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

BC ISSAQUAH MC LLC
Ciel Senior Living of Issaquah
23845 SE Issaquah Fall City Rd
Issaquah, WA 98029-7514

RE: Ciel Senior Living of Issaquah License # 2471

Dear Administrator:

This letter addresses Compliance Determination(s) 50126 (Completion Date 11/15/2024) and 45351 (Completion Date 09/18/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/15/2024 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-2210-1-b

The Department staff who did the on-site verification:
Harrison Udoye, Community Complaint Investigator

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

Sincerely,

Laurie Anderson

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Ciel Senior Living of Issaquah
License/Cert.#: 2471
Compliance Determination #: 45351
Investigator: Harrison Udoye
Provider Type: Assisted Living Facility
Intake ID: 140072
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 08/07/2024 through 09/18/2024
Complainant Contact Date(s): 08/07/2024

Allegation(s):
Medication errors and improper medication service.

Investigation Methods:

Sample:	Total residents: 43 Resident sample size: 2 Closed records sample size: 0
Observations:	Identified resident Residents Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions Medication administration
Interviews:	Identified resident Nursing staff Family members
Record Reviews:	Medical records Hospital records Facility policies Incident investigation Personnel files Staff training records

Investigation Summary:
Report of medication errors and improper medication services in the memory care of the Assisted Living Facility (ALF).
Interview and record review showed that facility staff administered medication to wrong resident. Medication given to Named Resident was meant for a different resident. Facility monitored Named Resident without any adverse effect. Prior to the incident of medication error, a visitor at the facility found a white pill in a magazine located in the day area. Visitor reported finding to staff. Facility unable to identify who the medication belonged to. Facility re-trained their medication tech and other

staff on medication services. Despite the in-service, a resident representatives found a pill on the Resident's shirt and notified facility staff. Facility failed practice identified. Citation issued.

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 #: 2471	Compliance Determination # 45351
Plan of Correction	Ciel Senior Living of Issaquah	Completion Date
Page 1 of 3	Licensee: BC ISSAQUAH MC LLC	09/18/2024

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 complaint investigation on 08/07/2024, 08/07/2024 and 08/07/2024 of:

Ciel Senior Living of Issaquah
23845 SE Issaquah Fall City Rd
Issaquah, WA 98029-7514

This document references the following complaint number(s): 140072

The following sample was selected for review during the unannounced on-site visit: 2 of 43 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Harrison Udoye, Community 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.

Laurie Anderson — Residential Care Services

09/24/2024 — 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.

Statement of Deficiencies	License #: 2471	Compliance Determination # 45351
Plan of Correction	Ciel Senior Living of Issaquah	Completion Date
Page 2 of 3	Licensee: BC ISSAQUAH MC LLC	09/18/2024

Administrator (or Representative) Date 09/24/24

WAC 388-76A-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.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement and provide safe medication services for 1 of 2 sampled residents (Resident 1) when Resident 1 received Resident 2's medication. This failure placed Resident 1 at risk for compromised health related to medication errors.

Finding included...

Review of the facility's Characteristic Roster showed that 40 residents required assistance with medication management. The roster showed the assistance provided included: clarification of physician's orders, ordering medications, medication administration, and accurate documentation in the residents' electronic medication administration records (eMAR).

Review of the facility's policy titled, "Medication Administration Routine Policy and Procedure", dated July 2023, showed the procedure for administering or assisting residents with their medications included: Verification the eMAR matched the medication label; verification the "Six Rights of Medication Administration", which includes the right resident, right medication, right dose, right time, right route and right directions, were followed; and verification of correct resident by asking them to verify their name or by photograph of resident on the eMAR. The policy showed staff that provided the medication should observe the resident swallow the medication and sign the eMAR to correspond with the medication given.

During an interview on 08/08/2024 at 9:10 AM, Staff A (Executive Director), stated that on 07/24/2024 at 1:01 PM, Staff B (Med Tech), trained a new Staff C (Med Tech), on the facility's medication administration process. Staff A stated that Staff B reported that Staff C administered Tylenol (pain reliever) and Senna (stool softener) medications to the wrong resident, Resident 1. Staff A stated that the facility monitored Resident 1 for any adverse effect with none noted. Staff A stated that they completed an in-service training on medication service policies and procedure to all facility staff.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2471	Compliance Determination # 45351
Plan of Correction	Ciel Senior Living of Issaquah	Completion Date
Page 3 of 3	Licensee: BC ISSAQUAH MC LLC	09/18/2024

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, Ciel Senior Living of Issaquah is or will be in compliance with this law and / or regulation on (Date) ~~11/8/2024~~ 11/2/24

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

Administrator (or Representative) — Date: 9/24/24

Ciel of Issaquah Immediate Action Plan

Date of Event: August 7th, 2024

Responses to the referenced deficiencies do not constitute an admission or agreement by the community to the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and state law and quality assurance.

Medication Administration

A. With respect to HOW the facility will CORRECT the problem identified:

1. Family and physician of resident were notified of the incident immediately after it happened.

2. Staff member responsible for mistake received a written performance correction.

3. Staff med-techs, Resident Care Coordinator, and Executive Director/LPN completed assessment and ongoing assessments on resident to ensure no adverse reactions to medications.

B. With respect to what the facility will do to PREVENT the same deficiency from recurring:

1. Clinical Support Specialist performed in-service Med-techs on Medication Administration procedures.

2. Executive Director and Resident Care Coordinator conducted multiple follow up in-services on Medication Administration following incident.

3. Resident Care Coordinator with assistance from Executive Director/LPN will periodically perform medication administration observations of med-techs during medication passes to ensure proper procedure is demonstrated.