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) 36129 (Completion Date 02/01/2024) and 32189 (Completion Date 11/30/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/01/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2410-8-a-iii

The Department staff who did the off-site verification:
Hayley Pinkham, ALF 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 #: 32189
Intake ID: 104347
Investigator: Hayley Pinkham
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 11/08/2023 through 11/30/2023
Complainant Contact Date(s): 11/30/2023

Allegation(s):

The Assisted Living Facility (ALF) did not secure the Named Residents' (NR) medications which resulted in a loss of the medication.

Investigation Methods:

Sample:	Total residents: 56 Resident sample size: 16 Closed records sample size: 1
Observations:	Residents Activities Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff Residents Family members Maintenance staff
Record Reviews:	Medical records Facility policies

Investigation Summary:

The NR no longer resides at the ALF. Observation showed no significant signs of resident's health and welfare issues were identified during the visit to the ALF. Interview with sampled Collateral Contact's showed no reported issues with missing/unsecured medications. The ALF found the medications in the medication cart and were unable to determine the whereabouts from the previous search of cart. The ALF initiated an investigation when the medication were reported missing. Record review and interview showed the ALF failed to ensure resident records were documented correctly related to medication systems. Deficient practice identified.

Conclusion / Action:

- [x] 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

Statement of Deficiencies	License #: 2426	Compliance Determination # 32189
Plan of Correction	Mukilteo Memory Care	Completion Date
Page 1 of 3	Licensee: HSP - Harbour Point LLC	11/30/2023

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 11/08/2023 and 11/08/2023 of:

Mukilteo Memory Care
4686 Pointes Dr
Mukilteo, WA 98275

This document references the following complaint number(s): 104347, 103744, 102696

The following sample was selected for review during the unannounced on-site visit: 16 of 56 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Hayley Pinkham, ALF 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

12/4/2023
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.

Administrator (or Representative) 12/8/2023 Date

WAC 388-78A-2410 Content of resident records. The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident. Active resident records must include the following:

(8) Medical and nursing services provided by the assisted living facility for a resident, including:

(a) A record of providing medication assistance and medication administration, which contains:

(iii) The signature or initials of the person providing any medication assistance or administration; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the initials documented on 13 of 31 (Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13) electronic Medication Administration Record (eMAR) were that of the staff person who gave the medications. This placed Residents 1 to 13 at risk of ensuring proper medication services and falsified medical documents.

Findings included...

Review of a Resident Characteristic Roster showed the ALF provided care and services including medication management to Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13.

Record review of eMARs, dated 10/28/2023, showed the initials of Staff A (Wellness Director) were documented indicating she provided all the 7:00 AM medications to Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13.

In an interview, on 11/16/2023 at 9:50 AM, Staff B (Agency Medication Technician) confirmed he was the one who passed medications to Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13 at 7:00 AM on 10/28/2023. Staff B stated Staff A (Wellness Director) instructed him to use her passcode for the eMAR system. Staff B stated because he used Staff A's passcode, when he signed off on the medications, the system documented Staff A's initials. Staff B stated the ALF had not provided him with a passcode to use the eMAR.

In interview, on 11/08/2023 at 3:39 PM, Staff A stated she gave Staff B her eMAR passcode to log into the computer and document the administration of medication. Staff A stated, "those are my initials, but I did not pass those pills." Staff A confirmed the eMAR

Statement of Deficiencies	License #: 2426	Compliance Determination # 32189
Plan of Correction	Mukilteo Memory Care	Completion Date
Page 3 of 3	Licensee: HSP - Harbour Point LLC	11/30/2023

documentation for the 7:00 AM medication pass to Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13 was incorrect.

In interview, on 11/08/2023 at 4:31 PM, Staff C (Health Service Director) stated it is not a "normal process" for the staff to do the medication pass signing under another person's log-in.

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) 1/5/2024 .

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

Administrator (or Representative) — Date: 12/8/2023