STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Aegis Senior Communities LLC
Aegis Gardens at Newcastle
13056 SE 76th St
Newcastle, WA 98056

RE: Aegis Gardens at Newcastle License # 2435

Dear Administrator:

This letter addresses Compliance Determination(s) 33428 (Completion Date 12/05/2023) and 30113 (Completion Date 10/06/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/05/2023 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-2310-2-f

The Department staff who did the on-site verification:
Deborah Corlis, Complaint Investigator

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Aegis Gardens at Newcastle **Provider Type:** Assisted Living Facility

License/Cert.#: 2435
Intake ID: 99741
Compliance Determination #: 30113
Region/Unit #: RCS Region 2 / Unit D
Investigator: Deborah Corlis
Investigation Date(s): 09/27/2023 through 10/06/2023
Complainant Contact Date(s): 09/26/2023

Allegation(s):

1. Residents made to get up and attend breakfast.
2. Residents made to eat meals.
3. Resident's medications given in food.
4. Residents made to take medication.

Investigation Methods:

Sample:	Total residents: 105 Resident sample size: 5 Closed records sample size: 1
Observations:	Facility environment, common arears, resident and staff interactions, resident apartments.
Interviews:	Complainant, General manager, Health Services Director, Care Director, Associate Care Director, Medication Technician, care staff, named residents, Power of Attorney's.
Record Reviews:	Characteristic Roster, face sheets, individual service plans, electronic medication administration records, medication notes, staff list, staff training documents, Abuse and Neglect Policy, Medication Refusal Policy, Resident Rights Safety handout.

Investigation Summary:

1. Observations, interviews and record reviews showed residents did not have a certain time they needed to be up and could attend meals anytime between the hours of 7:00 AM and 7:00 PM. 2. Observations and interviews showed no residents were being made to eat and multiple food choices were available. 3. Interviews and record reviews showed some residents took medication in food. This information was included on the service plan for those residents. 4. Failed practice identified. The Assisted Living Facility failed to ensure named resident received Nurse Delegation Services required when medications needed to be administered by facility staff. See statement of deficiency dated 10/06/2023.

Conclusion / Action:

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

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 09/27/2023 and 09/27/2023 of:

Aegis Gardens at Newcastle
13056 SE 76th St
Newcastle, WA 98056

This document references the following complaint number(s): 99741

The following sample was selected for review during the unannounced on-site visit: 5 of 105 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Deborah Corlis, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Residential Care Services _____ Date _____

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

Administrator (or Representative) Date

WAC 388-78A-2310 Intermittent nursing services.

(2) The assisted living facility may choose to provide any of the following intermittent nursing services through appropriately licensed and credentialed staff; however, the facility may or may not need to provide additional intermittent nursing services to comply with the reasonable accommodation requirements in federal or state law:

(f) Nurse delegation consistent with chapter 18.79 RCW.

This requirement was not met as evidenced by:

Based on interviews and record reviews the facility failed to ensure 1 of 5 sampled resident's (Resident 1) received nurse delegation services as required when medications needed to be administered by facility staff. This failure placed Resident 1 at risk of medication error and not receiving prescribed medications correctly, as ordered.

Findings included…

Record review of Resident 1's Individual Service Plan (ISP), dated 08/17/2023, showed the facility medication technicians assisted Resident 1 with administration and management of oral medications. Further review of the ISP showed Resident 1 was not assessed to receive nurse delegation services.

Record review of Resident 1's September 2023 electronic Medication Administration Record (eMAR) showed Resident 1 received medications by mouth. Review of the eMAR showed facility staff initialed when Resident 1 received medications. Further review of the eMAR showed no documentation that any facility staff were delegated to provide Resident 1 with medication assistance.

During an interview on 09/27/2023 at 10:10 AM, Staff B, Health Services Director, stated that Resident 1 was not assessed to receive nurse delegation services.

During an interview on 09/27/2023 at 11:15 AM, Staff C, Medication Technician, stated that when they gave Resident 1 medications, they placed the medication on a spoon and placed the spoon into Resident 1's mouth. Staff C stated that they were not delegated to assist Resident 1 with medication management.

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, Aegis Gardens at Newcastle 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