



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

HSP - Harbour Point LLC
Mukilteo Memory Care
4686 Pointes Dr
Mukilteo, WA 98275

RE: Mukilteo Memory Care License # 2426

Dear Administrator:

This letter addresses Compliance Determination(s) 29559 (Completion Date 09/19/2023) and 27086 (Completion Date 08/08/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/19/2023 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-2130-3-a, WAC 388-78A-2130-3-b, WAC 388-78A-2320-2-b, WAC 388-78A-2320-2-e, WAC 388-78A-2320-3-c, WAC 388-78A-2350-1

The Department staff who did the on-site verification:

Alma Duran, Licensor
Keiko Kitano, Licensor

If you have any questions, please contact me at (425)670-6070.

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 #: 2426	Compliance Determination # 27086
Plan of Correction	Mukileo Memory Care	Completion Date
Page 1 of 9	Licensee: HSP - Harbour Point LLC	08/08/2023

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 07/24/2023 and 07/25/2023 of:

Mukileo Memory Care
4686 Pointes Dr
Mukileo, WA 98275

This document references the following SOD dated: 08/08/2023

The following sample was selected for review during the unannounced on-site visit: 7 of 56 current residents and 0 former residents:

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licenser
Keiko Kitano, Licenser

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

08/21/2023
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)

Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure the Negotiated Service Agreement (NSA) was updated to reflect the care and service needs related to the current health status for 3 of 3 sampled residents (Residents 3, 4 and 5). This placed Residents 3, 4 and 5 at risk for having their health adversely affected by not receiving needed care and services.

Findings included...

RESIDENT 3

Review of a Resident Information (RI) form showed the ALF admitted Resident 3 on [REDACTED]/2022 with multiple diagnoses including [REDACTED]

Review of a Physician Notification Form, dated 06/22/2023, showed Resident 3's Primary Care Provider (PCP) ordered wound care after he had fallen out of bed sustaining an abrasion on his left forearm (LFA).

Review of a Weekly Wound Skin Check (WWSC) form, dated 07/03/2023, showed Resident 3 had that had a LFA abrasion that measured 5.6 centimeters (cm) x 1.5 cm, and staff would continue the current wound care. Review of a WWSC form, dated 07/13/2023, showed the abrasion on Resident 3's LFA measured 0.3 cm x 0.3 cm, and a scab was observed. Review of a WWSC form, dated 07/20/2023, showed the abrasion on Resident 3's LFA measured 5.6 cm x 1.5 cm, it had reopened, and the scab was not intact.

Review of a Progress Note (PN), dated 07/02/2023, showed Resident 3 was noted to have multiple scabs on both lower legs, toes, and hands, and was constantly picking on them. The PN stated that the PCP prescribed to apply Hydrocortisone cream (used to treat

redness, swelling, itching, and discomfort of various skin conditions) to affected area. Review of a PN, dated 07/05/2023, showed Resident 3 still had scabs on both hands, and was seen picking at a scab on the left hand. Review of a PN, dated 07/17/2023, showed Resident 3 developed open skin areas on the left first and second toes, and the PCP ordered wound care for them.

Observation, on 07/25/2023 at 10:08 AM, showed an uncovered a scab on Resident 3's LFA and multiple scabs on the right elbow.

Review of Resident 3's Service Plan (SP- equivalent to NSA), dated 07/08/2023, showed no information addressing Resident 3's ongoing skin issues. Review of the SP showed no interventions for Resident 3's skin breakdown or related behavior, such as picking at scabs.

RESIDENT 4

Review of an undated RI form showed the ALF admitted Resident 4 on [REDACTED]/2018 with multiple diagnoses including [REDACTED] and [REDACTED]

Review of the SP, dated 07/07/2023, showed Resident 4 required maximum assistance with activities of daily living (ADLs - a term used in healthcare to refer to people's daily self-care activities such as bathing, grooming, ambulation, etc.). Review of an undated Resident Characteristic Roster (RCR) showed Resident 4 was identified as having incontinence and skin issues.

Review of Hospice notes, dated 07/13/2023, showed Resident 4 had a stage two (a shallow, crater-like wound or a blister containing a clear or yellow fluid) pressure sore on her coccyx (tailbone).

In interview, on 07/25/2026 at 12:00 PM, Staff F (Medication Technician) stated the Hospice Nurse (HN) managed Resident 4's wound dressing change. Staff F stated she would clean Resident 4's pressure sore only if it became soiled and then inform the HN.

Review of Resident 4's SP, dated 07/07/2023, under the Skin Care Intervention section, showed no information regarding Resident 4's wound. There was no information as to who managed the dressing changes or instructions to ALF staff regarding what to monitor, precautions or who to contact with issues.

RESIDENT 5

Review of a RI form showed the ALF admitted Resident 1 on [REDACTED]/2023 with multiple medical diagnoses including [REDACTED]

[REDACTED] and [REDACTED]

Record showed Resident 5 started hospice care on 03/24/2023, that was later discontinued on 05/15/2023. Record showed Resident 5 required 4 liters per minute of oxygen (O2) that was started on 03/24/2023, that was discontinued on 05/15/2023.

Review of Resident 5's SP, dated 07/07/2023, showed it had not been updated to address O2 treatment and hospice care had been discontinued. The NSA showed instructions related to O2 monitoring, observations and precautions.

This is an uncorrected deficiency previously cited on 05/25/2023.

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, Mukilteo Memory Care is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date

WAC 388-78A-2320 Intermittent nursing services systems.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(b) Nurse delegation, if provided;

(e) Implementation of the nursing component of each resident's negotiated service agreement; and

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(c) Chapter 246-840 WAC, Practical and registered nursing;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to follow the criteria for nurse delegation (ND) for 3 of 4 sampled residents (Residents 2, 3 and 6). This

resulted in unqualified staff members conducting nursing tasks without having the proper training and placed Resident 2, 3 and 6 at risk for compromised health conditions.

Findings included...

NOTE: The Nurse Delegation Program, under Washington State law, allowed nursing assistants (NAs) and Home Care Aides (HCAs) working in certain settings to perform certain tasks--such as administering medications--normally performed only by licensed nurses. A Registered Nurse (RN) must teach and supervise the nursing assistant, as well as provide nursing assessments of the patient's condition.

NOTE: Washington Administrative Code (WAC) 246-840-930 Criteria for delegation, included the following subsections: (8) Verify that the nursing assistant or home care aide: (a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without restriction; (b) Has completed both the basic caregiver training and core delegation training before performing any delegated task; (c) Has evidence as required by the department of social and health services of successful completion of nurse delegation core training; (d) Has evidence as required by the department of social and health services of successful completion of nurse delegation special focus on diabetes training when providing insulin injections to a diabetic client; (9) Assess the ability of the nursing assistant or home care aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision. (10) If the registered nurse delegator determines delegation is appropriate, the nurse: (14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator. (19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least weekly for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

Review of the ALF's undated Disclosure of Services showed that the ALF used Nursing Assistants as Medication Technician (MT) under the Delegation of a Registered Nurse to provide some authorized nursing services, including administration of insulin injections.

During the entrance interview, on 07/24/2023 at 8:57 AM, Staff K (Executive Director) stated that the ALF had been providing ND services to residents. Staff K stated that Staff I (Registered Nurse) had been the Registered Nurse Delegator.

RESIDENT 2

Review of a Resident Information (RI) form showed the ALF admitted Resident 2 on [REDACTED]/2020 with multiple diagnoses including [REDACTED] and [REDACTED]

[REDACTED] Review of Resident 2's Service Plan (SP - equivalent to Negotiated Service Agreement), dated 07/03/2022, showed ALF staff would

check Resident 2's blood sugar (BS) level and administer insulin (a medication that lowers BS levels) injections four times a day.

Review of the July 2023 electronic Medication Administration Record (eMAR) showed a physician's order for Resident 2 to have her BS checked four times a day two types of insulin injections, one three times a day and the second every morning. The July 2023 eMARs showed Licensed Nurses and MTs had been documenting they completed checking Resident 2's BS and injecting insulin.

Review of the July 2023 eMARs showed Staff M (MT) documented they checked Resident 2's BS level and administering insulin injections on 07/22/2023 at 8:00 AM.

Review of the ND binder showed Staff M had not been ND to perform BS checks or insulin injections for Resident 2.

In interview, on 07/25/2023 at 8:15 AM, Staff F (MT) confirmed they had checked Resident 2's BS level and administered insulin injections that morning.

Review of the ND binder showed Staff I initiated delegation of Staff F for the nursing tasks of insulin injections for Resident 2 on 05/06/2023 with a re-visit on 06/23/2023. However, there was no ND documentation to show that Staff I made the four consecutive weekly visits required by regulation for ND insulin injections to Resident 2.

RESIDENT 3

Review of a RI form showed the ALF admitted Resident 3 on [REDACTED]/2022 with multiple diagnoses including [REDACTED] and [REDACTED]. Review of Resident 3's SP, dated 07/08/2023, showed ALF staff would check Resident 3's BS level twice a day.

In an interview, on 07/25/2023 at 8:15 AM, Staff F confirmed they had checked Resident 3's BS level that morning.

Review of the July 2023 eMAR showed Resident 3 had a physician's order to check BS twice a day, at 8:00 AM and 8:00 PM. The July 2023 eMARs showed, on 07/22/2023 at 8:00 AM, Staff M documented they had checked Resident 3's BS level.

Review of the ND binder showed Staff M had not been ND to perform BS checks or insulin injections for Resident 3.

Record reviews showed Resident 3 had developed multiple open skin areas, and the Primary Care Provider (PCP) had ordered wound care.

Review of the July 2023 eMARs showed ALF staff were required to cleanse the Resident 3's wound with normal saline, pat to dry, and apply bacitracin (antibiotic ointment, used to help prevent infection of minor skin injuries such as cuts, scrapes, and burns) and cover it with non-adherent dressing (a type of dressing designed to cover the wound without sticking to the wound itself) two times a day. Review of the July 2023 eMARs showed that MTs had been documenting they completed the wound care.

In an interview, on 07/25/2023 9:45 AM, Staff F stated that MTs and nurses had been applying the wound care to Resident 3's toes.

Review of a ND paperwork showed no documentation as to whether Staff I had ever evaluated Resident 3's skin condition or delegated MTs the nursing task of wound care for Resident 3.

RESIDENT 6

Review of a RI form showed the ALF admitted Resident 6 on [REDACTED]/2020 with multiple diagnoses including [REDACTED] and [REDACTED]. Review of a SP, dated 07/06/2023, showed Resident 6 required staff to administer medications.

Review of the May, June, and July 2023 eMARs showed Resident 6 had a physician's order for BS checks four times a day and two types of insulin injections. The eMARs showed MTs had been administering insulin injections and performing BS checks for Resident 6.

Review of Resident 6's July 2023 eMARs showed Staff F had initialed showing she had performed 21 BS checks and administered 21 insulin injections to Resident 6 from 07/10/2023 through of 07/25/2023.

Review of the ND binder showed Staff F had not been ND to perform BS checks or insulin injections for Resident 6.

This is an uncorrected deficiency previously cited on dated 05/25/2023.

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, Mukilteo Memory Care is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to coordinate care with a Primary Care Provider (PCP) and integrate orders to monitor blood pressure (BP) for 1 of 1 sampled resident (Resident 3). This resulted in staff not monitoring BP for Resident 3 in accordance with the PCP's orders and placed Resident 3 at risk for a compromised health status.

Findings included...

Review of a Resident Information form showed that the ALF admitted Resident 3 on [REDACTED]/2022 with multiple diagnoses including [REDACTED] and [REDACTED]. Review of Resident 3's Service Plan (SP - equivalent to Negotiated Service Agreement), dated 07/08/2023, showed ALF staff would coordinate and communicate with the PCP.

Review of a PCP note, dated 04/03/2023, showed Resident 3's BP had been elevated so the PCP ordered ALF staff to monitor Resident 3's BP once a day and report the results to the PCP weekly.

In an interview, on 07/25/2023 at 10:45 AM, Staff F (Medication Technician ((MT)) stated that MTs were responsible for checking residents' BP following any instruction in the electronic Medication Administration Records (eMARs). When asked whether MTs had been monitoring Resident 3's BP daily, Staff F checked the July 2023 eMARs on a computer screen and stated that there was no instruction for MTs to do so. Staff F stated that MTs had not been monitoring Resident 3's BP daily.

Review of Resident 3's records showed the ALF had not followed the PCP's order to monitor

Resident 3's BP daily and report the results to the PCP weekly.

This is an uncorrected deficiency previously cited on 05/25/2023.

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, Mukilteo Memory Care is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date



Residential Care Services Investigation Summary Report

Provider/Facility: Mukilteo Memory Care **Provider Type:** Assisted Living Facility
License/Cert.#: 2426
Compliance Determination #: 22516 **Intake ID:** 78188
Investigator: Alma Duran **Region/Unit #:** RCS Region 2 / Unit J
Investigation Date(s): 04/11/2023 through 05/25/2023
Complainant Contact Date(s):

Allegation(s):

- (1) Unclean and unsanitary bathrooms, soiled beds, residents sleeping on plastic.
 - (2) Other roommates dragging around foley bags on the ground.
 - (3) Caregivers not keeping track of medications being lost and not being given after a return from a hospital visit.
 - (4) Residents are not getting laundry.
 - (5) Food is always cold.
 - (6) The facility is very mismanaged.
 - (7) Staff are scared to report in fear of retaliation.
 - (8) Rough care with patients that are difficult to work with.
 - (9) The caregivers continue to provide care and it is very rough.
 - (10) Staff do not care, they are very understaffed, and the morale is awful.
-

Investigation Methods:

Sample: Total residents: 56
Resident sample size: 11
Closed records sample size: 0

Observations: Identified resident
Residents
Activities
Resident rooms
Staff to resident interactions
Medication administration
Kitchen
Food preparation

Interviews: Identified resident
Identified staff
Nursing staff
Residents
Family members
Maintenance staff
Housekeeping staff
Business office manager
Human resources
Laundry staff

Record Reviews: Resident characteristic roster
Medical records
Facility policies
Personnel files
Staff training records
Incident investigation

Investigation Summary:

- 1) Based on observation and interview, the Assisted Living Facility's (ALF) housekeeper stated 2 residents' bathrooms, including the named resident's (NR) bathroom, due to "urine tracks" were cleaned daily instead of weekly for other residents.
 - 2) There was no observation of resident's foley bags dragging on the ground at the time of inspection visit.
 - 3) The ALF failed to implement systems to promote safe medication services.
 - 4) Residents' laundry was done weekly. Residents in the ALF were well groomed.
 - 5) Based on observation, food temperatures were taken and appropriate according to food code, before serving to the residents. No residents complained of food either too hot or too cold during interview.
 - 6) The ALF followed management regulations.
 - 7) In interview, staff stated they report to management for issues and had call the Department's Complaint Resolution Hotline for issues in the ALF.
 - 8) Based on observation, interactions between staff and residents were appropriate.
 - 9) Based on interview, caregivers stated they were able to get help from Medication Technicians and Licensed Nurses.
 - 10) Based on interview, staff said, "I take care of my residents like they are my parents." In interview, Management have been looking to hire more staff with difficulty.
-

Conclusion / Action:

- ☒ 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: Mukilteo Memory Care **Provider Type:** Assisted Living Facility
License/Cert.#: 2426
Compliance Determination #: 22516 **Intake ID:** 79487
Investigator: Alma Duran **Region/Unit #:** RCS Region 2 / Unit J
Investigation Date(s): 04/11/2023 through 05/25/2023
Complainant Contact Date(s):

Allegation(s):

1). The Named Resident (NR) stood from her wheelchair and fell. The NR sustained a right hip fracture.

Investigation Methods:

Sample:	Total residents: 56 Resident sample size: 11 Closed records sample size: 0
Observations:	Named Resident Sampled Resident Staff/Resident interactions General Environment
Interviews:	Facility Staff Collateral Contact
Record Reviews:	Facility Records Resident Records

Investigation Summary:

1). The NR was unable to be interviewed. Observation with sampled residents showed no significant signs of resident's health and welfare issues. The facility investigated the fall and notified the department. Observation of the NR showed the NR returned from the hospital and required assist with positioning, orthopedic devices and newly placed catheter care. Observation and interview showed the care staff received no written instructions to address the NR's immediate needs. Deficient practice identified.

Conclusion / Action:

- ☒ 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: Mukilteo Memory Care **Provider Type:** Assisted Living Facility
License/Cert.#: 2426
Compliance Determination #: 22516 **Intake ID:** 78879
Investigator: Alma Duran **Region/Unit #:** RCS Region 2 / Unit J
Investigation Date(s): 04/11/2023 through 05/25/2023
Complainant Contact Date(s): 04/26/2023, 04/27/2023, 05/09/2023, 05/10/2023

Allegation(s):

- 1). The Named Resident (NR) has been found in dirty clothing, the carpet and apartment is dirty, her bed is soiled and unchanged, and the NR has poor oral care,
 - 2). The NR's incontinent products are not getting checked and/or changed every 2 hours.
-

Investigation Methods:

Sample:	Total residents: 56 Resident sample size: 11 Closed records sample size: 0
Observations:	Staff to resident interactions Resident rooms Resident care equipment Residents Identified resident
Interviews:	Facility Staff Collateral Contacts
Record Reviews:	Facility Record Resident Records

Investigation Summary:

- 1). The NR was not interviewable. Observed the NR and the NR's apartment on 2 separate visits to the facility. No observation of trash and/or an unclean apartment during the observations. No observation of soiled clothes. Sampled residents observation showed clean rooms, no trash or obstacles on the floor, no observable concerns for poor oral care. Interview and record review showed the NR did not have clearly identified care directives for assistance with oral care. Deficient practice identified.
 - 2). Observation, interview and record review showed the NR is not receiving incontinent care every 2 hours as required and identified on the NR's Negotiated Service Agreement. Observed the care staff use cleansing wipes that do not belong to the residents in sample. Deficient practice identified.
-

Conclusion / Action:

- ☒ 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

Licensee: HSP - Harbour Point LLC
Mukilteo Memory Care
4686 Pointes Dr
Mukilteo, WA 98275

RE: Mukilteo Memory Care License # 2426

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 05/25/2023 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
 - o Mail the Plan/Attestation Statement and report with original signatures to:

HSP - Harbour Point LLC
Mukilteo Memory Care # 2426
05/25/2023
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Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

In Addition, You May:

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
 - o What specific deficiency or deficiencies you disagree with;
 - o Why you disagree with each deficiency; and
 - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
 - o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (425)670-6070.

Sincerely,

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

Enclosure



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 #: 2426	Compliance Determination # 22516
Plan of Correction	Mukilteo Memory Care	Completion Date
Page 3 of 41	Licensee: HSP - Harbour Point LLC	05/25/2023

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 the unannounced on-site full inspection and complaint investigation on 04/11/2023 and 04/13/2023 of:

Mukilteo Memory Care
4686 Pointes Dr
Mukilteo, WA 98275

This document references the following complaint numbers: 78188, 79487, 79112, 78879.

The following sample was selected for review during the unannounced on-site visit: 11 of 56 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licenser
Keiko Kitano, Licenser
Hayley Pinkham, ALF Licenser

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

06/02/2023
Date

Statement of Deficiencies	License #: 2426	Compliance Determination # 22516
Plan of Correction	Mukilteo Memory Care	Completion Date
Page 4 of 41	Licensee: HSP - Harbour Point LLC	05/25/2023

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.

Amel
Administrator (or Representative)

6/7/2023
Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to be in compliance with the State's Enhanced Adult Residential Care-Specialized Dementia Care Services (EARC-SDCS) standards requirement for 1 of 1 sampled resident (Resident 6). This resulted in the ALF not conducting a full assessment for Resident 6 every six months and placed Resident 6 at risk for a compromised health condition. The ALF also failed to post the required precautionary signs indicating oxygen (O2) was in use for 1 of 1 sampled resident (Resident 5) and one non-sampled resident (Resident 8) and failed to store O2 tanks in a safe and secured place.

This failure placed 56 residents, staff, and visitors at risk of an unsafe environment.

Findings included...

RESIDENT 6 (Enhanced Adult Residential Care-Specialized Dementia Care Services)
NOTE: Washington Administrative Code (WAC) 388-110-220 Enhanced adult residential care service standards. (3) In an assisted living facility with an enhanced adult residential care-specialized dementia care services contract, for residents served under that contract, the contractor must: (a) Complete a full assessment of residents as specified in chapter 388-78A WAC, at a minimum, on a semi-annual basis;

On 04/11/2023, review of the Department Secure Tracking and Reporting Systems showed that the ALF had an EARC-SDCS contract with the Department.

Review of the undated Residents Characteristics Roster showed the ALF had been providing care and services for nine residents, including Resident 6, within the EARC-SDCS contract.

Review of a Resident Information (RI) form showed that the ALF admitted Resident 6 on [REDACTED] 2020 with multiple diagnoses including [REDACTED]

Statement of Deficiencies	License #: 2426	Compliance Determination # 22516
Plan of Correction	Mukilteo Memory Care	Completion Date
Page 5 of 41	Licensee: HSP - Harbour Point LLC	05/25/2023

Review of Resident 6's active records showed that a full assessment was conducted on 03/02/2022.

In an interview, on 04/13/2023 at 3:16 PM, when asked whether the ALF conducted another full assessment in September 2022 to meet a requirement for the EARC-SDCS contract, Staff A (Director of Wellness) stated there was no other full assessment since last March.

OXYGEN STORAGE

NOTE: WAC 388-78A-2700 Emergency and disaster preparedness. (1) The assisted living facility must: (a) Maintain the premises free of hazards;

NOTE: The National Fire Protection Association Code 99 – Healthcare Facility Guidance for fire protection. Chapter 9 Gas Equipment. OXYGEN – USE NO OIL. 9.6.3.2.1 In health care facilities where smoking is not prohibited, precautionary signs readable from a distance of 1.5 meters (5 feet) shall be conspicuously displayed wherever supplemental oxygen is in use and in aisles and walkways leading to that area; they shall be attached to adjacent doorways or to building walls or be supported by other appropriate means.

RESIDENT 5

Review of a RI form showed the ALF admitted Resident 5 on [REDACTED]/2023 with multiple medical diagnoses including [REDACTED]

Observation and interview, on 04/12/2023 at 8:30 AM, showed Resident 5 receiving supplemental oxygen (O2) by nasal cannula (a tube that delivers O2 through the nostrils). Staff H (Medication Technician) stated Resident 5 received 4 liters per minute (lpm) of O2. Further observation showed an O2 concentrator and a portable O2 (A - tank) in Resident 5's apartment. Resident 5 the apartment with another resident. There was no precautionary signs regarding Resident 5's O2 on the apartment door.

In interview, on 04/12/2023 at 8:45 AM, when questioned if there were other residents at the ALF receiving O2, Staff H stated non-sampled Resident 8 used O2 as needed.

Observation, on 04/12/2023 at 8:50 AM, of Resident 8's apartment showed an O2 concentrator and two O2 tanks. There was no precautionary signs regarding Resident 8's O2 on the apartment door.

In Interview, on 04/12/2023 at 10:55 AM, Staff L (Director of Maintenance) stated the O2 supplier did not give the signage poster.

Observation, on 04/13/2023 at 10:55 AM, with Staff L showed a full O2 D-tank (a 425 liters aluminum medical oxygen cylinder), 15 cubic feet size, and a full portable O2 A-tank

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(a 112 liters small portable oxygen cylinder) leaning against the wall by Resident 5's bed.

Observation and interview, 04/13/2023 at 10:55 AM, showed an O2 storage room on the 2nd floor hallway with no precautionary signage. Staff L was observed placing Resident 5's O2 tanks, unsecured, behind the curtain against the wall. When asked if there was a metal rack provided by the suppliers to secure the O2 tanks, Staff L stated they did not, but he would contact the supplier and ask.

Plan/Attestation Statement

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SB confirmed POC date with Provider on 6/8/2023.

7/9/2023

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

all

Administrator (or Representative)

6/7/2023

Date

WAC 388-78A-2100 On-going assessments. The assisted living facility must:

(2) Complete an assessment specifically focused on a resident's identified problems and related issues:

(b) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to assess the special needs related to mobility, including the capability of emergency evacuation, for 1 of 7 sampled residents (Resident 7). This placed Resident 7 at risk for not receiving proper care and services and a deteriorating health condition.

Findings included...

Review of a Resident Information form showed the ALF admitted Resident 7 on [REDACTED]/2022 with multiple diagnoses including [REDACTED]. Resident 7's Service Plan (equivalent to Negotiated Service Agreement), dated 03/17/2023, showed that he was able to independently evacuate for an emergency.

Observation, on 04/13/2023 at 12:05 PM, showed Resident 7 sitting in a wheelchair being pushed by a caregiver into the dining room on the second floor.

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In an interview, on 04/13/2023 at 12:20 PM, Staff L (Caregiver) stated that Resident 7 required two persons to assist with transfers from bed to the wheelchair, and staff needed to push his wheelchair to the activity room and the dining room. When asked whether Resident 7 was able to evacuate independently, Staff L said, "No, I don't think so."

Review of Resident 7's Assessment, dated 03/15/2023, showed Resident 7 required two persons to assist with transfer, and staff were required to assist with repositioning in a bed or in a chair. The Assessment did not show that Resident 7 required the use of the wheelchair and staff assistance with mobility. The Assessment identified Resident 7 as not needing assistance with evacuation.

Review of Resident 7's active record showed no assessment addressing the current needs of Resident 7's mobility, including evacuation assistance in case of emergency.

This deficiency was previously cited on 05/13/2021.

Plan/Attestation Statement	
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SB confirmed POC date with Provider on 6/8/2023.	7/9/2023
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
<u>Ariel</u>	<u>6/7/23</u>
Administrator (or Representative)	Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

- (2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:
 - (a) Departure from the resident's customary range of functioning; or
- (3) Evaluate, in order to determine if there is a need for further action;
 - (a) The changes identified in the resident per subsection (2) of this section; and
- (4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

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Based on observation interview, and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 resident (Resident 7) was evaluated with appropriate responses after changes in condition. These failures contributed in Resident 7 having delayed treatment of a skin infection and placed them at risk for deteriorating health status.

Findings included...

NOTE: Washington Administrative Code 246-841-400 - Standards of practice and competencies for nursing assistants - Competencies and standards of practice are statements of skills and knowledge, and are written as descriptions of observable, measurable behaviors. All competencies are performed under the direction and supervision of a licensed registered nurse or licensed practical nurse as required by RCW 18.88A.030. The following competencies are considered standards of practice for both nursing assistant-certified and nursing assistant-registered:

RESIDENT 7

Review of a Resident Information form showed that the ALF admitted Resident 7 on [REDACTED]/2022 with multiple diagnoses including [REDACTED]

SKIN MONITORING

Review of a Progress Note (PN), dated 02/12/2023, showed a caregiver had found two open areas on Resident 7's right leg. The PN stated a Medication Technician (MT – a non-licensed staff) notified Resident 7's Primary Care Provider (PCP), Resident 7's Representative (RR), Staff A (Director of Wellness), and Staff G (Administrator) about Resident 7's skin issue. The PN showed the RR told the reporting MT he would be changing Resident 7's PCP.

Review of PNs, from 02/12/2023 through 02/17/2023, showed MTs, not licensed nurses, had been monitoring Resident 7's skin condition, including redness, swelling, and fever, and applied a bandage on the open areas. On 02/17/2023, Staff H (MT) wrote in a PN that there was no pain or discomfort around the open skin area, and no sign or symptoms of infection, and discontinued an Alert Charting (monitoring documentation for any condition changes) for Resident 7's skin condition.

Review of a PCP note, dated 02/28/2023, showed a new PCP visited Resident 7 at the ALF and diagnosed them with [REDACTED]. The PCP prescribed Resident 7 to take an antibiotic medication for 10 days.

Review of Resident 7's active record showed there was no instruction from any PCP as to what to do for Resident 7's skin issues. From 02/17/2023 through 04/13/2023, there was no documentation as to whether staff monitored Resident 7's skin condition.

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Review of Resident 7's active record showed no information as to whether Licensed Nurses (LNs) had ever evaluated or assessed Resident 7's skin condition.

In a follow-up telephone interview, on 04/27/2023 at 10:48 AM, Staff A stated that the ALF usually had a LN working on the 1st floor during the evening shift. Staff A stated that LNs were expected to evaluate residents' skin conditions, but the evening LNs were only focused on residents on the 1st floor (Resident 7 was on the 2nd floor). Staff A thought that the evening LNs might not have gone upstairs to monitor Resident 7's skin condition.

WEIGHT MONITORING

Review of Resident 7's Service Plan (equivalent to Negotiated Service Agreement), dated 03/15/2023, showed the ALF would monitor vital signs monthly. The SP did not instruct staff how to monitor Resident 7's weight.

Review of Resident 7's active record showed, on 12/22/2022, Resident 7's weight (Wt) was [REDACTED] Pounds (Lbs) at the PCP's office. On 01/10/2023, the ALF found Resident 7's Wt was [REDACTED], a gain of about 43 Lbs. within one month. On 02/10/2023, the ALF found Resident 7's Wt was [REDACTED] Lbs, a loss of 5.2 Lbs in one month.

Records showed, on 02/23/2023, an MT reported to Resident 7's PCP a Wt change from [REDACTED] to [REDACTED] Lbs. The PCP directed to the ALF to monitor Resident 7's Wt in March and April 2023, and report the results to the PCP.

Records showed, on 03/10/2023, Resident 7's Wt was measured at [REDACTED] Lbs, a loss of 33 Lbs. in one month. There was no information as to whether the ALF contacted the PCP, evaluated, or took appropriate action regarding the significant Wt loss.

In an interview, on 04/13/2023 at 12:35 PM, Staff H stated that in January and February 2023, staff might have weighed Resident 7 with a wheelchair. In March 2023, staff weighed Resident 7 without the wheelchair. Staff H stated that staff had not yet weighed Resident 7 in April 2023.

This is a recurring deficiency previously cited on 05/13/2021 and 02/10/2021.

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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, Mukilteo Memory Care is or will be in compliance with this law and / or regulation on (Date) 7/9/23.

SB confirmed POC date with Provider on 6/8/2023.

7/9/2023

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

am

Administrator (or Representative)

6/7/23

Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure the Negotiated Service Agreement (NSA) was updated to reflect the current health status, care and service needed for 3 of 3 sampled residents (Residents 1, 3, and 4). This placed Residents 1, 3, and 4 at risk for having their health adversely affected by not receiving needed care and services.

Findings included...

RESIDENT 1

Review of an Resident Information form (RI) showed the ALF admitted Resident 1 on [REDACTED] /2020 with multiple medical diagnoses including [REDACTED]

and [REDACTED]

Review of Progress Notes (PN) showed Resident 1 fell in December 2023 with injury to his knee. A PN, dated 01/15/2023, showed while staff were assisting Resident 1 in the shower, he attempted to get up and fell hitting his head and neck against the shower chair. Resident 1 was transported to the hospital and back to the facility on 01/18/2023. A PN, dated 03/03/2023, showed, Resident 1 had another fall with injury to his hand. A PN, dated 03/20/2023, showed a bottle of vodka was found in Resident 1's room. Staff were unaware how long and much alcohol Resident 1 consumed. A PN, dated 03/25/2023, showed Resident 1 had another fall with significant injuries to his head.

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Review of Resident 1's NSA dated 01/25/2023, but did not include information, or signs and symptoms to monitor for high and low BS, or parameters for when to notify a physician of BS results. The NSA showed no plan to prevent future falls and no plan for alcohol use and monitoring.

In interview, on 04/13/2023 at 11:00 AM, Staff A (Director of Wellness) stated "I agree, the service plan has to be updated."

RESIDENT 3

Review of an undated RI form showed the ALF admitted Resident 3 on [REDACTED]/2018 with multiple diagnoses including [REDACTED]. Review of the NSA, dated 02/16/2023, showed Resident 1 required maximum assistance with activities of daily living (ADLs- a term used in healthcare to refer to people's daily self-care activities such as bathing, grooming, ambulation, etc.). Resident 3 was also identified receiving hospice care (a special kind of care that focuses on the quality of life for people who are experiencing an advanced, life-limiting illness and their caregivers).

Review of an undated Resident Characteristic Roster (RCR) showed Resident 3 was identified as having incontinence, skin issues, and had a medical device.

Review of Hospice notes, dated 12/16/2023, showed Resident 3 had a new pressure ulcer on the coccyx (term used for tailbone) measuring 4.5 x 5 centimeter, managed, and treated by hospice. There were written instructions by hospice and for facility staff to reposition Resident 3 frequently.

On 04/11/2023 at 10:30 AM, Resident 3 was observed in bed on an air/floatation mattress device provided by hospice.

Review of the NSA, dated 02/16/2023, showed no information related to the floatation mattress, its purpose, or staff instructions in the event of malfunction of the device.

In interview, on 04/25/2023 at 11:00 AM, Staff A (Director of Wellness) stated the floatation mattress was to prevent further skin breakdown for Resident 3. Staff A acknowledged that the floatation mattress device should be included in Resident 3's NSA.

RESIDENT 4

Review of a RI form showed the ALF admitted Resident 4 on [REDACTED]/2020 with multiple diagnoses including [REDACTED]

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Review of a Resident Incident /Unusual Occurrence Report (RIUOR), dated 02/26/2023, showed Resident 4 was found lying on the floor in the dining room on the first floor. Resident 4 was unable to tell what happened. A Licensed Nurse noted a bump on the left side of his head.

Review of a RIUOR, dated 03/12/2023, showed Resident 4 was found lying on the floor in the TV room on the first floor. Resident 4 was unable to say how he got on the floor. Resident 4 sustained a skin tear on his right elbow. The RIUOR directed staff to watch Resident 4 closely for safety.

Review of the section for Fall Risk Monitoring in the Service Plan (SP - equivalent to NSA), dated 02/27/2023, showed that staff would ensure that Resident 4's apartment was kept free of clutter on the floor. Staff would provide verbal cueing during transfers to reduce potential for falls. The 02/27/2023 SP did not address current issues regarding Resident 4's falls in the common areas. Review of the SP showed no intervention regarding how to help Resident 4 prevent a similar fall in the common areas. There was no plan in the SP instructing staff how to monitor Resident 4's safety.

In a follow-up telephone interview, on 04/27/2023 at 10:48 AM, Staff A (Director of Wellness) stated that she did not update Resident 4's SP to address concerns of falls in common areas.

Plan/Attestation Statement

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SB confirmed POC date with Provider on 6/8/2023. 7/9/2023

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

Quell

Administrator (or Representative)

6/7/23

Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

- (1) The care and services necessary to meet the resident's needs, including:
 - (a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:
 - (ii) The resident's full assessments;
 - (d) The plan to provide necessary health support services, if provided by the assisted living facility;

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(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to develop a Negotiated Service Agreement (NSA) for 3 of 3 sampled residents (Resident 4, 5, and 11) that identified clear plans to provide health support services and interventions. This placed Residents 4, 5, and 11 at risk for not receiving appropriate care and a deteriorating health condition.

Findings included...

RESIDENT 4

Review of a Resident Information (RI) form showed the ALF admitted Resident 4 on [REDACTED]/2020 with multiple diagnoses including [REDACTED]

[REDACTED] Records showed Resident 4 was admitted to hospice care on 09/19/2022.

In an interview, on 04/13/2023 at 3:16 PM, Staff A (Director of Wellness) stated that Resident 4 had been receiving care and services from a hospice agency. When asked whether Resident 4 received bathing services from the hospice agency, Staff A stated, "Yes."

Review of an Assessment, dated 02/27/2023, showed that Resident 4 was identified as

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having care and services from an outside of agency. Resident 4's Service Plan (SP - equivalent to NSA), dated 02/27/2023, showed no plan addressing Resident 4 receiving care and services from hospice, including bath aide services. There was no alternate plan for when the hospice bath aide was unavailable.

RESIDENT 5

Review of a RI form showed the ALF admitted Resident 1 on [REDACTED]/2023 with multiple medical diagnoses including [REDACTED]

and [REDACTED]

[REDACTED] Record showed Resident 5 started hospice care on 03/24/2023. Review of the Negotiated Service Agreement (NSA), dated 04/07/2023, showed Resident 5 required oxygen (O2) treatment.

OXYGEN

Observation and interview, on 04/12/2023 at 8:30 AM, showed Resident 5 seated on his chair in his apartment, receiving continuous oxygen O2 by nasal cannula (a tube that delivers O2 through the nostrils) at 4 liters per minute. Collateral Contact 1 (CC1) was in the room with Resident 5. CC1 reported that when she came in (at approximately 8:15 AM) Resident 5's portable O2 was turned off for 17 minutes (monitored by an application on a cell phone), and his O2 saturation (saturation level of O2 in the blood. According to website MedicalNewsToday.com, for most patients with known COPD, a saturation range of 88-92% is considered safe range). CC1 stated she had to help Resident 5 to get their O2 concentrator running.

Review of the Resident 5's Negotiated Service Agreement (NSA), dated 01/25/2023, showed no plan to instruct staff on approaches and interventions in the event Resident 1 had signs and symptoms of respiratory distress. There was no O2 saturation readings found, to indicate staff were monitoring Resident 1's O2 level, and when to call Resident 5's physician for abnormal readings.

In interview, on 04/12/2023 at 11:45 AM, Staff A (Director of Wellness) stated the ALF have an O2 saturation machine for staff to use. Staff A stated Resident 5's O2 saturations should have been documented daily in the electronic Medication Administration Record (eMAR) and NSA, "I will talk to the licensed nurses and Medication Technicians. It is standard to document when a resident has O2, there should be O2 saturation monitoring."

SKIN ISSUE

Review of Assessment dated 04/07/2023, showed, Resident 5 had no skin issues, aside from a basal cell carcinoma (is a type of skin cancer) on the face.

Observations, on 04/11/2023 at 10:00 AM, 04/12/2023 at 8:30 AM, and 04/13/2023 at 10:55 AM, showed Resident 5 seated on an armchair by his beside.

Observation and interview, on 04/13/2023 at 10:30 AM, Resident 5 stated, "I feel comfortable sitting here (armchair), I could lean against my pillow (motioning on his left

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side), instead on the bed." Resident 5's lower extremities were significantly swollen, Resident 5 stated, "I am okay here."

When shown Resident 5's swollen legs, on 04/13/2023 at 11:00 AM, Staff A stated, "Oh my, they are swollen." Staff A elevated and positioned Resident 5's legs on a bench. Resident 5 stated, "That's very uncomfortable! I don't like that!" Staff A stated that Resident 5 had been refusing to lay on his bed and preferred to stay in his chair, refused to stand and be changed, and refused care.

Review of the eMAR dated 04/07/2023 and 04/12/2023, showed Resident 5's complained of pain on his legs, and received acetaminophen (for pain). On 03/03/2023, 03/16/2023, and 03/20/2023, Resident 5 received acetaminophen for unspecified complaints of pain. Review of Progress Notes, dated 04/12/2023, showed Resident 5's family found an open area on his right bottom and reported to Staff A.

In interview, on 04/13/2023 at 1:30 PM, Staff A stated she treated Resident 5's open area on the right bottom and reported to Hospice for further intervention.

Review of the NSA, dated 04/07/2023, showed it did not address Resident 5's behavior related to his refusal for care. The NSA did not include how many liters of prescribed O2 Resident 5 received and O2 saturation parameters. The NSA did not include plan to evaluate and monitor Resident 5's swollen legs, and no interventions in the NSA to alleviate pain or pressure on his bottom.

RESIDENT 11

Record review showed the ALF admitted Resident 11 to the Memory Care Unit on [REDACTED]/2021 with a primary diagnosis of [REDACTED]

[REDACTED] Record review of the NSA, dated 03/17/2023, showed Resident 11 refused care and ADL's (Activities of daily living is a term used in healthcare to refer to people's daily self-care activities such as bathing, grooming, ambulation, etc.).

In interview, on 04/27/2023 at 10:00 AM, Collateral Contact 2 (CC2) a family representative, stated Resident 11's mouth was in terrible shape. CC2 stated she voiced concerns to the caregivers and asked what the plan was to ensure Resident 11 received proper oral care. CC2 stated the caregivers reported Resident 11 refused oral care and closed her mouth. CC2 stated she showed the caregivers how to provide oral care for Resident 11 and then a specific caregiver trained the other caregivers on how to provide oral care. CC2 stated she brought her concerns to the nursing staff and was told the approach to provide oral care would be addressed on Resident 11's service plan.

In interview, on 05/01/2023 at 10:15 AM, Staff S (Caregiver) stated he attempted to provide oral care to Resident 11 during morning care. Staff S stated Resident 11's bites down, turns her head and will not open her mouth. Staff S stated he did not attempt again to provide oral care after Resident 11 refused. Staff S offered no further information for

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providing oral care for Resident 11.

Record review of the NSA did not include specific interventions in providing oral care specific to Resident 11's history of refusing. The NSA did not provide direction to the caregivers for what to do if Resident 11 refused oral care including re-approaching.

In interview, on 05/10/2023 at 2:40 PM, Staff G (Executive Director) stated the NSA should be individualized, specific to the resident's care needs. Staff G stated if the families had identified approaches that were effective for oral care it should be addressed on the NSA. Staff G stated if a resident refused care, there should be an approach directing the caregivers on what to do and to try again.

Plan/Attestation Statement

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SB confirmed POC date with Provider on 6/8/2023. 7/9/2023

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

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Administrator (or Representative)

6/7/23
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 interview and record review, the Assisted Living Facility (ALF) failed to implement systems to promote safe medication services for 3 of 3 sampled residents (Residents 1, 2, and 6) who required staff to administer medications. This resulted in Resident 1 and 6 not receiving insulin as prescribed and placed Residents 1, 2, and 6 at risk for compromised health conditions.

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Findings included...

RESIDENT 1

Review of a Resident Information (RI) form showed the ALF admitted Resident 1 on [REDACTED] 2020 with multiple medical diagnoses including [REDACTED]

[REDACTED] Review of the Negotiated Service Agreement (NSA), dated 01/25/2023, showed Resident 1 required staff administration/assistance with medication services, including blood sugar checks (BS) three time a day.

Review of the 2023 electronic medication administration records (eMAR) showed Resident 1 had a sliding scale (SS - a set of instructions for administering insulin dosages based on specific BS readings) insulin injection of lispro (a fast-acting insulin) and Lantus (a long-acting insulin), originally dated in 02/02/2021.

Review of hospital's discharge note dated 01/18/2023, showed a prescribed medication list that including insulin lispro SS as follows: for BS less than (<) or greater than (>) 150 = 0 units (u); 150-200 = give 1 units; 201 - 250 = 2 units; 251- 300 = 3 units; 301 - 350 = 4units, and 351 - 400 = 5 units; more than or > 400 = 6 units and call Medical Doctor (MD).

Review of the January 2023 eMAR showed the ALF did not change the lispro order on 01/18/2023 for BS readings of 150-200 = give 1 unit. The eMAR still reflected the previous order: 150-200 = 0 insulin coverage. The January, February, and March of 2023 eMARs showed Resident 1 received no insulin SS coverage of 1 unit for BS readings between 150 -200.

There were 19 BS readings between 150 and 200 without insulin lispro coverage of 1 unit administered to Resident 1 from 01/18/2023 through 01/31/2023. There were 40 BS readings between 150 and 200 without insulin lispro coverage of 1 unit administered to Resident 1 in February 2023. There were 24 BS readings between 150 and 200 without insulin lispro coverage of 1 unit administered to Resident 1 from March 2023.

In interview, on 04/13/2023 at 3:15, Staff A (Director of Wellness) stated, "Oh my, that should have been caught when the resident [1] came back from the hospital. I will call the doctor to clarify the order."

RESIDENT 2

Review of a RI form showed the ALF admitted Resident 2 on [REDACTED]/2022 with multiple diagnoses including [REDACTED]

Review of Resident 2's Assessment, dated 04/12/2023, showed Resident 2 required staff to administer his medications.

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Review of the February and March 2023 eMAR showed Resident 2 was prescribed multiple medications, including 80 milligrams (mg) of atorvastatin (used to decrease cholesterol).

Review of an After Visit Summary (AVS - hospital discharge instructions), dated 03/31/2023, showed that on [REDACTED]/2023 Resident 2 was admitted to the hospital due to an acute medical condition. The AVS note showed that during hospitalization, Resident 2 was prescribed 40 mg of atorvastatin at bedtime. The AVS note instructed, upon discharge, Resident 2 was to continue taking 40 mg of Atorvastatin at bedtime.

Review of the April 2023 eMARs showed that the new dosage of Atorvastatin was not transcribed into the eMARs, and Resident 2 had continued receiving 80 mg of atorvastatin at bedtime, not 40 mg.

In an interview, on 04/13/2023 at 3:16 PM, Staff A (Director of Wellness) stated that after any resident returned from the hospital, a nurse or Medication Technician (MT) should have reviewed any discharge order from the hospital. If there were any changes in medication, the nurse or MT were required to clarify the new medication order with the resident's Primary Care Provider (PCP).

Review of Resident 2's active record showed no information as to whether staff contacted Resident 2's PCP to clarify the dosage of Atorvastatin from the hospital discharge order.

In an interview, on 04/13/2023 at 3:16 PM, Staff A stated that this oversight was considered a medication error.

RESIDENT 6

In an interview, on 04/11/2023 at 9:10 AM, Staff A stated that there were a couple of residents, including Resident 6, who required staff to inject insulin.

Review of a RI form showed the ALF admitted Resident 6 on [REDACTED]/2020 with multiple diagnoses including [REDACTED] and [REDACTED]. Review of Resident 6's Service Plan (SP - equivalent to Negotiated Service Agreement), dated 03/02/2022, showed Resident 6 required staff to administer medications.

Review of the January, February, and March 2023 eMARs showed that staff were instructed to check Resident 6's BS at 8:00 AM, 12 Noon, 5:00 PM, and inject her with 3 units of humalog (a fast-acting insulin) after checking her BS. The eMARs instructed staff to hold humalog injections when Resident 6's BS level was below 90.

Review of the January, February, and March 2023 eMARs showed that staff injected Resident 6 with humalog on the following days when her BS level was lower than 90: on 01/02/2023, at 8:00 AM, Resident 6's BS was 80; on 01/28/2023 at 8:00 AM, her BS was 84; on 02/07/2023 at 8:00 AM, her BS was 79; on 02/24/2023, Resident 6's BS was 88;

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and on 03/16/2023 at 8:00 AM, her BS was 79.

In an interview, on 04/13/2023 at 3:16 PM, Staff A stated that staff should have held humalog injections when Resident 6's BS was lower than 90, as it was a doctor's order.

Review of a PCP's order, dated 01/17/2023, showed that the PCP increased Resident 6's dosage of lisinopril (a medication, used to treat high blood pressure) from 10 mg daily to 20 mg daily. Review of January 2023 eMARs showed that on 01/21/2023, Resident 6 began receiving lisinopril 20 mg. The January 2023 eMARs showed no documentation as to whether Resident 6 received any lisinopril on 01/17/2023 and 01/19/2023. The column for lisinopril in the eMARs was left blank on those two days.

This is a repeated deficiency previously cited on 06/07/2021.

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, Mukilteo Memory Care is or will be in compliance with this law and / or regulation on (Date) <u>7/1/23</u> .	
SB confirmed POC date with Provider on 6/8/2023.	7/9/2023
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
<u>aiul</u> Administrator (or Representative)	<u>6/7/23</u> Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on observation, interviews, and record review, the Assisted Living Facility (ALF) failed to obtain medications from the pharmacy in a timely manner for 4 of 7 sampled residents (Residents 1, 3, 5, and 7). This resulted in Residents 1, 3, 5, and 7 not receiving prescribed medications and placed them at risk for compromised health conditions.

Findings included...

Review of the ALF's policy and procedure entitled, "Medication Documentation" dated 04/01/2017, showed, "If a Resident refuses a medication or is unable to take a medication, report it to the licensed nurse on duty, Wellness Director or designee: On the MAR [Medication Administration Record], place initials in the box for the date and time the medication was to be given, then circle the initials, indicating a Resident refused or was

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unavailable to receive their medications." In addition, "The medications or treatments for the Resident provided by the family will remain at the community whenever the Resident is at the community....Families who provide medications or supplies will be called before supplies reaches seven (7) days remaining...Any medications not received within 48 hours of the second call will be ordered from the preferred pharmacy...b. The Executive Director...to remind the family of the requirements under Medication Assist form."

RESIDENT 1

Review of a Resident Information (RI) form showed the ALF admitted Resident 1 on [REDACTED]/2020 with multiple medical diagnoses including [REDACTED] and [REDACTED]

[REDACTED] The Service Plan (equivalent to Negotiated Service Agreement ((NSA), dated 01/25/2023, showed Resident 1 required staff administration/assistance with medication services, and staff would order his medications.

Review of the January 2023 electronic Medication Administration Records (eMAR) showed Resident 1 received aspirin AC (heart disease) 81 milligram (mg) daily, vitamins B1 (supplement) 1 tablet daily and vitamin B12 (supplement) 1 tablet daily. The eMAR showed aspirin was not available on 01/09/2023 at 9:08 AM. Vitamins B1 was not available on 01/01/2023, 01/04/2023, 01/05/2023, 01/06/2023, 01/09/2023, and 01/10/2023, and vitamin B12 was not available on 01/09/2023 and 01/10/2023. The Medication Technicians (MT) had documented, "Medication not in cart," "Not in medpac," or "Not in cycle roll, will call pharmacy today."

RESIDENT 3

Review of an undated RI form showed the ALF admitted Resident 3 on [REDACTED]/2018 with multiple diagnoses including [REDACTED] Review of the NSA, dated 02/16/2023, showed Resident 3 required assistance with medication services.

Review of the February 2023 eMAR, showed, Resident 3 received olanzepine (for dementia) dissolve ½ tablet under the tongue once daily, and oxycodone (a pain medication) 5mg 1 tablet every 4 hours. The February 2023 eMAR showed olanzepine was not available on 02/04/2023 at 8:48 AM, and oxycodone was not available on 02/06/2023. The MTs had documented, "Medication/treatment unavailable, olanzepine reordered."

RESIDENT 5

Review of a RI form showed, the ALF admitted Resident 1 on [REDACTED]/2023 with multiple medical diagnoses. Records showed Resident 5 started hospice care (a special kind of care that provides comfort, support, and dignity at the end of life) on 03/24/2023. Review of the NSA, dated 04/07/2023, showed Resident 5 required staff administration/assistance with medication services, and staff would order his medications.

Review of the February 2023 eMAR showed Resident 5 was ordered to take polyvinyl alcohol (Artificial Tears- for dry eyes) one drops each eye 4 times a day. The February

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eMAR showed, the eye drops were not given 40 times to Resident 5. The eMAR showed MTs documented, "Medication/Treatment unavailable or waiting on [family member] to deliver, or not in cart."

Review of the March 2023 eMAR showed Resident 5 received docusate sodium (for constipation) 1 capsule twice a day; bumetanide (is used to reduce extra fluid in the body) 2 mg 1 tablet daily, and breztri aerosphere (for shortness of breath) 2 puffs 2 times a day. The March eMAR showed non-availability of docusate Sodium on 03/01/2023, MT documented, "Not in cart." On 03/09/2023 at 6:27 PM and 8:20 PM, MTs documented, "unavailable fam (family) will provide for breztri aerosphere; and bumetanide was unavailable on 03/26/2023 at 8:48 PM, 03/27/2023 at 8:12 PM, and 03/28/2023 at 8:14 PM.

Review of Resident 5's record dated 03/27/2023, showed an order from hospice for morphine sulfate (an opiate, a strong drug used to treat serious pain and shortness of breath) 0.25 milliliter (ml)/(5 milligram) to take by mouth every hour as needed for shortness of breath or pain.

Observation on 04/13/2023 at 1:15 PM, showed there was no morphine sulfate available in the medication cart in for Resident 5.

In interview, on 04/13/2023 at 1:30 PM, the Department Representative showed a document to Staff A (Director of Wellness) related to the morphine sulfate medication 30 ml solution bottle, released to Resident 5's Collateral Contact 1 (CC), signed and dated by Staff G (Executive Director) and Staff N ((Regional Director of Operations). When question the availability of morphine sulfate on 04/13/2023 at 1:30 PM, Staff A (Director of Wellness), was unaware the family had taken the morphine sulfate home.

In interview on 04/17/2023 at 1:40 PM, Staff G stated they (with Staff N), had a meeting with Resident 5's CC1 on 04/12/2023, and handed the medication to the CC1 that day.

In a follow-up interview, on 05/08/2023 at 9:18 AM, CC1 stated hospice gave 1 bottle of morphine to Resident 5. CC1 requested hospice, Staff G and N, to take the bottle to prevent from being given to Resident 5. CC1 stated, "I do not want the nurse (identified) to give it to him [Resident 5], because the more he gets constipated." CC1 stated that Staff G and Staff N handed the bottle of morphine sulfate to her on 04/12/2023.

RESIDENT 7

Review of a RI form showed the ALF admitted Resident 7 on [REDACTED]/2022 with multiple diagnoses, including [REDACTED]

[REDACTED] and [REDACTED] Review of Resident 7's Service Plan (SP - equivalent to Negotiated Service Agreement), dated 12/29/2022, showed that Resident 7 required staff to order his medications and administer them.

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In an interview, on 04/13/2023 at 12:35 PM, Staff H (Medication Technician ((MT)) stated that MTs had been assisting Resident 7 with medications. When asked what she needed to do, when a medication for any residents was not available, Staff H stated she needed to document in the eMARs.

Review of the January and February 2023 eMARs showed that Resident 7 was prescribed multiple medications, including amlodipine (used to treat high blood pressure), atorvastatin (used to decrease cholesterol), finasteride (used to treat symptoms of benign prostate enlargement such as frequent and difficult urination), and senna (used on a short-term basis to treat constipation).

Review of the January and February 2023 eMARs showed that staff documented: on 01/13/2023 finasteride was unavailable; on 01/14/2023 atorvastatin was unavailable; on 02/04/2023 amlodipine was unavailable; on 02/03/2023, 02/04/2023, and 02/17/2023 senna was unavailable. Resident 7 did not receive finasteride, atorvastatin, amlodipine, and senna on those days as prescribed.

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, Mukilteo Memory Care is or will be in compliance with this law and / or regulation on (Date) 7/11/23.

SB confirmed POC date with Provider on 6/8/2023. 7/9/2023

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

Diwel
Administrator (or Representative)

6/7/23
Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

- (a) By name, the family member who will provide the medication or treatment assistance or administration;
- (b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;
- (c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;
- (d) An emergency contact person and telephone number if the assisted living facility

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observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that a written plan, including a backup plan, was in place for family assistance with medications for 1 of 1 sampled resident (Resident 2). This resulted in Resident 2 not receiving a diabetic medication for three days and placed him at risk for a compromised health condition.

Findings included...

Review of the ALF's policy for, "Medication Services, Family Involvement in the Medication Process", dated 04/01/2017, showed the resident or family may choose to use a pharmacy of their choosing. This information must be in the resident's Service Plan (SP - equivalent to Negotiated Service Agreement). The family member providing the medication assistance will be required to submit to the ALF a written plan (the Family Medication Assist form) for the assistance, including an alternate or backup plan.

Review of the ALF's undated Disclosure of Services showed the ALF would permit family members to provide medication services to residents. The family may provide medications for use at the ALF with the understanding that if the family does not provide medications for use in a timely manner, the ALF will obtain the medication and charge the cost to the resident or representative.

Review of a Resident Information form showed the ALF admitted Resident 2 on [REDACTED]/2022 with multiple diagnoses including [REDACTED]

[REDACTED] and [REDACTED] Review of Resident 2's SP, dated 04/12/2023, showed Resident 2 required staff to order and administer medications.

In an interview, on 04/11/2023 at 8:55 AM, Staff A (Director of Wellness) stated that some residents' family had provided the medications. Staff A provided a list of residents whose

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families had been obtaining medications from their preferred pharmacy. But the list did not include Resident 2.

Review of the electronic Medication Administration Records (eMARs) from January 2023 to April 2023 showed Resident 2 was prescribed multiple medications, including Invokana (used to lower blood sugar levels in people with Type 2 diabetes). A notation next to the Invokana order stated, "the family will be supplying this medication". Review of the March 2023 eMARs showed that from 03/10/2023 to 03/12/2023, Staff documented, "medication unavailable, waiting for the family to provide". Resident 2 did not receive Invokana on those three days as prescribed because Invokana was not available.

Review of Resident 2's active record showed no information as to whether the ALF obtained a written plan (the Family Medication Assist form) from Resident 2's family member. There was no information as to whether the ALF obtained Invokana from the ALF contracted pharmacy, per the ALF's Disclosure of Services.

In an interview, on 04/13/2023 at 3:16 PM, Staff A stated that she did not know Resident 2's family had been supplying Invokana. Staff A stated that there was no Family Medication Assist form in Resident 2's record.

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, Mukilteo Memory Care is or will be in compliance with this law and / or regulation on (Date) 7/1/23.

SB confirmed POC date with Provider on 6/8/2023. 7/9/2023

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

am

Administrator (or Representative)

6/17/23

Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 2 sampled staff members (Staff B - Dietary Server), who served food to the residents in the main dining room, had food worker card. This placed 56 residents at risk for foodborne illness from improper food handling by an unqualified food service worker.

Findings included...

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NOTE: WAC 246-217-015 Applicability. (1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment, except as provided in subsection (4) of this section.

Review of staff records showed that the ALF hired Staff B on 09/14/2022. Staff B's record showed no food worker card.

Review of kitchen schedule for April 2023 showed Staff B worked in the dining room as a server, from 7:00 AM - 3:30 PM, Saturday through Tuesday. Staff B had served food for residents over one month without a valid food worker card.

In interview, on 04/11/2023 at 2:30 PM, Staff A (Executive Director) stated she would ask Staff B for her food card.

On 04/12/2023 at 8:30 AM, Staff B's food card was provided. It had been completed the day before on 04/11/2023, almost 7 months from date of hire.

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, Mukilteo Memory Care is or will be in compliance with this law and / or regulation on (Date) 7/11/23.

SB confirmed POC date with Provider on 6/8/2023.

7/9/2023

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

Amel

Administrator (or Representative)

6/7/23

Date

WAC 388-78A-2320 Intermittent nursing services systems.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(b) Nurse delegation, if provided;

(e) Implementation of the nursing component of each resident's negotiated service agreement; and

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(c) Chapter 246-840 WAC, Practical and registered nursing;

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This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to follow the criteria for nurse delegation (ND) for 4 of 4 sample residents (Residents 1, 2, 3, and 6) who required staff to check blood sugar (BS) levels and administer insulin (a medication used to lower BS). This resulted in unqualified staff members conducting nursing tasks without having the proper credentials or receiving ND training and placed Residents 1, 2, 3, and 6 at risk for compromised health conditions.

Findings included...

NOTE: The Nurse Delegation Program, under Washington State law, allowed nursing assistants (NAs) and Home Care Aides (HCAs) working in certain settings to perform certain tasks--such as administering medications--normally performed only by licensed nurses. A Registered Nurse (RN) must teach and supervise the nursing assistant, as well as provide nursing assessments of the patient's condition.

NOTE: Washington Administrative Code (WAC) 246-840-930 Criteria for delegation, included the following subsections: (8) Verify that the nursing assistant or home care aide: (a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without restriction; (b) Has completed both the basic caregiver training and core delegation training before performing any delegated task; (c) Has evidence as required by the department of social and health services of successful completion of nurse delegation core training; (d) Has evidence as required by the department of social and health services of successful completion of nurse delegation special focus on diabetes training when providing insulin injections to a diabetic client; (9) Assess the ability of the nursing assistant or home care aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision. (10) If the registered nurse delegator determines delegation is appropriate, the nurse: (b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter 7.70 RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process. (14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.

Review of the ALF's undated Disclosure of Services showed that the ALF used Nursing Assistants as Medication Technician (MT) under the Delegation of a Registered Nurse to provide some authorized nursing services, including administration of insulin injections.

During the entrance interview, on 04/11/2023 at 8:55 AM, Staff A (Director of Wellness) stated that the ALF had been providing ND services to residents. Staff A stated that Staff I (Registered Nurse) had been the Registered Nurse Delegator. When asked what kinds of nursing tasks were delegated to Medication Technicians (MTs), Staff A stated that there

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were multiple tasks, including medication administration, insulin (used to treat diabetes) injections, blood sugar (BS) checks, patches, and eye drops.

RESIDENT 1

Review of a Resident Information (RI) form showed the ALF admitted Resident 1 on [REDACTED]/2020 with multiple diagnoses including [REDACTED]

[REDACTED] and [REDACTED]. Review of a Negotiated Service Agreement, dated 01/25/2023, showed Resident 1 required staff to administer medications.

Review of the January, February, March, and April 2023 electronic Medication Administration Records (eMARs) showed Resident 1 was prescribed multiple medications and required BS checks four times a day. Resident 1 was ordered a sliding scale insulin Lispro Kwikpen 100 units/milliliter (a short-acting insulin used to control blood sugar) and a Lantus insulin (a long-acting insulin that lowers BS) 12 units at bedtime. The eMARs showed MTs had been administering medications including insulin injections and BS checks for Resident 1.

Review of the January and February 2023 eMARs showed Staff C (MT) had initialed they had performed 14 BS checks and administered four insulin injections to Resident 1.

Review of Resident 1's January, February, March, and April 2023 eMARs showed Staff K (MT) had initialed showing she had performed 22 BS checks and administered one insulin injection in January of 2023. Staff K's initials showed she performed 30 BS checks in February of 2023. Staff K's initials showed she performed 40 BS checks and had administered four insulin injections in March of 2023. Staff K's initials showed she performed 14 BS checks and administered one insulin injection in April of 2023.

RESIDENT 2

Review of a RI form showed the ALF admitted Resident 2 on [REDACTED]/2022 with multiple diagnoses including [REDACTED] and [REDACTED]

Review of a Primary Care Provider (PCP)'s visit note, dated 04/02/2023, showed the PCP ordered Resident 2's BS level to be monitored twice a day.

In an interview, on 04/13/2023 at 9:20 AM, Staff A stated that recently, the PCP ordered Resident 2's BS level to be monitored twice a day, and the ALF staff had been checking Resident 2's BS.

Review of the April 2023 electronic Medication Administration Records (eMARs) showed that on 04/09/2023, staff began checking Resident 2's BS level twice a day, at 8:00 AM

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and 5:00 PM. Review of the April 2023 eMARs showed that on 04/11/2023 at 8:00 AM, Staff K (MT) checked Resident 2's BS.

Review of a ND paperwork binder showed no consent from Resident 2's Representative agreeing to receive ND services. Review of the ND binder showed no documentation as to whether Staff I had delegated Staff K the nursing task of BS checks for Resident 2.

RESIDENT 3

Review of RI form showed the ALF admitted Resident 3 on [REDACTED]/2018 with multiple medical diagnoses including [REDACTED]. Review of the Assessment, dated 02/13/2023, showed Resident 3 was on hospice care (is special kind of care that provides comfort, support, and dignity at the end of life). The Assessment, under section of Medication Services, showed Resident 3 required staff to crush and administer her medications. In addition, Resident 1 had a wound and records showed a hospice order to "Clean wound with wound cleanser, apply steri-strip and cover with foam dressing. Dressing to be changed weekly by Hospice RN (Registered Nurse), and as needed by facility staff if dressing is soiled."

Review of January, February, March, and April 2023 eMARs showed prescribed routine medications, such as acetaminophen (for pain), lamotrigine (used to treat seizure), olanzapine (for mental health disorder), oxycodone (for pain), and senna (constipation) were required to be crushed and added to yogurt, pudding, or applesauce, and administered to Resident 3.

The eMARs showed Staff C had initialed showing he crushed and administered a total of 68 pills (acetaminophen, lamotrigine, oxycodone and senna) in January of 2023. Staff C's initials showed he crushed and administered a total of 47 oxycodone pills in February of 2023. Staff C's initials showed he crushed and administered a total of 37 oxycodone pills in March of 2023. Staff C's initials showed he crushed and administered a total of 15 oxycodone pills in April of 2023.

The eMARs showed Staff K had initialed showing she had administered Resident 3's crushed a total of 93 pills (acetaminophen, lamotrigine, olanzapine, oxycodone and senna) in January of 2023. Staff K's initials showed she crushed and administered a total of 95 pills (acetaminophen, lamotrigine, olanzapine, oxycodone and senna) in February of 2023. Staff K's initials showed she crushed and administered a total of 118 pills (acetaminophen, lamotrigine, olanzapine, oxycodone and senna) in March of 2023. Staff K's initials showed she crushed and administered a total of 54 pills (acetaminophen, lamotrigine, olanzapine, oxycodone and senna) in April of 2023.

Review of the January, February, March, and April 2023 eMARs, showed Staff K initialed every week showing she performed wound treatment for Resident 3.

Review of the ND binder showed Staff C and Staff K had not been ND for Resident 1 or Resident 3.

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In an interview, on 04/18/2023 at 10:35 AM, Staff I (Registered Nurse Delegator) stated she was had not been notified by Staff G (Executive Director) that Staff C and Staff K needed ND. Staff I confirmed she had never delegated Staff C or Staff K.

RESIDENT 6

Review of a RI form showed that the ALF admitted Resident 6 on [REDACTED]/2020 with multiple diagnoses including [REDACTED] and [REDACTED]. Review of Resident 6's Service Plan (SP, equivalent to Negotiated Service Agreement), dated 03/05/2022, showed that staff would check Resident 6's BS level and administer insulin injections.

Review of the January, February, March, and April 2023 eMARs showed an order for Resident 6 to have her BS checked four times a day. Resident 6 was prescribed Humalog (a fast-acting insulin) three times a day and Lantus (a long-acting insulin) every morning. The eMARs showed Licensed Nurses and MTs had been checking Resident 6's BS and injecting her Humalog and Lantus.

Review of the January, February, March, and April 2023 eMARs showed that routinely, about five days a week, Staff K initialed in columns for BS checks and Humalog and Lantus injections, indicating she had completed those tasks.

Review of Resident 6's January and February 2023 eMARs showed that Staff C (MT) initialed in columns for BS checks and Humalog injections on 01/11/2023, 01/17/2023, 01/20/2023, 01/24/2023, 01/28/2023, 01/30/2023, 01/31/2023, and 02/04/2023, indicating Staff C had completed these tasks on those days.

Review of ND Nurse Visit documents, dated 01/04/2023 and 03/31/2023, showed Staff K was not included on the list of MTs who received the ND training on those days. Review of the ND binder showed no information as to whether Staff I had ever delegated the nursing tasks of Resident 6's BS checks and insulin injections to Staff K.

Review of a staff record showed the ALF hired Staff C on 12/05/2022 as a MT. Staff C's record showed no credentials from Washington State, including certification as a Nursing Assistant or Home Care Aide. Staff C did not have certificates of ND Core training or ND Diabetes Focus. Review of the ND Nurse Visit documents, dated 01/04/2023 and 03/31/2023, showed that Staff C was not included on the list of MTs who received the ND training on those days. Review of the ND binder showed no information as to whether Staff I had ever delegated the nursing tasks of BS checks and insulin injections for Resident 6 to Staff C.

This is a repeated deficiency previously cited on 05/13/2021.

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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, Mukilteo Memory Care is or will be in compliance with this law and / or regulation on (Date) 7/11/23.

SB confirmed POC date with Provider on 6/8/2023. 7/9/2023

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

aiuu
Administrator (or Representative)

6/17/23
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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to coordinate care with a Primary Care Provider (PCP) and integrate orders to monitor blood pressure (BP) of 2 of 7 sampled residents (Residents 2 and 7). This resulted in staff not monitoring BP for Residents 2 and 7 in accordance with the PCPs' orders and placed Residents 2 and 7 at risk for compromised health status.

Findings included...

RESIDENT 2

Review of a Resident Information (RI) form showed the ALF admitted Resident 2 on [REDACTED]/2022 with multiple diagnoses including [REDACTED] and [REDACTED]. Review of Resident 2's Service Plan (SP - equivalent to Negotiated Service Agreement), dated 04/12/2023, showed that staff would coordinate and communicate with the PCP.

In an interview, on 04/13/2023 at 9:00 AM, Staff H (Medication Technician) stated that Medication Technicians (MT) were responsible to check residents' BP following any instruction in the electronic Medication Administration Records (eMARs).

Review of a PCP note, dated 04/03/2023, showed the PCP ordered staff to monitor Resident 2's BP once a day and report the results to the PCP weekly because his BP had been elevated. Records show the ALF did not transcribe the PCP's order into the April 2023 eMARs. Review of Resident 2's active record showed no information as to whether staff had monitored Resident 2's BP daily and reported the BP results to the PCP weekly.

In a follow-up telephone interview, on 04/27/2023 at 10:48 AM, when asked who was

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responsible for taking a new order from a PCP, Staff A (Director of Wellness) stated that a Licensed Nurse, who worked during the evening shift, was responsible for entering the new order into the eMARs.

RESIDENT 7

Review of a RI form showed the ALF admitted Resident 7 on [REDACTED]/2022 with multiple diagnoses including [REDACTED] and [REDACTED]. Review of Resident 7's SP, dated 03/17/2023, showed that staff would coordinate and communicate with the PCP.

Review of an admission medication order from Resident 7's PCP, dated 12/22/2022, showed the PCP prescribed multiple medications including furosemide (a medication used to lower BP) every other day. The PCP instructed staff to hold furosemide when Resident 7's systolic BP (SBP - the top number) was lower than 110.

Review of the January, February, March, and April 2023 eMARs showed no documentation as to whether staff had taken Resident 7's BP before giving the furosemide. There was no information as to whether Resident 7's SBP was ever measured at above or below 110.

In an interview, on 04/13/2023 at 3:16 PM, Staff A stated that she did not think MTs had been taking Resident 7's BP before giving furosemide because the eMARs did not instruct MTs to do so.

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SB confirmed POC date with Provider on 6/8/2023. 7/9/2023

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

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Administrator (or Representative)

6/17/23
Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties, including:

(i) Organization of the assisted living facility;

(iii) Specific duties and responsibilities;

(iv) How to report resident abuse and neglect consistent with chapter 74.34 RCW and assisted living facility policies and procedures;

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(vi) Needs and service preferences identified in the negotiated service agreements of residents with whom the staff persons will be working; and

(vii) Resident rights, including without limitation, those specified in chapter 70.129 RCW.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 6 of 6 sampled staff (Staff A, B, C, D, E, and F) received orientation to the facility. This failure placed 56 residents at risk of harm from care staff unfamiliar with the ALF and their expected duties.

Findings included...

Review of an undated Resident Characteristic Roster showed the ALF provided care and services to 56 residents.

Record review showed Staff A, a Licensed Practical Nurse (LPN) /Director of Wellness, was hired on 11/16/2022. Staff A's record showed no documentation of orientation to the facility upon hire.

Record review showed Staff B, a Dining Room Server, hired on 09/14/2022. Staff B's record showed no documentation of orientation to the facility upon hire.

Record review showed Staff C, a Caregiver, was hired on 12/05/2022. Staff C's record showed no documentation of orientation to the facility upon hire.

Record review showed Staff D, a Dining Room Server, was hired on 06/12/2019. Staff D's record showed no documentation of orientation to the facility upon hire.

Review of records for Staff E, a Medication Technician, was hired on 09/10/2020. Staff E's record showed no documentation of orientation to the facility upon hire.

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SB confirmed POC date with Provider on 6/8/2023.

7/9/2023

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

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<u>Ariel</u>	<u>6/7/23</u>
Administrator (or Representative)	Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

- (a) A Washington state name and date of birth background check; and
- (b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 2 of 6 sampled staff members (Staff A and C) had valid Washington State Name and Date of Birth background check (BGC) or a National Fingerprint background check (FPBGC). This placed 56 residents at risk for receiving care from staff whose criminal background history was unknown.

Findings included...

In an interview, on 04/11/2023 at 2:45 PM, Staff G (Executive Director) stated she and Staff M (Human Resources) oversaw new staff's BGC and FPBGC checks.

Review of staff records showed that the ALF hired Staff A (Director of Wellness) on 11/16/2022. Staff A's record showed no valid BGC or FPBGC.

Review of staff records showed that the ALF hired Staff C (Medication Technician) on 09/14/2022. Staff C's record showed no valid BGC or FPBGC.

Interview, on 04/12/2023 at 10:00 AM, Staff G acknowledged the lack of follow up on the BGC or FPBGC for Staff A and Staff C, both passed 120 days from hired dates.

Plan/Attestation Statement

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SB confirmed POC date with Provider on 6/8/2023.

7/9/2023

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

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WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff members (Staff B) completed the required two-step tuberculin skin test (TST). This placed 56 residents at risk of exposure to a communicable disease.

Findings included...

Record review showed the ALF hired Staff B (Server) on 09/14/2022. Record review showed, Staff B had a one-step TST within three days of hired date but did not complete the two-step TST.

In interview, on 04/11/2023 2:30 PM, Staff G (Executive Director) acknowledged that Staff B had not completed the two-step TST. Staff G stated Staff B will have to start the two-step TST over.

Plan/Attestation Statement

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SB confirmed POC date with Provider on 6/8/2023. 7/9/2023

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

<u>all</u>	<u>6/7/23</u>
Administrator (or Representative)	Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

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This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure that staff implemented appropriate infection control practices while providing medication services to residents who required staff assistance or administration with medications. This placed 27 of 27 residents on the 1st floor at risk for cross contamination, the spread of infection, and increased health risks.

Findings included...

Observation and interview, on 04/12/2023 at 8:05 AM, showed Staff A (Director of Wellness) standing at a medication cart on the first floor in the medication station. Staff A stated that a scheduled Medication Technician (MT) was absent that day, and so she needed to pass medications to residents on the first floor. Observation showed a bottle of hand sanitizer sitting on the medication cart.

Observation, on 04/12/2023 at 8:10 AM, showed that Staff A crush medications and mix them with apple sauce in a medication cup. Staff A went to Resident 9 (a non-sampled resident) who was sitting in a wheelchair in the TV lounge and placed the crushed medications apple sauce mixture into her mouth with a spoon. Observation showed that Resident 9 was unable to hold a water cup by herself, so Staff A gave Resident 9 a sip of water. Then, Staff A dumped the medication cup and water cup into a trash can.

Observation, on 04/12/2023 at 8:15 AM, showed that after administering medications to Resident 9, Staff A returned to the medication cart and opened a drawer to prepare medications for the next resident. Observation showed that Staff A repeated this process with four residents using her bare hands. During the observation, at no time did Staff A wash her hands before or after administering medications to each resident.

In an interview, on 04/12/2023 at 8:31 AM, when asked why she did not wash her hands or use the hand sanitizer on the medication cart before or after administering each resident's medications, Staff A stated, "Oh, sorry. I understand." and acknowledged she had not washed her hands or used hand sanitizer during medication services for residents.

This is a repeated deficiency previously cited on 06/07/2021.

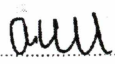
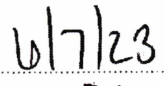
Plan/Attestation Statement

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SB confirmed POC date with Provider on 6/8/2023. 7/9/2023

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

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WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

(3) Whether or not the supplies and equipment are commonly found in a private home, such as hand soap or laundry detergent; and

This requirement was not met as evidenced by:

Based on observation, interview and record review the Assisted Living Facility (ALF) failed to secure potentially hazardous supplies to ambulatory and cognitively impaired residents. This failure placed 56 residents at risk for exposure and inadvertent ingestion of hazardous materials causing harm.

Findings included...

Mukilteo Memory Care is a licensed ALF providing care and services to 56 current residents with a primary diagnosis of Alzheimer's /dementia/cognitive impairment, and 10 of 56 residents with behavior/ psychosocial issues.

On 04/11/2023 at 10:30 AM, an ALF walkthrough was conducted with Staff G (Executive Director).

Observation, on 04/11/2023 at 10:40 AM, showed an unlocked cabinet at the 1st floor nurses station that contained following hazardous supplies with warning labels to keep out of reach of children, eye irritant, harmful if swallowed, or contact poison control center: peroxide disinfectant spray bottle, Zep spray bottle, air freshener, wound cleanser skin integrity spray bottle, and a bottle hydrogen peroxide. The cabinet had a lockable keyhole so the hazardous supplies could be secured.

Observation, on 04/13/2023 at 10:55 AM, found a Meyer's hand soap in a shared

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bathroom in apartment [REDACTED] with a warning label to keep out of reach of children. At the Resident 5 bedside was an air freshener bottle, a bottle of total bath perineal cleaner with warning label to keep out of reach of children. There was also a medicated pain/itch spray can, with a warning label: flammable: do not use near heat, flame, or fire.

In interview, on 04/13/2023 at 10:55 AM, Staff L (Director of Maintenance) stated, "Those items should not be there. It should be kept secured in the resident's individual lockable closet in the shared bathroom."

This is a deficiency previously cited on 06/07/2021.

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SB confirmed POC date with Provider on 6/8/2023.	7/9/2023
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
<u>[Signature]</u> Administrator (or Representative)	<u>6/7/23</u> Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to implement the Negotiated Service Agreement (NSA) for 2 of 3 residents (Resident 10 and 11). This contributed to Resident 10 experiencing pain and discomfort, Resident 11 sitting in soiled incontinent products for six hours, and placed them at risk for injury and a poor quality of life.

Findings included...

RESIDENT 10

Record review showed the ALF admitted Resident 10 to the Memory Care Unit on [REDACTED]/2023 with a primary diagnosis of [REDACTED]

Progress Note (PN), dated 04/26/2023, showed Resident 10 returned to the ALF

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from the hospital following a fall. The PN stated Resident 10 had surgical repair for a hip fracture requiring hip precautions (refers to certain things that one should not do after having hip surgery). The PN stated Resident 10 was required to have a soft wedge cushion placed between her legs. A temporary NSA was developed that showed the changes in care needs related to Resident 10's return from the hospital.

In interview, on 04/27/2023 at 2:21 PM, Staff A (Director of Wellness) said she spoke to the discharging hospital prior to Resident 10's return to the ALF. Staff A stated due to Resident 11's surgery with hip precautions she would require a hospital bed and a new wheelchair for safe transfers. Staff A stated the ALF had placed Resident 10's mattress on the floor because a hospital bed had not been set-up prior to her return from the hospital. Staff A stated Resident 11 should not have been transferred out of bed without a hospital bed and an appropriate wheelchair.

In an interview, on 04/27/2023 at 12:34 PM, Staff O (Caregiver) stated she had assisted Resident 10 up and out of bed for the morning with Staff Q (Caregiver). Staff O stated, "[Resident 10's] bed is on the floor, so we had to lift her from the low bed all the way up to get her into the reclining wheelchair." Staff O stated she lifted Resident 10 up by her legs while Staff Q lifted under Resident 10's arms. Staff O stated Resident 10 was anxious during the transfer.

Observation, on 04/27/2023 at 12:28 PM, showed Resident 11 had a soft wedge cushion as required by the post-operative hip precautions. The cushion was triangular in shape with channels running lengthwise with Velcro straps. The channels of the wedge cushion were intended for Resident 11's legs to run through and the Velcro straps were to be wrapped around the legs and attached to the cushion for maximum support. Resident 10 was observed sitting in a reclined wheelchair with her legs extended beyond the elevated footrests and the back of her bare ankles positioned directly on the metal surface of the wheelchair footrest. The wedge cushion was placed between her legs however her legs were not positioned through the channels and were floating below the wedge cushion. The Velcro straps were twisted and wrapped onto Resident 10's bare skin. Resident 10 was observed continuously wincing and moaning with movement.

In an interview, on 04/27/2023 at 12:39 PM, Staff Q stated Staff G (Executive Director) instructed them to get Resident 10 out of bed and, "I said how are we going to transfer [Resident 10] with the fracture." Staff Q stated Resident 10 screamed when the caregivers transferred her and sounded, "uncomfortable." Staff Q stated, "We lifted her with arm and legs because like I said, I don't know how else to do it. It wasn't quite right." Staff Q stated, "I am not aware what her hip precautions are."

Observation and interview, 04/27/2023 at 1:29 PM, showed Resident 10's apartment had a mattress and box spring sitting on the floor, there was no hospital bed. Staff A, Staff P (Caregiver) and Staff Q were transferring Resident 10 from her wheelchair back to her bed. Staff Q had to climb upon mattress and had his shoes on Resident 10's pillowcase. Staff P was positioned kneeling on the left side of the wheelchair pushing Resident 10's body towards the bed. Staff A was lifting Resident 10's legs by the ankles.

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Resident 10 was wincing and moaning throughout the transfer. Staff P and Staff Q stated they did not know how transfer Resident 10 and asked throughout for a better transfer device.

Observation, on 05/01/2023 at 11:36 AM, showed Resident 10 still had no hospital bed in place.

RESIDENT 11

Record review showed the ALF admitted Resident 11 to the Memory Care Unit on [REDACTED]/2021 with a primary diagnosis of [REDACTED]

[REDACTED] The NSA, dated 03/17/2023, showed Resident 11 required assist with 2 caregivers and a mechanical lift for transfers and toileting every two hours for checking and changing incontinent products.

In interview, 04/26/2023 at 4:40 PM, Collateral Contact 3 (CC3) stated he found Resident 11 in a "wet" odorous incontinent brief and wearing the same clothes from the previous day. CC3 stated he did not believe the caregivers checked or changed Resident 11's incontinent products as identified on the NSA every two hours.

In interview, 05/01/2023 at 10:15 AM, Staff S (Caregiver) stated he transferred Resident 11 into her wheelchair at 6:45 AM and she had been up since that time. Staff S stated Resident 11 will stay in her wheelchair until after lunch and then the caregivers would lay Resident 11 down to bed.

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Observation and interview, 05/01/2023 at 12:30 PM, showed Staff S and Staff R (Caregiver) using a mechanical lift to transfer Resident 11 into bed. Observation of incontinent product change showed Resident 11 with an odorous bowel smear on her incontinent brief and with stool present in the rectal area. There was a large area saturated with dark urine. Staff S stated the bowel movement, "looks fresh, but I have no way of knowing." Staff S confirmed the caregivers had not checked or changed Resident 11's incontinent products since 6:45 AM, approximately 6 hours ago.

Plan/Attestation Statement

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SB confirmed POC date with Provider on 6/8/2023. 7/9/2023

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

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Administrator (or Representative)

6/7/2023
Date

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure personally purchased hygiene products were not shared amongst other residents within the facility. This violated the rights of 57 residents and placed Resident 11 at risk of an allergic reaction.

Findings included...

NOTE: Revised Code of Washington 70.129.100 - Personal property—Storage space. (1) The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.

Record review showed the ALF admitted Resident 11 to the Memory Care Unit on [REDACTED] 2021 with a primary diagnosis of [REDACTED]

[REDACTED] The Negotiated Service Agreement, dated 03/17/2023, showed Resident 11 had special care needs related to multiple allergies with an extensive topical allergy list. The NSA stated Resident 11 had sensitive skin that was

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prone to blisters and rash.

In interview, on 04/27/2023 at 10:00 AM, Collateral Contact 2 (CC2) stated she had asked the caregivers not to use other residents' cleansing wipes on Resident 11. CC2 stated Resident 11 had severe skin allergies that had been identified on her care plan. CC2 stated Resident 11 was not to use anything with added scents and on multiple occasions CC2 had seen cleansing wipes that contained perfume, clearly marked with another resident room number, in Resident 11's apartment. CC2 stated she had placed a sign on Resident 11's bedside table about the allergies but, "it didn't make any difference."

In interview, 05/01/2023 at 10:15 AM, Staff S (Caregiver) stated Resident 11 has had skin rashes. Staff S confirmed caregivers would occasionally use another resident's cleansing wipes for Resident 11. Staff S stated, "everybody [Caregivers] takes from other's rooms."

Observation and interview, at 05/01/2023 10:46 AM, showed cleansing wipes in located in a resident's apartment that were labeled with another resident's apartment number. Staff R (Caregiver) stated, "I use the wipes. I don't look at the [apartment] number, I'm just happy to have wipes in here. I have had to grab wipes from another resident sometimes."

Observation and interview, at 05/01/2023 at 11:05 AM, showed a central supply room that contained resident identified personal care items including incontinent products and cleansing wipes. The personal items were labeled with residents' apartment numbers. Staff S stated, "this is not organized in here. So yeah, we just grab what we need, when we need it. We don't have time to search or see what belongs to who."

In interview, on 05/10/2023 at 2:40 PM, Staff G (Executive Director) stated the caregivers should not be using resident's identified personal products for other residents.

This deficiency was previously cited on 03/22/2021.

Plan/Attestation Statement

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SB confirmed POC date with Provider on 6/8/2023. 7/9/2023

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

Amel

Administrator (or Representative)

6/7/23

Date