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

Aegis Senior Communities LLC
Aegis of Mercer Island
7445 SE 24th Street
Mercer Island, WA 98040

RE: Aegis of Mercer Island License # 2509

Dear Administrator:

This letter addresses Compliance Determination(s) 28573 (Completion Date 08/11/2023) and 24712 (Completion Date 06/01/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/11/2023 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-2630-1-b

The Department staff who did the on-site verification:
Kailash Sharma, ALF Licensor

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

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Aegis of Mercer Island
Provider Type: Assisted Living Facility
License/Cert.#: 2509
Compliance Determination #: 24712
Intake ID: 81172
Investigator: Kailash Sharma
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 05/16/2023 through 06/01/2023
Complainant Contact Date(s): 05/12/2023, 05/16/2023

Allegation(s):
Injury of unknown origin in private area.

Investigation Methods:

Sample: Total residents: 75
Resident sample size: 2
Closed records sample size: 0

Observations: General tour of the facility, lobby, common areas, dining room, resident's apartment, resident to resident interaction, staff to resident interactions.

Interviews: Public Complainant, family members, Named Resident, Executive Director, Health Service Director.

Record Reviews: Incident report, investigation report, characteristic roster, progress notes, medication records, Event, incident policy, Skin management protocol, Abuse, neglect reporting and investigation policy, Face sheet, medication list, skin assessment, Individualized Service Plan, progress notes, Sexual Engagement Assessment, The Mini Cog assessment.

Investigation Summary:
Facility cooperated with the investigation, provided needed documents and staff participated in interviews. Executive Director stated other resident involved in allegation moved to different facility. Health Service Director stated allegations of bruising and sexual relationship were brought to their attention, investigated internally. Facility did not report to Complaint Resolution Unit (CRU). Named Resident (NR) denied any abuse. [redacted] investigator stated incident investigated, alleged perpetrator restricted to visit NR. Facility failed to report CRU. Citation issued for failure to report allegation of sexual abuse.

Conclusion / Action:

☒ 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 05/16/2023, 05/16/2023 and 05/16/2023 of:

Aegis of Mercer Island
7445 SE 24th Street
Mercer Island, WA 98040

This document references the following complaint number(s): 81172

The following sample was selected for review during the unannounced on-site visit: 2 of 75 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Kailash Sharma, ALF Licensor

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

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services

Date

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

Administrator (or Representative) Date

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(b) Makes an immediate report to the appropriate law enforcement agency and the department consistent with chapter 74.34 RCW of all incidents of suspected sexual abuse or physical abuse of a resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to report an incident of suspected sexual abuse for 1 of 75 residents (Resident 1). This failure placed Resident 1 at potential risk of sexual abuse and a diminished quality of life.

Findings included…

Review of the facility's undated policy titled "Abuse, Neglect reporting and investigation" showed that each staff person as mandated reporter will report when: "there is reasonable cause to suspect or believe that abuse, abandonment, exploitation, financial exploitation or neglect of a vulnerable adult has occurred by filing a report immediately after discovery of the incident for substantial injuries of unknown source and/or unwitnessed to Department Complaint Hotline".

Review of the facility's progress notes for Resident 1, dated 04/19/2023, showed that the facility was notified by a family member that Resident 1 had a bruise on the left breast.

During an interview on 05/16/2023 at 2:10 PM, Staff B, HSD, stated that they conducted a thorough investigation. Staff B stated that they did not think the bruise qualified as reportable to the state. Staff B stated that "it was an allegation". Staff B stated that Resident 1 denied any bruise. Staff B stated that Resident 1 refused to an examination. Staff B stated that Resident 1 denied that anybody hurt them. Staff B stated that based on Resident 1's report, Staff B decided not to report.

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 of Mercer Island 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