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

Renton Special Care Community LLC
The Cottages of Renton
17033 108th Ave SE
Renton, WA 98055

RE: The Cottages of Renton License # 2496

Dear Administrator:

This letter addresses Compliance Determination(s) 33279 (Completion Date 11/29/2023) and 27856 (Completion Date 10/04/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/29/2023 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-2180-1-b

The Department staff who did the on-site verification:
Karri Hernandez, Community 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: The Cottages of Renton
Provider Type: Assisted Living Facility
License/Cert.#: 2496
Compliance Determination #: 27856
Intake ID: 92798
Investigator: Karri Hernandez
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 08/10/2023 through 10/04/2023
Complainant Contact Date(s): 08/09/2023

Allegation(s):

1. Activities not facilitated.
2. Care needs not being met.
3. Staffing.

Investigation Methods:

Sample:	Total residents: 58 Resident sample size: 10 Closed records sample size:
Observations:	Identified resident Residents Activities Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Administrator Residents Family members
Record Reviews:	Hospital records Medical records Incident investigation Facility policies

Investigation Summary:

1. Report of activities not facilitated by facility. Observation, interviews and record review showed facility staff did not follow posted activity calendar. Multiple observations showed no resident activities conducted or occurred.
2. Report of care needs not meet. Observations, interview and record review of ten residents showed repeated failure to complete and implement activities of daily living such as personal hygiene and grooming. Review of facility records showed failure to

complete daily care as documented in residents' negotiated service plans.
3. Report of lack of staffing and no caregivers. Observation, interview and record review showed facility staff not able to provide adequate care and supervision of residents. Facility staff did not follow policy, procedures and contracted agreements.
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

Residential Care Services
Investigation Summary Report

Provider/Facility: The Cottages of Renton
Provider Type: Assisted Living Facility
License/Cert.#: 2496
Compliance Determination #: 27856
Intake ID: 95454
Investigator: Karri Hernandez
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 08/10/2023 through 10/04/2023
Complainant Contact Date(s):

Allegation(s):
1. Activities not facilitated.
2. Care needs not being met.
3. Staffing.

Investigation Methods:

Sample:	Total residents: 58 Resident sample size: 10 Closed records sample size:
Observations:	Identified resident Residents Activities Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Administrator Residents Family members
Record Reviews:	Hospital records Medical records Incident investigation Facility policies

Investigation Summary:

1. Report of activities not facilitated by facility. Observation, interviews and record review showed facility staff did not follow posted activity calendar. Multiple observations showed no resident activities conducted or occurred.
2. Report of care needs not meet. Observations, interview and record review of ten residents showed repeated failure to complete and implement activities of daily living such as personal hygiene and grooming. Review of facility records showed failure to

complete daily care as documented in residents' negotiated service plans.
3. Report of lack of staffing and no caregivers. Observation, interview and record review showed facility staff not able to provide adequate care and supervision of residents. Facility staff did not follow policy, procedures and contracted agreements.
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

Residential Care Services
Investigation Summary Report

Provider/Facility: The Cottages of Renton
Provider Type: Assisted Living Facility
License/Cert.#: 2496
Compliance Determination #: 27856
Intake ID: 92970
Investigator: Karri Hernandez
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 08/10/2023 through 10/04/2023
Complainant Contact Date(s):

Allegation(s):
1. Activities not facilitated.
2. Care needs not being met.
3. Staffing.

Investigation Methods:

Sample:	Total residents: 58 Resident sample size: 10 Closed records sample size:
Observations:	Identified resident Residents Activities Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Administrator Residents Family members
Record Reviews:	Hospital records Medical records Incident investigation Facility policies

Investigation Summary:

1. Report of activities not facilitated by facility. Observation, interviews and record review showed facility staff did not follow posted activity calendar. Multiple observations showed no resident activities conducted or occurred.
2. Report of care needs not meet. Observations, interview and record review of ten residents showed repeated failure to complete and implement activities of daily living not limited to hygiene and grooming. Review of facility records showed failure to

complete daily cares as contracted.
3. Report of lack of staffing and no caregivers. Observation, interview and record review showed facility staff not able to provide adequate cares and supervision of residents.
Facility staff did not follow policy, procedures and contracted agreements.
Failed practice identified..

Conclusion / Action:

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

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 08/10/2023, 08/10/2023, 08/30/2023, 09/19/2023 and 08/30/2023 of:

The Cottages of Renton
17033 108th Ave SE
Renton, WA 98055

This document references the following complaint number(s): 92798, 95724, 95454, 93727, 93392, 92970, 94338, 95678, 97365, 98529

The following sample was selected for review during the unannounced on-site visit: 10 of 58 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Karri Hernandez, Community Complaint Investigator
Holly George, Nursing Consultant Institutional

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.

Staci Oils, IDR PM for Reg 2D — November 30, 2023

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-2180 Activities. The assisted living facility must:

(1) Provide space and staff support necessary for:

(b) Group activities at least three times per week that may be planned and facilitated by caregivers consistent with the collective interests of a group of residents.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility failed to provide activities at least three times per week for 58 of 58 residents. This failure placed all residents at risk for a decreased quality of life.

Findings included...

Review of the Facility's August 2023 Activities calendar showed that on 08/10/2023 "sit and be fit" was scheduled at 9:00 AM, and "Natalie Music hour" at 10:30 AM. The calendar showed that on 08/11/2023 "Morning Coffee" was scheduled at 9:00 AM, and "Ladies Tea" at 10:30 AM. The calendar showed that on 08/24/2023 "walk about" was scheduled at 9:00 AM and "Family Circle-Taking Flight" at 9:45 AM. The calendar showed that on 08/30/2023, "sit and be fit" was scheduled at 9:00 AM and "Coffee and chat" at 10:30 AM.

Review of the Facility's undated "marketing information" brochure showed the facility "tailor daily activities for the residents based upon their individual needs and abilities".

Observations on 08/10/2023 and 08/11/2023 between 9:00 AM and 9:45 AM and observations on 08/24/2023 and 08/30/2023 between 10:15 AM and 11:00 AM showed that in the Birch cottage, the television (TV) played the movie channel; in the Cedar cottage, the TV played the movie channel; and in the Dogwood cottage, the TV played a daytime talk show. Observation showed that on each day, there were some residents seated in the common area of each cottage. Observation in each cottage showed that the residents were not watching the TV. Additional observations showed there were some residents who walked around or sat in the outdoor courtyard area.

On 08/11/2023 at 9:00 AM, observations showed no evidence of coffee or tea prepared for the scheduled activity of "morning coffee". Further observation showed there were no residents present in the area scheduled to host the activity. At 10:30 AM, observation

showed there were no residents present in the area scheduled for the activity of "ladies tea". Observation showed there were no staff guided activities at all, as written on the activity schedule.

Observation on 08/24/2023 from 9:00 AM to 9:30 AM showed that the residents were not engaged in any activity as scheduled on the activity calendar. Observation showed residents were seated inside and outside the cottages with no staff engagement. Further observations in the Birch cottage showed Staff E, Health Care Aide (HCA), and Staff F, HCA, were seated at the kitchen island with a computer; in the Cedar cottage Staff G, HCA, cleaned the hallway floors; in the Dogwood cottage Staff H, HCA, cleaned the kitchen.

Observation in all three cottages on 08/30/2023 from 9:00 AM to 9:45 AM showed that the residents were not assisted by staff to the area for the scheduled activity of "sit and be fit. Observation showed there were some residents who walked around or sat in the outdoor courtyard area. There were no staff present to lead any activities.

During an interview on 08/11/2023 at 11:30 AM, Staff D, HCA, stated that they were unaware of the scheduled activities of "morning coffee" or "ladies tea". Staff D stated that they did not have time to provide either of those activities to the residents. Staff D stated that they needed to complete the morning care tasks with the residents. Staff D stated that the activities staff member provided the group activities to the residents. Staff D stated that the activities staff member was scheduled to work at 11:00 AM.

This is a repeated deficiency previously cited on 01/11/2023.

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, The Cottages of Renton 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