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

03/14/2025

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

RE: Memory Haven Sumner # 2421

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 55990 (Completion Date 03/14/2025) and 50838 (Completion Date 01/06/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/14/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

(b) Makes an immediate report to the appropriate law enforcement agency and the department consistent with chapter 74.34 RCW of all incidents of suspected sexual abuse or physical abuse of a resident.

(2) The assisted living facility must prominently post so it is readily visible to staff, residents and visitors, the department's toll-free telephone number for reporting resident abuse and neglect.

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: 155901
Compliance Determination #: 50838
Region/Unit #: RCS Region 3 / Unit D
Investigator: Nareet Bajwa
Investigation Date(s): 11/25/2024 through 01/06/2025
Complainant Contact Date(s):

Allegation(s):
AV being abused by AP

Investigation Methods:

Sample:	Total residents: 38 Resident sample size: 1 Closed records sample size:
Observations:	General environment Residents in their rooms Staff-to-resident interactions Resident-to-resident interactions Resident behaviors Care equipment hotline poster
Interviews:	Residents, including the named resident Staff
Record Reviews:	Resident Characteristic Roster Staff records Staff progress notes Incident log / reports, Facility P & P care plan

Investigation Summary:
Per observation, record review, interviews with staff, the Assisted Living Facility (ALF) failed to call law enforcement and Complaint Resolution Unit (CRU) hotline as a mandatory reporter on an incident of physical abuse and failed to post the department's toll-free telephone number for reporting resident abuse and neglect. This failure placed all 38 residents in the ALF at risk for potential abuse. Failed facility practice identified. See Statement of Deficiency dated 01/06/2025.

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 #: 2421	Compliance Determination # 50838
Plan of Correction	Memory Haven Sumner	Completion Date
Page 1 of 3	Licensee: SSA VI, LLC	01/06/2025

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): 155901

The following sample was selected for review during the unannounced on-site visit: 1 of 38 current residents and 0 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 — 01/08/2025
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.

Statement of Deficiencies	License #: 2421	Compliance Determination # 50838
Plan of Correction	Memory Haven Sumner	Completion Date
Page 2 of 3	Licensee: SSA VI, LLC	01/06/2025

Donna Wing
Administrator (or Representative)

1/10/25
Date

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

(b) Makes an immediate report to the appropriate law enforcement agency and the department consistent with chapter 74.34 RCW of all incidents of suspected sexual abuse or physical abuse of a resident.

(2) The assisted living facility must prominently post so it is readily visible to staff, residents and visitors, the department's toll-free telephone number for reporting resident abuse and neglect.

This requirement was not met as evidenced by:

Based on interviews, observation and record review, the Assisted Living Facility (ALF) failed to call Law Enforcement and the Departments Complaint Resolution Unit (CRU) hotline as a mandatory reporter for 1 of 1 sampled resident (Resident 1[R1]) on an incident of physical abuse. The facility also failed to post the department's toll-free telephone number for reporting resident abuse and neglect. These failures placed all 38 residents in the ALF at risk for potential abuse.

Findings Included...

Record review of the Abuse Reporting – Policy number: 60.608-07/2018 stated "(1) Notify the appropriate licensing or regulatory agency or Executive director for this community in accordance with specific state regulations. The hotline number is__, if applicable. The employee is a mandatory reporter, who will notify the state hotline (if applicable) without fear of retaliation and/or anonymously.

During an observation on 11/25/2024 at 12:10pm, The department's toll-free telephone number for reporting resident abuse and neglect was not posted in the facility.

During an interview on 11/25/2024 at 12:38pm, Staff C, Medication technician stated that Staff D, Caregiver notified her regarding the incident on 11/16/2024. Staff C stated that she reported to Staff B, the Wellness Director, and asked Staff D to write a statement. Staff C stated that she notified the doctor, family and administrator. Staff C stated that R1 was placed on alert charting. Staff C was asked if hotline reporting was

done. Staff C stated that she probably should have called the hotline, but she did not.

During an interview on 11/25/2024 at 1:16pm, Staff B, stated that the incident happened on 11/15/2024 evening and she was notified regarding the incident by Staff D on 11/16/2024 morning. Staff B stated that staff D said that she was terrified and did not want Staff E, Caregiver to know that she witnessed staff E abusing R1. Staff B was asked who was notified. Staff B stated that Staff A, Administrator, Police, POA and doctor were notified. Staff B was asked if Staff E was in the facility after the incident. Staff B stated that incident happened at 9:15pm and Staff E was working in the facility with other residents after the incident and left when his shift ended at 10pm. Staff B stated that investigation was done, and Staff E was terminated. Staff B was asked if hotline reporting was done. Staff B stated that Staff D knows that she is mandatory reporter, but she did not called hotline. Staff B stated that she did the online reporting on 11/18/2024. Staff B stated that in-service education will be done for all staff and will post the posters of hotline number for reporting abuse and neglect.

During an interview on 01/03/2025 at 12:11pm, Staff A stated that if she witnessed abuse then she would intervene on the situation, move resident to safe area, call for help, call police and supervisor. Staff A stated that she would remove the alleged perpetrator from property and call state hotline. Staff A stated that all staff involved in the incident are supposed to report to state hotline individually. Staff A stated that staff D was shocked and forgot to call hotline. Staff A stated incident happened on 11/15/2024 evening, reported to Staff B on 11/16/2024 morning and online reporting was done by Staff B on 11/18/2024. Staff A was asked if Staff E was in the facility after the incident. Staff A stated that staff E was working in the facility after the incident and left after his shift ended. Staff A stated that in-service education was done with all staff and posted hotline posters in the building.

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) 1/16/25.

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

Administrator (or Representative) — Date: 1/10/25

January 14, 2025

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

Re: Citation dated January 1, 2025

WAC 388-78A-2630 Reporting abuse and neglect.
(1) The assisted living facility must ensure tha each staff person:

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- Executive Director, Business Office Manager, and Wellness Director continue to in-service during onboarding, and in all staff as we have done in November & December with plans January 16, 2025.

- Executive Director, Business Office Manager, and Wellness Director continue to ensure no reporting posters are taken down in all three cottages.

Donna Wing, Executive Director

1/14/25
Date