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

Aegis Senior Communities LLC
Aegis Living of West Seattle
4700 SW Admiral Way
Seattle, WA 98116

RE: Aegis Living of West Seattle License # 2454

Dear Administrator:

This letter addresses Compliance Determination(s) 60768 (Completion Date 06/12/2025) and 57679 (Completion Date 04/14/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/12/2025 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-24642-1, WAC 388-78A-2480-1

The Department staff who did the on-site verification:
Alma Duran, Licensor
Keiko Kitano, Licensor

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

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

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 04/08/2025 of:
Aegis Living of West Seattle
4700 SW Admiral Way
Seattle, WA 98116

This document references the following SOD dated: 04/14/2025

The following sample was selected for review during the unannounced on-site visit: 4 of 67 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility.

Keiko Kitano, Licensor
Alma Duran, 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

Statement of Deficiencies	License #: 2454	Compliance Determination #57679
Plan of Correction	Aegis Living of West Seattle	Completion Date
Page 2 of 4	Licensee: Aegis Senior Communities LLC	04/14/2025

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

04/23/2025
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.

Administrator (or Representative)

4/25/25
Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 2 of 3 sampled staff (Staff B and E) had undergone a national fingerprint background check (FBGC) within 120 days of hire. This placed 67 residents at risk for receiving care from caregivers whose criminal background history was unknown.

Review of the undated Residents' Characteristics Roster showed that the ALF provided care and services to 67 residents.

Review of staff records showed the ALF hired Staff B (Care Manager) on 11/04/2024. Staff B's records showed no documentation that Staff B had completed a FBGC.

Review of staff records showed the ALF hired Staff E (Care Manager) on 12/08/2024. Staff E's records showed no documentation that Staff E had completed a FBGC.

In a follow-up telephone interview, on 04/11/2025 at 9:48 AM, Staff G (Administrator) confirmed that the ALF did not have documentation showing that Staff B and E had completed their FBGCs.

This is an uncorrected deficiency previously cited on 02/11/2025 and a recurring

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

04/23/2025
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.

Administrator (or Representative)

Date

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Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 2 of 3 sampled staff (Staff B and E) had undergone a national fingerprint background check (FBGC) within 120 days of hire. This placed 67 residents at risk for receiving care from caregivers whose criminal background history was unknown.

Review of the undated Residents' Characteristics Roster showed that the ALF provided care and services to 67 residents.

Review of staff records showed the ALF hired Staff B (Care Manager) on 11/04/2024. Staff B's records showed no documentation that Staff B had completed a FBGC.

Review of staff records showed the ALF hired Staff E (Care Manager) on 12/08/2024. Staff E's records showed no documentation that Staff E had completed a FBGC.

In a follow-up telephone interview, on 04/11/2025 at 9:48 AM, Staff G (Administrator) confirmed that the ALF did not have documentation showing that Staff B and E had completed their FBGCs.

This is an uncorrected deficiency previously cited on 02/11/2025 and a recurring

deficiency previously cited on 07/25/2023.

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, Aegis Living of West Seattle is or will be in compliance with this law and / or regulation on (Date) 5/29/25.

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

Administrator (or Representative) 4/25/25 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 that 2 of 3 sampled staff members (Staff D and F) had Tuberculosis (TB) screening within three days of being hired. This placed 67 residents at potential risk of exposure to a communicable disease.

Findings included...

Review of the undated Residents' Characteristics Roster showed that the ALF had been providing care and services for 67 residents.

Review of staff records showed that the ALF hired Staff D (Care Manager) on 03/22/2025. Staff D's records showed no documentation that Staff D had a TB screening within three days of the hire date.

Review of staff records showed that the ALF hired Staff F (Care Manager) on 03/26/2025. Staff F's records showed no documentation that Staff F had a TB screening within three days of the hire date.

In a follow-up telephone interview, on 04/11/2025 at 9:48 AM, Staff G (Administrator)

deficiency previously cited on 07/25/2023.

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, Aegis Living of West Seattle 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

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(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 that 2 of 3 sampled staff members (Staff D and F) had Tuberculosis (TB) screening within three days of being hired. This placed 67 residents at potential risk of exposure to a communicable disease.

Findings included...

Review of the undated Residents' Characteristics Roster showed that the ALF had been providing care and services for 67 residents.

Review of staff records showed that the ALF hired Staff D (Care Manager) on 03/22/2025. Staff D's records showed no documentation that Staff D had a TB screening within three days of the hire date.

Review of staff records showed that the ALF hired Staff F (Care Manager) on 03/26/2025. Staff F's records showed no documentation that Staff F had a TB screening within three days of the hire date.

In a follow-up telephone interview, on 04/11/2025 at 9:48 AM, Staff G (Administrator)

confirmed that the ALF did not have documentation to show that Staff D and F had completed the required TB screening within three days of hire.

This is an uncorrected deficiency previously cited on 02/11/2025.

Plan/Attestation Statement

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

Administrator (or Representative) — Date 4/25/25

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This is an uncorrected deficiency previously cited on 02/11/2025.

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 Living of West Seattle 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

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

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 01/27/2025 and 01/30/2025 of:
Aegis Living of West Seattle
4700 SW Admiral Way
Seattle, WA 98116

The following sample was selected for review during the unannounced on-site visit: 10 of 68 current residents and 0 former residents.

The department staff that inspected 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.

Joshua Singer
Residential Care Services

2/12/2025
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.

Administrator (or Representative)

2/13/2025
Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement systems that support and promote safe medication services for 2 of 2 sampled resident (Resident 7) who required staff to inject insulin (a hormone that helps lower the blood sugar (BS) in the body), and failed to administer or assist Resident 2 with medication and failed to notify the primary care physician (PCP) when insulin injection was held without an order. This resulted in Residents 2 and 7 not receiving their insulin as prescribed and placed them at risk for health complications.

Findings included...

RESIDENT 2

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

2/12/2025
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.

Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

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Findings included...

RESIDENT 2

Record review showed that the ALF admitted Resident 2 on [redacted]/2020 with multiple diagnoses including [redacted]. Record review showed Resident 2 required Hospice Care (a special care focused on the comfort, care, and quality of life of individuals with terminal illness). Review of an Individualized Service Plan (ISP - equivalent to a Negotiated Service Agreement ((NSA)), dated 10/18/2024, showed Resident 2 required staff assistance with medication management.

Review of a Progress Note (PN), dated 11/11/2024, showed Resident 2 had two vomiting episodes on 11/10/2024 and was given (as needed) ondansetron (a medication used to prevent nausea and vomiting).

Review of a PN "Monthly note", dated 12/01/2024, showed Resident 2 had several vomiting episodes over the past months (11/11/2024, 11/27/2024, 12/01/2024, and 12/02/2024).

Review of a PN, dated 12/04/2024, showed that Resident 2's physician, ordered ondansetron (used to prevent nausea and vomiting caused by certain medical treatments) daily for five days. Review of the December 2024 electronic Medication Administration Records (eMARs) showed Medication Care Managers' (MCM) initials to indicate Resident 2 received ondansetron on 12/05, 12/06, 12/07, and 12/08/2024, four days, not five days as prescribed.

In an interview, on 01/30/2025 at 12:15 PM, Staff G (Health Services Director) acknowledged that the last dose of Ondansetron to Resident 2 was not given.

There was no documentation to show that the ALF had reported the omission of the ondansetron dose, on 12/09/2024 to Resident 2's prescribing physician.

Record review of a PN, dated 01/26/2024, showed instructions to check Resident 2's BS twice a day, and to inject insulin glargine (a long-acting insulin) 47 units in the morning and 24 units in the evening. Review of the November and December 2024, and January 2025 electronic Medication Administration Records (eMARs) showed instructions to staff to call Hospice for BS above 600, and alert nursing for BS below 70. The eMARs showed Resident 2's BS levels for November, December 2024, and January 2025 were within parameter ranges.

Review of the December 2024 and January 2025 eMARs, dated 12/09/2024, 12/10/2024, 12/14/2024, 12/16/2024, 12/17/2024, and 12/18/2024, 01/02/2025, 01/04/2025, 01/16/2025, showed either Resident 2 had refused to take the insulin or staff would document: "Outside parameters, resident does not want to eat or drink anything," to indicate insulin were either held or not administered without the prescriber's order.

Record review showed no documentations whether the ALF notified Resident 2's PCP or Hospice physician that insulin was not given due to Resident 2 not eating or drinking.

In interview, on 01/30/2025 at 11:32 AM, Staff G (Health Services Director) stated, "It's nursing judgment to hold insulin when [Resident 2] was not eating." Staff G stated that they reported to Hospice nurse but not to the prescribing physician. Staff M (Regional Nurse) acknowledged the ALF's failure to coordinate with the physician regarding holding the insulin without an order, and when the reason for holding was Resident 2 refused to eat or drink.

RESIDENT 7

Records review showed the ALF admitted Resident 7 on [redacted]/2019 with multiple diagnoses including [redacted] ([redacted]). Review of Resident 7's Individual Service Plan (ISP, a combination of a Full Assessment and Negotiated Service Agreement), dated 01/08/2025, showed that Resident 7 required staff to administer insulin injections.

Review of Resident 7's November and December 2024 and January 2025 electronic Medication Administration Records (eMARs) showed that Resident 7 was prescribed Humalog (a fast-acting insulin). Review of the eMARs showed that staff were instructed to check Resident 7's BS at 8:00 AM, 12 Noon, and 5:00 PM, and then administer six units of Humalog. The eMARs showed a physician's order to hold Humalog injections when Resident 7's BS level was equal to or lesser than 150.

Review of the November 2024 eMARs showed that the ALF administered four doses of Resident 7's Humalog when their BS level was equal to or less than 150. Review of the December 2024 eMAR showed the ALF administered eight doses of Resident 7's Humalog when their BS level was equal to or less than 150. Review of the January 2025 eMAR showed the ALF administered three doses of Resident 7's Humalog when their BS level was equal to or less than 150.

In an interview, on 01/29/2025 at 11:07 AM, Staff G (Health Services Director) confirmed that staff had injected Humalog when Resident 7's BS was equal to or less than 150.

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 Living of West Seattle is or will be in compliance with this law and / or regulation on (Date) 3/28/25.

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

AM
Administrator (or Representative)

2/13/25
Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

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 3 sampled Long-Term care workers (Staff C) had undergone a fingerprint background check (FBGC). This placed 68 of 68 residents at risk for receiving care from a caregiver whose criminal background history was unknown.

Review of the undated Residents' Characteristics Roster showed that the ALF provided care and services to 68 residents.

Review of staff records showed the ALF hired Staff C (Wellness Nurse) on 04/24/2024. Staff C's records showed no documentation that Staff C had completed a FBGC.

In an interview, on 01/28/2025 at 1:30 PM, Staff K (Business Office Manager) confirmed that Staff C had not competed a FBGC.

This is a deficiency previously cited on 07/25/2023.

Plan/Attestation Statement

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Administrator (or Representative) Date

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Administrator (or Representative) — Date 2/13/25

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 that 3 of 5 sampled staff members (Staff C, D and E) had Tuberculosis (TB) screening within three days of hire. This placed 68 residents at risk of exposure to a communicable disease.

Findings included...

Review of the undated Residents' Characteristics Roster showed that the ALF had been providing care and services for 68 residents.

Review of staff records showed that the ALF hired Staff C (Wellness Nurse) on 04/24/2024. Staff C's records showed no documentation Staff C had TB screening within three days of the hire date.

Review of staff records showed that the ALF hired Staff D (Medication Care Manager) on 05/02/2022. Staff D's records showed no documentation Staff D had TB screening within three days of the hire date.

Review of staff records showed that the ALF hired Staff E (Housekeeper) on 07/04/2022. Staff E's records showed that Staff E had received an initial TB skin test on 07/21/2022, 17 days after being hired.

In an interview, on 01/28/2025 at 1:30 PM, Staff K (Business Office Manager) confirmed

Plan/Attestation Statement

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Administrator (or Representative) Date

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Findings included...

Review of the undated Residents' Characteristics Roster showed that the ALF had been providing care and services for 68 residents.

Review of staff records showed that the ALF hired Staff C (Wellness Nurse) on 04/24/2024. Staff C's records showed no documentation Staff C had TB screening within three days of the hire date.

Review of staff records showed that the ALF hired Staff D (Medication Care Manager) on 05/02/2022. Staff D's records showed no documentation Staff D had TB screening within three days of the hire date.

Review of staff records showed that the ALF hired Staff E (Housekeeper) on 07/04/2022. Staff E's records showed that Staff E had received an initial TB skin test on 07/21/2022, 17 days after being hired.

In an interview, on 01/28/2025 at 1:30 PM, Staff K (Business Office Manager) confirmed

that Staff C, D, and E had not completed the required TB screening within three days of hire.

Plan/Attestation Statement

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

Administrator (or Representative) 2/13/25 Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

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 3 sampled staff members (Staff B) completed the required one tuberculin (TB) screening test within three days of the hire date. This placed 68 current residents at risk of exposure to a communicable disease.

Findings included...

NOTE: Washington Administration Code 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.

Review of the undated Residents' Characteristics Roster showed that the ALF had been providing care and services for 68 residents.

Review of records showed that the ALF hired Staff B (Care Manager) on 05/17/2024. Staff B's record showed a documented history of a negative TB skin test result from 06/21/2023. Staff B's records showed no other documentation as to whether Staff B had received the required one-step TB screening test within three days of being hired.

that Staff C, D, and E had not completed the required TB screening within three days of hire.

Plan/Attestation Statement

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

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Administrator (or Representative) Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

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 3 sampled staff members (Staff B) completed the required one tuberculin (TB) screening test within three days of the hire date. This placed 68 current residents at risk of exposure to a communicable disease.

Findings included...

NOTE: Washington Administration Code 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.

Review of the undated Residents' Characteristics Roster showed that the ALF had been providing care and services for 68 residents.

Review of records showed that the ALF hired Staff B (Care Manager) on 05/17/2024. Staff B's record showed a documented history of a negative TB skin test result from 06/21/2023. Staff B's records showed no other documentation as to whether Staff B had received the required one-step TB screening test within three days of being hired.

In an interview, on 01/28/2025 at 1:30 PM, Staff K (Business Office Manager) confirmed that Staff B had not had any TB test after being hired.

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 Living of West Seattle is or will be in compliance with this law and / or regulation on (Date) 3/28/25.

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

Administrator (or Representative) — Date: 2/13/25

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(n) Related to food services consistent with chapter 246-215 WAC and WAC 388-78A-2300 ;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement their policy and procedure to consistently monitor and document food temperatures (FTs) prior to serving potentially hazardous food to the Memory Care Unit (MCU). This placed 28 residents in the Memory Care Unit (MCU) at risk for acquiring food borne illness.

Findings included....

NOTE: Washington Administrative Code (WAC) 388-78A-2300 Food and nutrition services. (1) The assisted living facility must: (d) Prepare food on-site, or provide food through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC Food service;

NOTE: WAC 246-215-03525 Temperature and time control—Time/temperature control for safety food, hot and cold holding (Food and Drug Administration Food Code 3-501.16). (1) Except during active preparation for up to two hours, cooking, or cooling or

In an interview, on 01/28/2025 at 1:30 PM, Staff K (Business Office Manager) confirmed that Staff B had not had any TB test after being hired.

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 Living of West Seattle 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

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(n) Related to food services consistent with chapter 246-215 WAC and WAC 388-78A-2300 ;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement their policy and procedure to consistently monitor and document food temperatures (FTs) prior to serving potentially hazardous food to the Memory Care Unit (MCU). This placed 28 residents in the Memory Care Unit (MCU) at risk for acquiring food borne illness.

Findings included....

NOTE: Washington Administrative Code (WAC) 388-78A-2300 Food and nutrition services. (1) The assisted living facility must: (d) Prepare food on-site, or provide food through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC Food service;

NOTE: WAC 246-215-03525 Temperature and time control—Time/temperature control for safety food, hot and cold holding (Food and Drug Administration Food Code 3-501.16). (1) Except during active preparation for up to two hours, cooking, or cooling or

when time is used as the public health control as specified under WAC 246-215-03530, and except as specified in subsections (2) and (3) of this section, time/temperature control for safety food must be maintained: (a) At 135°F (57°C) or above, except that roasts cooked to a temperature and for a time specified under WAC 246-215-03400(2) or reheated as specified under WAC 246-215-03440 may be held at a temperature of 130°F (54°C) or above; or

Review of the ALF's Policy and Procedure (P/P), Time & Temp Guidelines for Foods Transferred from Main Kitchen, revised on 05/07/2024, showed, "The facility followed the state and federal guidelines on maintaining accurate food temperature records for potentially hazardous foods that have been transferred from the main kitchen to other areas of a community for consumption." The P/P included "A food temperature log shall be maintained daily for all meals served to the residents (breakfast, lunch, and dinner) and kept in the main Kitchen. A second temperature/time log will travel with the food to assure the time is being monitored throughout the process… The temperature/time logs shall be kept for a period of 12 months and destroyed thereafter."

Review of an undated Resident Characteristics Roster showed the facility provided care and services, including meals to 28 residents in the MCU.

In an interview, on 01/29/2025 at 12:20 PM, Staff L (Cook/Sous-Chef) stated that FTs were supposed to be taken and logged for breakfast, lunch, and dinner. Staff L stated, for foods transferred from the main kitchen to the MCU, it was the responsibility of staff in the MCU to take and log FTs before serving each meal.

Review of the MCU FT log binder that was used to document FTs after being transported from the kitchen, showed no FTs had been documented from 01/01/2025 through breakfast on 01/28/2025. There was also no FT record for breakfast on 01/30/2025.

In an interview, on 01/30/2025 at 8:34 AM, when asked why that morning's breakfast FTs had not been documented in the log, Staff J (Life Enrichment Director) said, "I am sorry, I forgot to take it".

Review of another FT log binder used for overflow FT logs from the MCU, located in the main kitchen, showed no FT records for January 2025. Further review of the binder showed that on 11/04/2024, 11/29/2024, and 12/06/2024, only the breakfast FTs were recorded. There were no other FT log entries, for any meals, in November or December 2024.

In an interview, on 01/30/2025 at 10:25 AM, Staff L confirmed that the FTs in the MCU had not been taken daily per the ALF's policy.

Plan/Attestation Statement

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

Administrator (or Representative) — Date: 2/13/25

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:

(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, interview, and record review, the Assisted Living Facility (ALF) failed to secure toxic chemicals that were in an area accessible to residents. This failure placed 25 of 25 residents in the ALF at risk for inadvertent ingestion of a toxic substance that could cause harm and compromise health.

Findings included...

Review of the undated Residents' Characteristics Roster (RCR) for the Assisted Living units showed that 19 residents were identified as having dementia (a group of symptoms that affects memory, thinking, and interferes with daily life) or other cognitive Impairment and that six residents were identified as receiving mental health services and/or having a mental health case manager.

Observation of the ALF's environment with Staff F (General Manager) and Staff H (Maintenance Director), on 01/27/2025 at 10:59 AM, showed a door to the Salon room on the 2nd floor was unlocked. There was no attendant. Observation under the sink showed three bottles of chemicals, including Germicide. The labels on these chemical bottles showed, "Danger" and "Keep Out of Reach of Children." The 2nd floor was accessible to residents in the Assisted Living units.

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Administrator (or Representative) Date

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In an interview, on 01/27/2025 at 11:09 AM, Staff H stated that the door to the Salon room should not have been left unlocked.

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Administrator (or Representative) 2/13/25 Date

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the physician and evaluate for any negative outcomes when 3 of 3 sampled residents (Residents 2, 8, and 9) refused their prescribed medications. This placed Residents 2, 8, and 9 at risk for compromised health condition.

Findings included...

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Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the physician and evaluate for any negative outcomes when 3 of 3 sampled residents (Residents 2, 8, and 9) refused their prescribed medications. This placed Residents 2, 8, and 9 at risk for compromised health condition.

Findings included...

Review of the ALF's policy titled Resident Refusal of Medication, dated 04/12/2021, showed, "The Health Services Director (HSD) or Wellness Nurse will follow-up on the refusal of a medication, particularly if this is a pattern of refusal." "The HSD or Wellness Nurse will contact the resident's prescribing practitioner if the medication refusal is repetitive. This conversation will be documented in the Health Record." The Medication policy showed that if the medication is omitted for any reason, the physician, nurse and family will be notified of the omission.

RESIDENT 2

Record review showed the ALF admitted Resident 1 on [redacted]/2020 with multiple diagnoses including [redacted] requiring Hospice Care (a special care provided to the terminally ill). Review of the Individual Service Plan (ISP - equivalent to Negotiated Service Agreement ((NSA)), dated 10/18/2024, showed Resident 1 required staff assistance with medications services.

Review of the November, December 2024, and January 2025 electronic Medication Administration Records (eMARs) showed a pattern of refusals for the following physician's ordered medications: routine Tylenol twice as day for pain, amiodarone (used to treat life threatening heart rate problems), Bumetanide (used to treat swelling caused by heart failure or liver or kidney disease), digoxin (used to treat heart failure and atrial fibrillation), metoprolol (used to treat chest pain and high blood pressure), MiraLAX (used to treat constipation), potassium micro tablets (used to treat low potassium levels), and senna (used to treat constipation).

Review of the eMARs for November 2024, showed Resident 2 had refused: Acetaminophen four times, amiodarone two times, bumetanide twice, digoxin twice, metoprolol twice, 10 doses of MiraLAX, senna twice, and potassium three times in November of 2024. Resident 2 refused amiodarone four times, bumetanide six times, digoxin four times, metoprolol seven times, and MiraLAX 12 times in December of 2024. Resident 2 refused MiraLAX six times and Potassium two times in January of 2025

Record review showed no documentation that the ALF evaluated Resident 2's pattern of medication refusals. There was no documentation the ALF notified the prescribing physician of Resident 2's pattern of refusals.

RESIDENT 8

Record review showed the ALF admitted Resident 8 on [redacted]/2021 with multiple [redacted] diagnoses. Review of Resident 8's NSA, dated 01/08/2024, showed Resident 8 required assistance with medication services.

Review of the November, December 2024, and January 2025 eMARs, showed Resident

8's pattern of refusal. The eMARs showed, Resident 8 refused routine physician prescribed medications: eliquis (used to prevent blood clots and stroke) eight times, clopidogrel (used to lower your risk of having a stroke, blood clot, or serious heart problem nine times, losartan (used to treat high blood pressure) eight times, lasix (used to reduce extra fluid in the body (edema) caused by heart failure) five times, ferrous gluconate (iron supplement) 10 times, metoprolol and hydralazine (used to treat chest pain, heart failure, and high blood pressure) five times, levothyroxine (used to treat underactive thyroid) five times, bupropion (used to treat depression) four times, pantoprazole (used to treat acid reflux) eight times, propafenone (used to prevent serious heart rhythm disorders) eight times in November 2024.

Review of the December 2024 eMARs, showed, Resident 8 refused routine physician prescribed medications: acetaminophen 500 milligrams (mg) 12 times, and acetaminophen 650 14 times, famotidine (used to treat acid reflux) four times, amiodarone (used to treat irregular heartbeat) five times, amlodipine (used to treat high blood pressure) six times, pradaxa (used to prevent stroke and harmful blood clots) five times eliquis six times, losartan 15 times, levothyroxine 4 times, lasix four times, ferrous gluconate 18 times, metoprolol five times, and hydralazine 21 times, bupropion 15 times, pantoprazole 16 times, propafenone 17 times, mirtazapine (for depression) seven times, and risperidone (used to improve mood, thoughts, and behaviors) seven times, culturelle (probiotics)16 times, senna (for constipation) seven times, and docusate (constipation) 13 times.
Review of the January 2025 eMAR, showed Resident 8 had refused bupropion 14 times, culturelle 14 times, ferrous gluconate 13 times, hydralazine 13 times, losartan seven times, levothyroxine and metoprolol once, mirtazapine three times, pantoprazole nine times, risperidone three times, and senna three times.

Record review showed no documentation that the ALF evaluated Resident 8's pattern of medication refusals. There was no documentation the ALF notified the prescribing physician of Resident 8's pattern of refusals.

RESIDENT 9

Record review showed the ALF admitted Resident 9 on [redacted]/2024 with multiple diagnoses. Review of Resident 9's NSA, dated 11/18/2024, showed Resident 9 required assistance with medication services.

Review of the November, December 2024, and January 2025, showed Resident 9 refused Potassium Chloride powder (used to treat hypokalemia- low potassium level) and Diclofenac Gel (for neck pain) 12 times in November of 2024, refused Potassium four times and diclofenac gel 12 times in December of 2024, and refused diclofenac 12 times and Celebrex (used to treat pain and inflammation) three times in January 2025.

Review of a Progress Note (PN), dated 12/21/2024, showed Resident 9 had a fall, was transported to the hospital due to hip and back pain with resultant hip fracture. Record review showed Resident 9 underwent hip surgery and stayed at the hospital, then

discharged to a Skilled Nursing Facility.

Review of a PN, dated 01/23/2024, showed Resident 9 returned to the ALF with a Physician order for Enoxaparin injection (used to prevent and treat harmful blood clots) to be given daily for 10 days.

Review of a PN, dated 01/24/2025, showed staff documented Resident 9 had refused Enoxaparin injection in spite of three attempts, and on 01/28/2025 when staff attempted twice.

In interview, on 01/30/2025 at 9:40 AM, Staff N (Licensed Nurse) stated Resident 9 had been refusing her medications including Enoxaparin. Staff N stated Resident 9's refusals for Enoxaparin injection were not reported to the prescribing physician to obtain directions.

Record review showed no documentation that the ALF evaluated Resident 9's refusals of physician's ordered medication. There was no documentation the ALF notified the prescribing physician of Resident 9's pattern of refusal.

In interview, on 01/14/2025 at 11:30 AM, Staff G (Community Health Director) acknowledged the lack of evaluating medication refusals, and failure to notify their physician for directions for Residents 2, 8, and 9.

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