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

Edmonds Memory Care, LLC
Cedar Creek Memory Care Community
21006 72nd Ave W
Edmonds, WA 98026

RE: Cedar Creek Memory Care Community License # 2453

Dear Administrator:

This letter addresses Compliance Determination(s) 36716 (Completion Date 02/13/2024) and 34184 (Completion Date 01/02/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/13/2024 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-2140-1-a-iii, WAC 388-78A-2140-2-a, WAC 388-78A-2140-3, WAC 388-78A-2480-1

The Department staff who did the on-site verification:
Faith Le, NCI

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 #: 2453	Compliance Determination # 34184
Plan of Correction	Cedar Creek Memory Care Community	Completion Date
Page 1 of 4	Licensee: Edmonds Memory Care, LLC	01/02/2024

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 12/20/2023 and 12/20/2023 of:
Cedar Creek Memory Care Community
21006 72nd Ave W
Edmonds, WA 98026

This document references the following SOD dated: 01/02/2024

The following sample was selected for review during the unannounced on-site visit: 6 of 49 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI

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

01/08/2024
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) 1/12/2024 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:

(iii) On-going assessments of the resident;

(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

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop and document a Negotiated Service Agreement (NSA) that supported the care needs of 1 of 2 sampled residents (Resident 1). This placed Resident 1 at risk of health complications related to use of anticoagulant medication (medication that thins the blood to prevent clots).

Findings included...

Review of a Face Sheet, dated 10/24/2023, showed the ALF admitted Resident 1 on [redacted]/2019 with a primary diagnosis of [redacted] and [redacted] Review of an Assessment, dated 09/06/2023, showed Resident 1 required maximum assistance with medication management.

Record review of Resident 1's December 2023 Medication Administration Record showed a physician's order for twice daily administration of Eliquis (anticoagulant medication).

Record review of Resident 1's Service Plan (SP - equivalent to an NSA), dated 12/03/2023, showed no information and did not identify that Resident 1 was taking an anticoagulant medication. There were no instructions for staff regarding what to observe, report, or monitor and the bleeding risks associated when caring for Resident 1 while taking an anticoagulant.

In interview, on 12/20/2023 at 12:50 PM, Staff A (Administrator) confirmed that the risks of taking Eliquis should be included in Resident 1's SP.

This is an uncorrected deficiency previously cited on 11/06/2023 and a recurring deficiency previously cited on 10/08/2021 and 01/25/2022.

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, Cedar Creek Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 1/31/2024 .

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

H. Quin — Administrator (or Representative)

1/12/2024 — Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 2 staff members (Staff B) had tuberculin (TB) screening within three days of employment. This placed 49 of 49 residents at risk of exposure to a communicable disease.

Findings included...

Review of records showed the ALF hired Staff B (Licensed Practical Nurse) on 08/29/2023. Record review showed the ALF had not completed any TB screening Staff B.

In interview, on 12/20/2023 at 1:00 PM, Staff A (Administrator) confirmed the ALF had not completed TB screening for Staff B.

This is an uncorrected deficiency previously cited on 11/06/2023.

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, Cedar Creek Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 1/31/2024 .

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

[signature]	1/12/2024
Administrator (or Representative)	Date

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 #: 2453	Compliance Determination # 31766
Plan of Correction	Cedar Creek Memory Care Community	Completion Date
Page 1 of 15	Licensee: Edmonds Memory Care, LLC	11/06/2023

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 on 10/24/2023 and 10/26/2023 of:
Cedar Creek Memory Care Community
21006 72nd Ave W
Edmonds, WA 98026

The following sample was selected for review during the unannounced on-site visit: 10 of 50 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, 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.

Jamie Singer
Residential Care Services

11/6/2023
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.

H. Lin
Administrator (or Representative)

11/8/2023
Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause: H Lin 11/8/23

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to complete an ongoing assessment related to care and safety needs of 1 of 7 sampled residents (Resident 2) who had a bed side rail. This placed Resident 2 at risk for improper use of equipment, injury, and entrapment.

Findings Included...

Review of a Face Sheet showed the ALF admitted Resident 2 on [redacted]/2022 with multiple diagnoses to include [redacted] and [redacted].

Observation and interview, on 10/26/2023 at 11:25 AM, showed two rectangular metal bed rails secured to the right side of Resident 2's hospital bed. Observation showed vertical bars located between the steel frame. There was no protective cover observed on the side rails. Collateral Contact 2 (Resident 2's Daughter) stated the bed rails were added when the Resident admitted into the ALF.

Review of an Assessment, dated 10/18/2023, showed Resident 2 required maximum assistance for mobility and transfers and showed no mention of side rails.

In interview, on 10/26/2023 at 1:45 PM, Staff H (Director of Resident Services) stated she was aware of the side rails on Resident 2's bed and confirmed the special care and safety considerations when using side rails were not on the Resident's Assessment.

Statement of Deficiencies	License #: 2453	Compliance Determination # 31766
Plan of Correction	Cedar Creek Memory Care Community	Completion Date
Page 3 of 15	Licensee: Edmonds Memory Care, LLC	11/06/2023

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, Cedar Creek Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 12/11/2023 .

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

H. Lim — Administrator (or Representative)

11/8/2023 — Date

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

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on record review, observation and interviews, the Assisted Living Facility (ALF) failed to ensure cold food serving temperatures were maintained at 41 degrees Fahrenheit (F) or below. This failure placed residents at risk for food-borne illness.

Findings included...

NOTE Washington Administrative Code (WAC) 246-215-03235 Specifications for receiving - Temperature (FDA Food Code 3-202.11).
(1) Except as specified in subsections (2) through (4) of this section, refrigerated, time/temperature control for safety food must be at a temperature of 41°F (5°C) or below when received.

Review of an undated Resident Characteristic Roster showed the facility provided care and services including meals to 50 memory care residents.

Observation and record review during lunch service on the 3rd floor, on 10/26/2023 at 12:10 PM, showed Staff E (Housekeeper/Culinary Aide) plating and serving premade cucumber and cream cheese sandwiches. The Hold/Cold Holding Temperature Record for the 3rd floor dining room showed the temperature of the sandwiches had been logged at 59 degrees F. Further observation, at 12:25 PM, showed Staff E taking another temperature reading of the sandwiches was at 58 degrees F.

An observation during lunch service on the 2nd floor, on 10/26/2023 @ 12:10 PM, showed Staff K (Dietary Staff) taking the temperature of cucumber and cream cheese sandwiches, the temperature was at 45 degrees F.

In interview and record review, on 10/26/2023 at 1:45 PM, Staff J (Culinary Director) stated that the food service system within the facility involved the kitchen staff loading hot and cold food into the same insulated carts for the 2nd and 3rd floor kitchenettes. Kitchen staff would take temperatures, log the temperatures, then deliver carts to the floors. Before plating and serving, culinary staff would take temperatures and log the temperatures again. When the temperature records of the sandwiches from the 2nd and 3rd floor dining rooms were brought to Staff J's attention, she stated those sandwiches should not have been served to residents.

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, Cedar Creek Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 12/11/2023 .

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

H Lin — Administrator (or Representative)

11/8/2023 — Date

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:

H Lin 11/8/23

(1) The residents' characteristics and needs;

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

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to ensure equipment and appliances were stored securely and kept inaccessible to ambulatory residents with cognitive deficits. This failure placed ambulatory residents identified with cognitive impairment at risk for injury and burns from equipment and appliances.

Findings included...

Record review of the undated Resident Character Roster (RCR), showed the ALF provided care and services to 50 residents. The RCR showed all 50 residents in the ALF were identified as having dementia (a group of symptoms that affects memory, thinking and interferes with daily life)/Alzheimer's disease (a brain disorder with a gradual decline in

memory, thinking, behavior and social skills, which eventually affect the ability to function)/cognitive impairment. The RCR showed 29 residents resided on the 3rd floor.

Observation, on 10/26/2023 at 10 AM, showed a half-door to the 3rd floor's kitchenette propped open. The kitchenette was unstaffed and inside were four food warming basins filled with water. The temperature of the water in the basin was 156 degrees Fahrenheit. On the counter of the kitchenette was a hot electric soup kettle containing soup. Under the kitchenette counter was an unsecured oven that could be controlled by pressing buttons for cooking mode and temperature settings. Adjacent to the kitchenette was the dining room occupied with residents without staff support. Residents were observed walking in and out of the dining room and around kitchenette area without staff escort.

In an interview, on 10/26/2023 at 12:50 PM, Staff J (Culinary Director) stated the latch on the kitchenette door was not working properly and needed to be repaired.

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, Cedar Creek Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 12/11/2023 .

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

H Lim — Administrator (or Representative)

11/8/2023 — 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:

H. Lim 11/8/23

(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:

(iii) On-going assessments of the resident;

(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

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to develop and document Negotiated Service Agreements (NSA) that supported the care needs of 3 of 3 sampled residents (Resident 1, 5 and 7). This placed Resident 1 and 7 and risk of health complications related to use of anti-coagulant medication (medication that thins the blood to prevent clots), and Resident 5 at risk of not receiving needed care and services.

Findings included...

RESIDENT 1

Review of a Face Sheet, dated 10/24/2023, showed the ALF admitted Resident 1 on [redacted]/2019 with a primary diagnosis of [redacted] and [redacted] Review of an Assessment, dated 09/06/2023, showed Resident 1 required maximum assistance with medication management.

Record review of Resident 1's August, September, and October's 2023 Medication Administration Record (MAR) showed a physician's order for daily administration of Eliquis (a blood thinning medication used to treat and prevent blood clots).

Record review showed Resident 1's Service Plan (SP - equivalent to an NSA), dated 04/20/2023, showed no information or interventions on how to monitor for of the increased risk of bleeding or bruising related to Eliquis medication. Resident 1's SP did not include signs or symptoms to alert staff to changes in the resident's condition related to risk of bleeding or bruises related to the medication.

RESIDENT 5

Record review of a Face Sheet, dated 10/24/2023, showed the ALF admitted the Resident 5 on [redacted]/2020 with a primary diagnosis of [redacted]

An observation, on 10/26/2023 at 10:15 AM, showed Resident 5 seated in the dining room being fed by a Private Caregiver (PCG).

In interview, on 10/26/2023 at 10:10, Collateral Contact 1 (PCG) stated they had worked

with Resident 5 for over a year and assisted with hands-on care, such as toileting and shower assistance.

In interview, on 10/25/2023 at 1:20 PM, Staff H (Resident Care Director) stated Resident 5's PCG was a companion only who escorted her to activities but did not provide hands-on care. Staff H stated if the PCG did not show up there was not anything extra the ALF care staff needed to do for Resident 5's care.

Review of Resident 5's SP, dated 04/18/2023, showed Resident 5 had a routine private duty caregiver/companion but made no mention of the PCG's specific schedule, or what assistance the PCG was to provide. There was no alternative plan regarding who would care for the resident if the PCG was unable to be at the ALF.

RESIDENT 7

Record review of a Face Sheet, dated 10/25/2023, showed the ALF admitted Resident 7 on [redacted]/2021 with primary diagnosis of [redacted] and [redacted]

Resident 7's Assessment, dated 09/11/2023, showed Resident 7 required maximum staff assistance with medication management.

Record review of Resident 7's October 2023 Medication Administration Record (MAR) showed a physician's order for daily administration of Warfarin (a blood thinning medication that blocks the activity of certain clotting substances in the blood).

Record review showed Resident 7's SP, dated 05/06/2023, showed no information or interventions on how to monitor for of the increased risk of bleeding or bruising related to Warfarin medication. Resident 7's SP did not include signs or symptoms to alert staff to changes in the resident's condition related to risk of bleeding or bruises related to the medication.

In interview, on 10/26/2023 at 1:20 PM, Staff H stated Warfarin and the risks of medication use should be included in the SP.

This is a repeat deficiency previously cited on 10/08/2021.

Statement of Deficiencies	License #: 2453	Compliance Determination # 31766
Plan of Correction	Cedar Creek Memory Care Community	Completion Date
Page 8 of 15	Licensee: Edmonds Memory Care, LLC	11/06/2023

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, Cedar Creek Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 12/11/2023 .

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

H. Fuin — Administrator (or Representative)

11/8/2023 — Date

WAC 388-78A-2480 Tuberculosis Testing Required. H. Fuin 11/8/23

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff members (Staff C and Staff F) completed the required tuberculin skin test (TST) initiated within three days of employment. This placed 50 residents at risk of exposure to a communicable disease.

Findings included...

Review of records showed the ALF hired Staff C (Licensed Practical Nurse) on 08/29/2023. Record review showed Staff C did not have the two-step TST completed.

Review of records showed the ALF hired Staff F (Resident Assistant) on 08/16/2021. Record review showed Staff F had a TB test completed on 03/21/2021 prior to employment but did not show a TB test after date of hire.

In interview, on 10/25/2023 at 1:10 PM, Staff A (Administrator) confirmed Staff C and Staff F had not completed their TST testing.

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, Cedar Creek Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 12/11/2023 .

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

H. Jain — Administrator (or Representative)

11/8/2023 — Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Washington State name and date of birth background inquiry (BGI) for 1 of 6 sampled staff (Staff A) was renewed before the two-year expiration. This placed 50 residents at risk for receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff A (Administrator), hired on 01/15/2018, showed their BGI expired as of 01/13/2023.

In an interview, on 10/25/2023 at 9:33 AM, Staff G (Business Office Manager) stated she agreed Staff A's BGI renewal had expired and stated she had been playing catch up with staff records.

Statement of Deficiencies	License #: 2453	Compliance Determination # 31766
Plan of Correction	Cedar Creek Memory Care Community	Completion Date
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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, Cedar Creek Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 12/11/2023 .

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

H. Yim — 11/8/2023

Administrator (or Representative) — 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: H. Yim 11/8/23

(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 observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure that Licensed nurses (LN) or Medication Technicians (MT) signed or initialed a record after assisting or administering medications for 7 of 7 sampled residents receiving medication assistance services. This failure placed all 7 residents (Residents 1, 2, 3, 4, 5, 6 and 7) at risk of not receiving physician ordered medications resulting in potential medical complications.

Findings included...

In interview, on 10/24/2023 at 10:55 AM, Staff A (Administrator) stated Licensed Nurses (LNs) and Medication Technicians (MTs) passed medications to residents in the ALF. Staff A stated LN's and MT's were to manually initial in the Medication Administration Record (MAR) to document medications were given to residents.

Observation, on 10/25/2023 at 8:50 AM, showed the ALF's pharmacy had all resident medications in pre-packaged BINGO cards (a card-type medication package that contained medication-filled compartments, labeled from 1 to 30 for each day of the month) in a drawer in the medication cart.

Interview and observation, on 10/26/2023 at 8:30 AM, showed Staff I (MT) preparing and administering medications for a non-sampled resident. During a medication pass Staff I was observed failing to sign her initials in the resident's October MAR documenting the medications she had just passed. Staff I stated she forgot to initial the MAR and admitted to forgetting to initial other resident MARs occasionally if she is rushed. Observation then showed Staff I initial, documenting giving medication to a resident, in blank spaces from two days prior.

In an interview, on 11/06/2023 at 11:49 AM, when asked about several missed initials in MARs Staff H (Director of Resident Services) stated that residents had received their medications as ordered and could confirm that based on the days and times on BINGO packs. Staff H stated the MTs and LNs were not initialing the MAR as required when they gave medications.

RESIDENT 1

Review of a Face Sheet, dated 10/24/2023, showed the ALF admitted Resident 1 on [redacted]/2023 with a primary diagnosis of [redacted] and [redacted] Review of an Assessment, dated 09/06/2023, showed Resident 1 required maximum assistance with medication management.

Review of the October 2023 MAR showed, on 10/06/2023, a medication was not initialed as being given by staff.

RESIDENT 2

Review of a Face Sheet, dated 10/24/2023, showed the ALF admitted Resident 2 on [redacted]/2022 with multiple diagnoses to include [redacted] and [redacted] Review of an Assessment, dated 09/11/2023, showed Resident 2 required maximum assistance with medication management.

Record review of Resident 2's August 2023 MAR showed, on 08/26/2023, multiple medications were not initialed as given by staff.

Record review of Resident 2's September 2023 MAR showed, on 09/24/2023, a medication was not initialed as given by staff.

Record review of Resident 2's October 2023 MAR showed, on 10/15/2023, a medication was not initialed as given by staff.

RESIDENT 3

Review of a Face Sheet, dated 10/25/2023, showed the ALF admitted Resident 3 on [redacted]/2023 with a primary diagnosis of [redacted] Review of an Assessment, dated 10/18/2023, showed Resident 3 required maximum assistance with medication management.

Record review of Resident 3's September 2023 MAR showed, on 09/14/2023, medications were not initialed as given by staff.

Record review of Resident 3's October 2023 MAR showed, on 10/06/2023, a medication was not initialed as given by staff.

RESIDENT 4

Review of a Face Sheet, dated 10/25/2023, showed the ALF admitted Resident 4 on [redacted]2023 with multiple diagnoses. Review of an Assessment, dated 08/17/2023, showed Resident 4 required maximum assistance with medication management.

Record review of Resident 4's August 2023 MAR showed on 08/08/2023 multiple medications were not initialed as given by staff.

Record review of Resident 4's September 2023 MAR showed on 09/27/2023, one medication was not initialed as given by staff.

RESIDENT 5

Review of a Face Sheet, dated 10/24/2023, showed the ALF admitted Resident 5 on [redacted]/2020 with a primary diagnosis of [redacted] Review of an Assessment, dated 09/11/2023, showed Resident 5 required maximum assistance with oral medication administration.

Record review of Resident 5's August 2023 MAR showed, on 08/06/2023, 08/10/2023, 08/14/2023, 08/17/2023, 08/26/2023, 08/28/2023, 08/29/2023 and 08/31/2023, one medication was not initialed to document the medication was given.

Record review of Resident 5's September 2023 MAR showed, on 09/05/2023, 09/09/2023 and 09/14/2023, one medication was not initialed to document the medication was given.

Record review of Resident 5's October 2023 MAR showed on 10/12/2023, one medication was not initialed to document the medication was given.

RESIDENT 6

Review of a Face Sheet, dated 10/24/2023, showed the ALF admitted Resident 6 on [redacted]/2023 with a primary diagnosis of [redacted] Record review of an Assessment, dated August 28, 2023, showed Resident 6 required full assistance with medication management.

Record review of Resident 6's September 2023 MAR showed, on 09/24/2023, medications were not initialed to document the medications were given.

Record review of Resident 6's October 2023 MAR showed, on 10/08/2023, medications were not initialed to document the medications were given.

RESIDENT 7

Review of a Face Sheet, dated 10/25/2023, showed the ALF admitted Resident 7 on [redacted]/2021 with primary diagnoses of [redacted] and [redacted] An Assessment, dated 09/11/2023, showed Resident 7 required maximum staff assistance with medication management.

Record review of Resident 7's September 2023 MAR showed, on 09/13/2023, one medication was not initialed to document the medication was given.

Record review of Resident 7's October 2023 MAR showed, on 10/05/2023, 10/08/2023 and 10/10/2023, multiple medications were not initialed to document the medications were given.

In interview, on 10/26/2023 at 1:20 PM, Staff H stated it was her responsibility to review the MARS for gaps in documentation and had not audited the most recent MARS for gaps in documentation.

This is a repeat deficiency previously cited on 10/08/2021.

Statement of Deficiencies	License #: 2453	Compliance Determination # 31766
Plan of Correction	Cedar Creek Memory Care Community	Completion Date
Page of 15	Licensee: Edmonds Memory Care, LLC	11/06/2023

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, Cedar Creek Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 12/11/2023 .

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

H. Jim — 11/8/2023

Administrator (or Representative) — Date

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for: H. Jim 11/8/23

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living facility (ALF) failed to follow a Respiratory Protection Program (RPP) by ensuring care staff completed medical evaluations and were fit-tested for respirator masks. This failure placed 50 residents at risk for exposure to COVID -19 (is an infectious disease by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death) during an outbreak in the facility.

NOTE: Washington Administrative Code (WAC) 296-842-12005 stated all long term-care facilities were required to develop and maintain an RPP.

NOTE: Review of a "Dear Administrator" letter, dated 04/30/2021, showed the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined by Department of Health as a "federal and state OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards." The ALF were required to provide initial and annual fit-tests for each Health Care Worker (HCW) with the same model, style, and size respirator that the HCW would be required to wear for protection against COVID-19 and airborne hazards. The ALF were required to provide fit-tested respirators, such as N95, to all HCWs with the potential to have contact with residents with known or suspected COVID-19. The ALF were required to provide gowns, gloves, and eye protection to staff who are providing care to residents.

Findings included...

Record review of a Resident Characteristic Roster showed the ALF provided care and services for 50 residents.

Record review showed the ALF had an RPP (undated) that included ensuring HCW had medical evaluations and respiratory mask fitting completed annually. Review of HCW records showed none of the care staff had documentation of medical evaluations or annual respiratory mask fitting completed.

In an interview, on 10/25/2023 at 2:20 PM, Staff A (Administrator) stated the ALF did not have current fit testing records for staff and stated they would get them renewed.

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, Cedar Creek Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 12/11/2023 .

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

H. [signature] 11/8/2023

Administrator (or Representative) Date