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) 62038 (Completion Date 07/02/2025) and 57447 (Completion Date 05/27/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/02/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2350-7-b

The Department staff who did the on-site verification:
Michelle Mcglon, Nursing Consultant Institutional

If you have any questions, please contact me at (253)312-1446.

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
Intake ID: 172997
Compliance Determination #: 57447
Region/Unit #: RCS Region 2 / Unit J
Investigator: Michelle Mcglon
Investigation Date(s): 04/03/2025 through 05/27/2025
Complainant Contact Date(s):

Allegation(s):
1. The Named Resident (NR) had an acute onset pain following a fall, resulting in a fracture.

Investigation Methods:

Sample:	Total residents: 61 Resident sample size: 3 Closed records sample size:
Observations:	Residents Resident rooms Resident to resident interactions
Interviews:	Nursing staff Family members
Record Reviews:	State reporting log Resident Records

Investigation Summary:
1. Interview and record review showed the Assisted Living Facility (ALF) completed an investigation. The ALF made all the appropriate notifications, including a call to the family representative and physician. Interview and record review showed the ALF received physician's orders for a mobile X-ray. Interview and record review showed the ALF failed to follow up with the mobile X-ray in a timely manner, resulting in a delay in the NR being diagnosed and treated. See Statement of Deficiency 388-78A-2350 for 05-27-2025.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2426	Compliance Determination # 57447
Plan of Correction	Mukilteo Memory Care	Completion Date
Page 1 of 3	Licensee: HSP - Harbour Point LLC	05/27/2025

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 05/15/2025 and 04/03/2025 of:

Mukilteo Memory Care
4686 Pointes Dr
Mukilteo, WA 98275

This document references the following complaint number(s): 170594, 172997

The following sample was selected for review during the unannounced on-site visit: 3 of 61 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Michelle Mcglon, Nursing Consultant Institutional

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.

Janice Singer
Residential Care Services

5/28/2025
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

[redacted]
Administrator (or Representative)

5/30/2025
Date

WAC 388-78A-2350 Coordination of health care services.

(7) When coordinating care or services, the assisted living facility must:

(b) Respond appropriately when there are observable or reported changes in the resident's physical, mental, or emotional functioning.

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 1 sampled residents (Resident 1) received diagnostic imaging when it was ordered by a physician. This failure resulted in Resident 1, who had a fracture, to experience pain, discomfort and go without treatment when they went undiagnosed for five days.

Findings included...

Record review of a Service Plan (SP - equivalent to Negotiated Service Agreement, dated 10/09/2024, showed the ALF admitted Resident 1 on [redacted]/2022 with multiple diagnoses including [redacted]) Review of an Assessment and SP, dated 10/09/2024, did not show any history of knee or leg pain or diagnoses associated with knee or leg pain such as arthritis (joint inflammation that can cause pain and swelling).

Record review of an Incident Form (IF), dated 03/16/2025, showed Resident 1 experienced a fall. The IF's timeline, documented by Staff A (Director of Wellness), showed on 03/16/2025, Resident 1 complained of right knee pain following the fall.

Record review of a Physician Notification Form, dated 03/21/2025, showed Staff B (Medication Technician) notified Resident 1's physician, after the fall due to observed pain with ambulating and a limp to Resident 1's right side.

Record review of a Physician's Order faxed to the ALF, dated and received 03/21/2025, showed an order for a mobile X-ray (portable X-ray that can be moved from place to place) of the pelvis. The order gave details on the mobile X-ray company including contact information.

Review of the IF timeline showed Resident 1 received the mobile X-ray on 03/26/2025 (five days after the physician's order). The X-ray results showed a nondisplaced fracture (a broken bone where the fragments remain in their proper alignment) involving the right inferior pubis ramus (a break in one of the bones that make up the front part of the pelvis).

In an interview, on 04/30/2025 at 10:53 AM, Collateral Contact 1 (CC1-Representavie of Mobile X-ray Service) stated there was no documentation ALF staff had not contacted to request or follow-up on the mobile X-ray. CC1 stated the X-ray could have been conducted as soon as 03/21/2025.

In an email, dated 05/01/2025, Staff A was unable to give a reason as to why the X-ray was delayed for five days. Staff A was unable to show any documentation the ALF contacted or followed up with the mobile X-ray service to ensure and x-ray was taken immediately following the physician's order.

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) 6/27/2025 .

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

[signature] 5/30/2025

Administrator (or Representative) Date