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) 55991 (Completion Date 03/18/2025) and 50837 (Completion Date 01/15/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/18/2025 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-2210-1-b, WAC 388-78A-2210-2-b

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, Allied Health 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
Intake ID: 155167
Compliance Determination #: 50837
Region/Unit #: RCS Region 3 / Unit D
Investigator: Nareet Bajwa
Investigation Date(s): 11/25/2024 through 01/15/2025
Complainant Contact Date(s):

Allegation(s):
1. Medication error
2. Facility did not investigated Fall with injury

Investigation Methods:

Sample:	Total residents: 38 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 Medication administration
Interviews:	Staff Collateral contact
Record Reviews:	Resident Characteristic Roster Medication administration records (MAR) Staff progress notes Medical records (lab reports, H & P summary)' Incident log / reports, Facility P & P care plan

Investigation Summary:
1. Per record review, interviews with collateral contact and staff, Assisted Living Facility (ALF) failed to ensure that residents receive their medication as ordered. Failed facility practice identified. See Statement of Deficiency dated 01/15/2025.
2. Per record review, interviews with collateral contact and staff, there was not sufficient information to either support or refute this allegation.

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
Intake ID: 155343
Compliance Determination #: 50837
Region/Unit #: RCS Region 3 / Unit D
Investigator: Nareet Bajwa
Investigation Date(s): 11/25/2024 through 01/15/2025
Complainant Contact Date(s):

Allegation(s):
1. Medication error
2. Facility did not investigated Fall with injury

Investigation Methods:

Sample:	Total residents: 38 Resident sample size: Closed records sample size: 1
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2. Per record review, interviews with collateral contact and staff, there was not sufficient information to either support or refute this allegation.

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 # 50837
Plan of Correction	Memory Haven Sumner	Completion Date
Page 1 of 4	Licensee: SSA VI, LLC	01/15/2025

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 11/25/2024 and 11/25/2024 of:

Memory Haven Sumner
5107 Parker Rd E
Sumner, WA 98390

This document references the following complaint number(s): 155167, 155343

The following sample was selected for review during the unannounced on-site visit: 0 of 38 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.

Jody Just
Residential Care Services

01/21/2025
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) 1/27/25 Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on record review and interviews, The Assisted Living Facility (ALF) failed to ensure that residents received their medication as ordered. This failure placed Resident 1(R1) and all other 38 residents in the ALF at risk for poor health outcomes.

Findings included...

Record Review on 11/25/2024 showed that R1 was admitted to the ALF on [redacted]/2024 with a diagnosis to include [redacted].

Record review of the discharge orders from Good Samaritan Hospital on [redacted]/2024 showed that R1 received a new order of Quetiapine Fumarate (an antipsychotic medication that treats several kinds of mental health conditions) 12.5 mg at bedtime on [redacted]/2024. Review of R1's November 2024 Medication Administration Record (MAR) showed that R1 received 75 mg of Quetiapine Fumarate at 8:00pm on [redacted]/2024 and 50 mg on 11/09/2024 at 8:00am.

There was no record of administration for 8pm dose for 11/10/2024, it stated medication has not been delivered by the pharmacy.

During an interview on 12/16/2024 at 1:15pm, Collateral Contact 1(CC1) stated that R1 went to the hospital for dehydration. CC1 stated that when R1 came back, her dosage of Quetiapine Fumarate was supposed to be decreased but the facility continued to give R1 the previous prescribed dosage. CC1 stated that she visited R1 on 11/09/2024 and

could not awake her as she was overdosed. CC1 stated that when she asked the facility about dosage they didn't know about the new order. CC1 stated that she handed over the discharge papers and told staff verbally regarding decrease in R1's dosage. CC1 stated that the management said that medication technician gave the old prescription to R1 because they haven't received the new order from the pharmacy. CC1 stated that we told them we rather would not give R1 that medication instead of giving higher dosage. CC1 stated that facility contacted pharmacy, and they broke the pill in half on 11/11/2024 until they got new prescription.

During an interview on 11/25/2024 at 12:50pm, Staff C, Medication Technician stated that R1 went to the hospital on [redacted]/2024 and came back on [redacted]/2024. Staff C stated that R1 was on Quetiapine Fumarate 50 mg AM and 75 mg at bedtime daily. When R1 came back from the hospital, her dosage was changed to 12.5 mg once a day.

During an interview on 11/25/2024 at 1:16pm, Staff B, Wellness Director stated that hospital sent the new order of Quetiapine Fumarate 12.5 mg at bedtime on [redacted]/2024, and she forwarded that to the pharmacy. Staff B stated that pharmacy did not change the order. Staff B stated that R1 received 75 mg of Quetiapine Fumarate at 8:00pm on [redacted]/2024 and 50 mg on 11/09/2024 at 8:00am by Staff D, Caregiver, and Staff E, Caregiver, as per the order showing in the system. Staff B stated that on 11/09/2024 family reported that R1 is being overdosed. Staff B stated that she checked the orders and saw that the pharmacy did not update the new order. Staff B stated that she discontinued the previous order and asked pharmacy to change the order. Staff B stated that on 11/11/2024, R1 received the new order after getting confirmation from the pharmacy.

During an interview on 01/03/2025 at 12:11pm, Staff A, Administrator stated that R1 went to the hospital on [redacted]/2024 and came back on [redacted]/2024. Staff A stated that R1 was taking Quetiapine Fumarate 50 mg in morning and 75 mg at bedtime before going to hospital. Staff A stated that R1 came back from hospital with a discharge order of 12.5 mg at bedtime. Staff A stated that it looks like R1 received 75 mg at 8:00pm on [redacted]/2024 and 50 mg on 11/09/2024 at 8:00am. Staff A stated that it is a medication error with no harm to R1. Staff A stated that the order was discontinued by Staff B on 11/09/2024 at 6:00pm. Staff A stated that staff B did medication error report, investigation was done, Medication technician was interviewed, and in-service education was done. Staff A was asked who checks the discharge orders when resident comes back from the hospital. Staff A stated that medication technician is responsible for checking new orders. Staff A stated that medication technician or pharmacy are responsible for entering the new orders in the system.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2421	Compliance Determination # 50837
Plan of Correction	Memory Haven Sumner	Completion Date
Page 4 of 4	Licensee: SSA VI, LLC	01/15/2025

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) 2/10/25

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

Donna Wing
Administrator (or Representative)

1/27/25
Date