsening skin injury. Resident 1's SP had not been updated to include information regarding HH services.

In interview, on 01/11/2024 at 11:25 AM, when asked if Resident 1's wound had been monitored on the Skin Observation Tool, Staff A answered, "That was not done." When asked if Resident 1's SP had been updated to reflect her unstageable pressure area to the left heel or involvement of HH, Staff A replied, "No. I didn't add it to the SP."

Plan/Attestation Statement

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Statement of Deficiencies Plan of Correction Page 6 of 6	License #: 2369 Laurel Cove Community Licensee: Santé Shoreline ALF Op Co LLC	Compliance Determination # 34827 Completion Date 01/16/2024

Administrator (or Representative)

1/30/2024
Date

Administrator (or Representative) Date