STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

SSA VI, LLC
Memory Haven Sumner
5107 Parker Rd E
Sumner, WA 98390

RE: Memory Haven Sumner License # 2421

Dear Administrator:

This letter addresses Compliance Determination(s) 38955 (Completion Date 04/09/2024) and 31428 (Completion Date 01/10/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/09/2024 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-2371-1, WAC 388-78A-2371-2

The Department staff who did the on-site verification:
Nareet Bajwa, NCI-ALF Complaint Investigator

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Memory Haven Sumner
Provider Type: Assisted Living Facility
License/Cert.#: 2421
Compliance Determination #: 31428
Intake ID: 98499
Investigator: Nareet Bajwa
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 10/20/2023 through 01/10/2024
Complainant Contact Date(s): 01/10/2024

Allegation(s):
1. AP turned off AV's bed alarm
2. AP was sleeping during her shift resulted in AV's fall with injury.

Investigation Methods:

Sample:	Total residents: Resident sample size: Closed records sample size: 1
Observations:	General environment Residents in their rooms Staff-to-resident interactions Resident-to-resident interactions Resident behaviors Care equipment
Interviews:	staff resident representative ED
Record Reviews:	Resident Characteristic Roster Staff records Staff progress notes Incident log / reports, Facility P & P Safety plan

Investigation Summary:
1.Per record review, interviews with resident representative, collateral contact and staff, there was not sufficient information to either support or refute this allegation.
2. Per record review and interviews with resident's representative, collateral contacts, and staff, the Assisted Living Facility (ALF) failed to document the investigative findings, circumstances surrounding the alleged incident. Failed facility practice identified. See Statement of Deficiency dated 01/10/2024.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Memory Haven Sumner
Provider Type: Assisted Living Facility
License/Cert.#: 2421
Compliance Determination #: 31428
Intake ID: 101114
Investigator: Nareet Bajwa
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 10/20/2023 through 01/10/2024
Complainant Contact Date(s): 01/10/2024

Allegation(s):
1. AP turned off AV's bed alarm
2. AP was sleeping during her shift resulted in AV's fall with injury.

Investigation Methods:

Sample:	Total residents: Resident sample size: Closed records sample size: 1
Observations:	General environment Residents in their rooms Staff-to-resident interactions Resident-to-resident interactions Resident behaviors Care equipment
Interviews:	staff resident representative ED collateral contact
Record Reviews:	Resident Characteristic Roster Staff records Staff progress notes Incident log / reports, Facility P & P Safety plan

Investigation Summary:
1.Per record review, interviews with resident representative, collateral contact and staff, there was not sufficient information to either support or refute this allegation.
2.Per record review and interviews with resident's representative, collateral contacts, and staff, the Assisted Living Facility (ALF) failed to document the investigative findings, circumstances surrounding the alleged incident. Failed facility practice identified. See Statement of Deficiency dated 01/10/2024.

Conclusion / Action:

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

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PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2421	Compliance Determination # 31428
Plan of Correction	Memory Haven Sumner	Completion Date
Page 1 of 3	Licensee: SSA VI, LLC	01/10/2024

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 10/20/2023 and 10/20/2023 of:

Memory Haven Sumner
5107 Parker Rd E
Sumner, WA 98390

This document references the following complaint number(s): 98499, 101114

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

The department staff that investigated the Assisted Living Facility:

Nareet Bajwa, NCI-ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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

01/11/2024
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) 1/15/24 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 records review and interviews, the Assisted Living Facility (ALF) failed to document the investigative findings, circumstances surrounding the alleged incident when 1 of 1 sampled resident (Resident 1 [R1]) had fallen with injury. This failure placed R1 at risk for possible continued neglect from staff.

Findings Included...

Record review of the Reporting Incident Policy Number 60.408-4.1.2017 stated, "The Executive Director is responsible to ensure that incident reports are completed, investigations are conducted."

Record Review on 10/20/2023 showed that R1 was admitted to the ALF on [redacted]2023 with the diagnosis to include [redacted]. Further record review showed that an incomplete investigation for a fall incident that occurred on 09/09/2023.

During an interview on 12/20/2023 at 4:41pm, Collateral Contact 1 (CC1) stated that one of the staff told her that on 09/09/2023 during the night shift, Caregiver (Staff D) was in another resident's room. Caregiver (Staff E) was sleeping and turned off the bed alarm.

During an interview on 01/05/2023 at 12:28pm, Collateral Contact 2 (CC2) stated that one of the staff and family member told her that Staff E had another job during the daytime. CC2 stated that Staff E work in this facility during the night shift. CC2 stated that she heard that Staff E intentionally turned off the bed alarm and was sleeping.

During an interview on 01/02/2023 at 3:15pm, Medication Technician (Staff C) stated that Staff E was sleeping and turned off the bed alarm. Staff C stated that Staff E had multiple complaints of sleeping during the shift. Staff C stated that she notified the Director of Wellness (Staff B) and Administrator (Staff A). Staff C stated that Staff A and Staff B told her that she cannot include in her incident report that Staff E was sleeping during the shift

because she did not witness this.

During an interview on 01/08/2023 at 11:58am, Staff B stated that she was out of the office when this incident happened. Staff B stated that Staff D and Staff E were helping other residents. Staff B stated that Staff D went to R1's room and found R1 on the floor. Staff B stated that during the investigation Staff D and Staff C mentioned Staff E may have been sleeping during the shift but when she told them to write a statement, nothing was mentioned. Staff B was asked if the investigation was done. Staff B stated that she did a phone conversation with Staff E and Staff E denied sleeping during the shift. Staff B stated that if she witnessed or heard staff sleeping during the shift then she would investigate and discuss with Staff A, then Staff A would make a decision.

During an interview on 10/20/2023 at 3:34pm, Staff A stated that Staff D and Staff E were taking care of residents in different rooms. Staff D helped one resident and then went to R1's room and found R1 on floor. Staff A stated that the bed alarm which is how Staff D got alerted that R1 needed help. Staff A stated that if a staff is working with a resident and heard an alarm then they made sure the resident they are providing care was safe and then they check other resident in the room where alarm was beeping. Staff A stated that staff also do rounds during their shift. Staff A stated that no one complained regarding Staff E was sleeping during their shift. Staff A stated that if anyone reported staff sleeping during the shift to her then she would investigate, interview all staff members, give a write up and if it happens again then terminate the staff.

During an interview on 01/08/2024 at 12:28pm, Staff A stated that she interviewed other staff members if any staff was sleeping during their shift. Staff A was asked if she could provide that in written documentation. Staff A stated "no." Staff A stated that Staff B did investigate sleeping issue and did not find any evidence to prove if staff was sleeping. Staff A was not able to provide written documentation and said verbal conclusion was done. Staff A stated that she found the investigation conclusion form today and moving forward they will use that form during incident investigations.

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, Memory Haven Sumner is or will be in compliance with this law and / or regulation on (Date) 1/16/24.

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

Dona Wing — Administrator (or Representative)

1/15/24 — Date

January 16,2024

Manfay Chan, Field Manager
Residential Care Services
Region 3, Unit D
PO Box 99250
Lakewood, Wa 98496

Re: Citation dated January 11,2024

WAC 388-78A-2371. Investigations.
(1) Investigate and document investivative 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.

- Executive Director, Business Office Manager, and Wellness Director have been inserviced on the forms that will be used in the future for documenting team member/members involved, who it was reported to, and employee discussion document. The forms include the outcome and the plan.
- BOM or Wellness Director will have the investigation binder in the upstairs office.

Donna Wing

Donna Wing, Executive Director

1/16/24

Date