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) 28491 (Completion Date 08/23/2023) and 27162 (Completion Date 07/31/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/23/2023 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-2470-1

The Department staff who did the off-site verification:
Alma Duran, 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Mukilteo Memory Care
Provider Type: Assisted Living Facility
License/Cert.#: 2426
Compliance Determination #: 27162
Intake ID: 91041
Investigator: Alma Duran
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 07/24/2023 through 07/31/2023
Complainant Contact Date(s):

Allegation(s):
A newly hired staff member was allowed to work with vulnerable adults with a disqualifying fingerprint background check results.

Investigation Methods:

Sample:	Total residents: 56 Resident sample size: 56 Closed records sample size: 0
Observations:	Residents Staff to resident interactions Resident to resident interactions Activities
Interviews:	Identified staff Nursing staff Administrator Human resources
Record Reviews:	Personnel files Facility policies Staff training records

Investigation Summary:
Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 staff members did not have a disqualifying background check results prior to routine interaction with residents. This failure placed 56 residents at potential risk for abuse, neglect, and exploitation. The ALF did not meet regulatory requirement under WAC 388-78A-2470(1).

Conclusion / Action:

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

☐ N/A

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Statement of Deficiencies	License #: 2426	Compliance Determination # 27162
Plan of Correction	Mukilteo Memory Care	Completion Date
Page 1 of 3	Licensee: HSP - Harbour Point LLC	07/31/2023

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 complaint investigation on 07/24/2023 and 07/25/2023 of:

Mukilteo Memory Care
4686 Pointes Dr
Mukilteo, WA 98275

This document references the following complaint number(s): 91041

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

The department staff that investigated the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, Licensor

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

8/4/2023
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.

Statement of Deficiencies	License #: 2426	Compliance Determination # 27162
Plan of Correction	Mukilteo Memory Care	Completion Date
Page 2 of 3	Licensee: HSP - Harbour Point LLC	07/31/2023

Administrator (or Representative) 8/4/2023 Date

WAC 388-78A-2470 Background check Employment-disqualifying information Disqualifying negative actions.

(1) The assisted living facility must not employ an administrator, caregiver, or staff person, to have unsupervised access to residents, as defined in RCW 43.43.830 , if the individual has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, unless the individual is eligible for an exception under WAC 388-113-0040 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 3 sampled staff members (Staff B) did not have a disqualifying information on fingerprint background check (FPBGC). This placed 56 residents at risk for potential abuse, neglect, and exploitation.

Findings included...

Review of staff records showed the ALF hired Staff B (Resident Care Coordinator) on 07/17/2023.

Record review showed Staff B's Final FPBGC, dated 07/18/2023, was marked as containing, "Disqualifying information" reported by one or more background check data sources. Review of the data source showed, "Disqualifying crimes and negative actions adopted by the DSHS [Department of Social and Health Services] oversight program..." with details, "It has been reported the above-named individual [Staff B] has a substantiated FINDING of abuse, neglect exploitation or abandonment of a vulnerable adult."

Observation, on 07/24/2023 at 9:58 AM, showed Staff B filing residents' information in a binder at the medication station on the second floor. Observation, showed Staff B was providing care in the ALF unsupervised.

In an interview, on 07/24/2023 at 10:30 AM, Staff I stated Staff G (Director of Wellness) hired Staff B, and Staff H (Human Resources) completed FPBGC check application. Staff I stated she was unaware of Staff B's disqualifying information.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2426	Compliance Determination # 27162
Plan of Correction	Mukilteo Memory Care	Completion Date
Page 3 of 3	Licensee: HSP - Harbour Point LLC	07/31/2023

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) 8/10/2023 .

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

[signature]	8/4/2023
Administrator (or Representative)	Date