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

01/15/2025

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) 51562 (Completion Date 01/15/2025) and 48212 (Completion Date 10/24/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/15/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2350 Coordination of health care services.

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

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

(b) Respond appropriately when there are observable or reported changes in the resident's physical, mental, or emotional functioning.

The Department staff who did the On Site verification:
Michelle Mcglon, Nursing Consultant Institutional

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

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 # 48212
Plan of Correction	Laurel Cove Community	Completion Date
Page 1 of 3	Licensee: Santé Shoreline ALF Op Co LLC	10/24/2024

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 follow-up on 10/03/2024, 10/03/2024, and 10/03/2024 of:
Laurel Cove Community
17201 15th Ave NE
Shoreline, WA 98155

This document references the following SOD dated: 10/24/2024

The following sample was selected for review during the unannounced on-site visit: 1 of 69 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Michelle Mcglon, Nursing Consultant Institutional

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.

Jamie Singer
Residential Care Services

11/01/2024
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) 11/4/2025 Date

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

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

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

(b) Respond appropriately when there are observable or reported changes in the resident's physical, mental, or emotional functioning.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the physician when 1 of 1 sampled resident (Resident 3) had a documented allergy to iodine and worsening skin breakdown. This failure resulted in Resident 1 not receiving the appropriate treatment order and worsening skin breakdown.

Findings Included...

Record review of a Physician's Progress Note, dated 09/27/2024, showed the ALF admitted Resident 3 on [redacted]/2023 with multiple medical diagnoses including [redacted] ([redacted]) and [redacted].

Record review of a Progress Note (PN), dated 09/26/2024, showed the ALF staff had documented observing a closed blister on Resident 3's right groin. A PN, dated 09/27/2024, showed Resident 3's physician had prescribed iodine to be applied to the blister daily for two weeks.

Record review of Resident 3's September 2024 and October 2024 Medication Administration Record (MAR) showed the resident had an allergy to iodine. Record review showed Resident 3 received iodine topically for six days and staff had not contacted the physician for an alternative treatment.

A PN, dated 09/29/2024, showed the ALF documented the blister had opened. Resident 3 now had a stage 2 (when the top layer of skin has opened creating a shallow wound) area on her right groin.

Statement of Deficiencies	License #: 2389	Compliance Determination # 48212
Plan of Correction	Laurel Cove Community	Completion Date
Page 3 of 3	Licensee: Santé Shoreline ALF Op Co LLC	10/24/2024

Record review showed after Resident 3's blister opened, on 09/29/2024, there was no documentation that showed Resident 3's physician was notified of the worsened skin breakdown.

In an interview, on 10/14/2024 at 11:47 AM, Staff A (Registered Nurse) stated that she had not notified Resident 3's physician regarding their allergy to iodine or the worsening blister.

In an interview, on 10/14/2024 at 11:48 AM, Staff B (Memory Care Director) confirmed that she had not notified Resident 3's physician regarding their allergy to iodine or the worsening blister.

This is an uncorrected deficiency previously cited on 09/10/2024.

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) 12/4/2025 2024

SB confirmed ammended POC date with provider on 11/4/2024.

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

Administrator (or Representative) — Date: 11/4/2025

Residential Care Services
Investigation Summary Report

Provider/Facility: Laurel Cove Community
Provider Type: Assisted Living Facility

License/Cert.#: 2389
Intake ID: 135749
Compliance Determination #: 44210
Region/Unit #: RCS Region 2 / Unit J
Investigator: Michelle Mcglon
Investigation Date(s): 07/16/2024 through 09/10/2024
Complainant Contact Date(s):

Allegation(s):

1. The Named Resident (NR) had an infection that the ALF failed to treat for weeks resulting in sepsis and hospitalization without notifying the physician.
2. The ALF failed to follow a treatment plan ordered by the doctor for the infection or notify the doctor the treatment plan was not followed.
3. The ALF had not issued a refund to the NR.

Investigation Methods:

Sample:	Total residents: 66 Resident sample size: 1 Closed records sample size: 1
Observations:	Residents Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff Family members Pharmacy staff
Record Reviews:	Hospital records State reporting log Resident Records

Investigation Summary:

1. Interview and record review showed the ALF failed to coordinated care by not obtaining a diagnostic test or notify the ordering physician of not obtaining the diagnostic test. See Statement of Deficiencies dated 09/10/2024.
2. Interview and record review showed the ALF failed to coordinated care by not obtaining a diagnostic test or notify the ordering physician of not obtaining the diagnostic test. See Statement of Deficiencies dated 09/10/2024.
3. Record review and interview showed the ALF processed the Named Residents refund.

Conclusion / Action:

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 07/16/2024, 07/16/2024, 07/25/2024, 09/09/2024 and 09/09/2024 of:

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

This document references the following complaint number(s): 135749, 134838

The following sample was selected for review during the unannounced on-site visit: 1 of 66 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Michelle Mcglon, Nursing Consultant Institutional

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

9/12/2024
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.

Chelsea Scott
Administrator (or Representative)

9/12/2024
Date

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

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

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

(b) Respond appropriately when there are observable or reported changes in the resident's physical, mental, or emotional functioning.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the physician when orders were not implemented for 1 of 1 sampled residents (Resident 1). This failure resulted Resident 1 not receiving a diagnostic test in a timely manner, and decreased health status from not receiving ordered treatment.

Findings Included...

TREATMENT
NOTE: According to www.mayoclinic.org lymphedema refers to tissue swelling caused by an accumulation of protein-rich fluid that usually drained through the body's lymphatic system. Lymphedema can affect the ability to move the affected extremity (arms or legs), increase the risks of skin infections and sepsis (a life-threatening complication of an infection), and can lead to skin changes and breakdown. Treatment may include compression bandages, massage, compression stockings and careful skin care. Sepsis may progress to septic shock. Symptoms of septic shock include not being able to stand up, sleepiness, and major change in mental status such as extreme confusion.

Record review of an undated Face Sheet, showed Resident 1 was admitted to the ALF on [redacted]/2023 with multiple medical diagnoses including [redacted].

Record review of a May 2024 Medication Administration Record (MAR), showed on 05/10/2024, the ALF received a physician's order to apply ACE wraps (compression bandage used to create localized pressure) on bilateral lower extremities (lower legs) daily for lymphedema. Review of the MAR showed the ALF staff entered a "9", which showed to "see Nurse Notes", for each day from 05/11/2024 through 05/28/2024.

Record review of Resident 1's Progress Notes (Nurse Notes), dated 05/20/2024 through 05/28/2024, showed the ALF staff documented the ACE wraps were not applied to Resident 1 as ordered as they were "not available". A Progress Note, dated 05/28/2024, showed Staff E (Former Clinical Services Director) documented Resident 1 had severe lymphedema noted in both lower legs.

In an interview, on 08/14/2024 at 10:45 AM, Staff D (Medication Technician) stated that Resident 1 never had ACE wraps available in the ALF to apply as ordered.

In an interview, on 09/03/2024 at 2:16 PM, Collateral Contact 2 (CC2-Director of Pharmacy) stated the ALF had sent the pharmacy the 05/10/2024 physician's order for ACE wraps on 05/14/2024, four days after the order was written. CC2 stated that the pharmacy did not send ACE wraps to facilities as a "normal" practice. CC2 stated that the ALF requested the ACE wraps again on 05/22/2024, eight days after the original request.

Record review showed the ALF did not document contacting the pharmacy, did not document why the order for ACE wraps was sent four days after received, and did not document why a follow-up with the pharmacy was not conducted until 12 days after the original order was written. Records showed Resident 1's physician, or family representative was not notified the ALF did not have ACE wraps to apply as ordered, to inquire about getting ACE wraps, or an alternate treatment method.

In an interview, on 09/03/2024 at 12:00 PM, Collateral Contact 1 (CC1-Resident 1's Family Representative) stated that the ALF had never called to request ACE wraps or compression stockings. CC1 stated she would have made sure the ALF had ACE wraps if they had contacted her.

TESTS
Record review of physician's order, dated 05/10/2024, showed the ALF were to obtain a urinalysis (UA) with culture and sensitivity from Resident 1 to test for a urinary tract infection.

Review of records showed on 05/20/2024 the ALF staff were unable to obtain an UA due to incontinence, ten days after the UA order.

In an interview, on 09/03/2024 at 12:00 PM, CC1 stated the ALF contacted her on 05/22/2024 to state they were unable to obtain a UA and requested she make a doctor's appointment. CC1 stated it should not have taken that long to let me know they were having difficulty and should have seen a doctor earlier. CC1 stated she made an appointment for Resident 1 to see her physician on 05/23/2024.

Record review showed no documentation the ALF notified the physician they could not

or had not obtained the UA that was ordered on 05/10/2024.
In an interview, on 08/28/2024 at 11:55 AM, Staff G (Resident Care Coordinator), stated that the ALF staff did not notify Resident 1's physician they could not and did not obtain a UA.

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) 9/12/2024 .

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

Chelsea Seeley
Administrator (or Representative)

9/12/2024
Date

WAC 388-78A-2380 Freedom of movement. An assisted living facility must ensure all of the following conditions are present before moving residents into units or buildings with exits that may restrict a resident's egress:

(7) Buildings from which egress is restricted have:

(a) A system in place to inform and permit visitors, staff persons, and appropriate residents freedom of movement; and

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to have a system in place that allowed egress from 1 of 1 secured door in the Memory Care Unit (MCU). This failure restricted freedom of movement for non-memory care residents, ALF staff, and visitors from the MCU.

Findings included...

Observation, on 07/25/2024 at 10:55 AM, showed the MCU's main entrance/exit had a secured door located in a wing of the ALF with a keypad that unlocked the door when the correct code was entered. The code, or instructions on the code, was not posted to allow egress from the locked door.

In an interview, on 07/25/2024 at 10:56 AM, Staff C (Nursing Assistant) stated that she did not know the code for the main MCU egress door. Staff C stated that very few staff knew the code. Staff C stated she had to use a second door located through the MCU's kitchen to exit the unit.

In an interview, on 07/25/2024 at 11:00 AM, Staff B (Regional Registered Nurse) stated that she understood a system had to be in place to inform visitors how to enter/exit the main egress door to the MCU.

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) 9/12/2024 .

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

Chelsea Seamon
Administrator (or Representative)

9/12/2024
Date