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 # 2509

Dear Administrator:

This document references Compliance Determination 34090 (01/19/2024), which included complaint number(s) 110379.
The Department completed a complaint investigation of your Assisted Living Facility on 01/19/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Kailash Sharma, ALF Licensor

Consultation:

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(6) Ensure:

(a) Individuals participating in developing the resident's negotiated service agreement:

(i) Discuss the resident's assessed needs, capabilities, and preferences; and

(ii) Negotiate and agree upon the care and services to be provided to support the resident; and

Facility updated resident's service agreement without involving the resident or resident representative. The non-negotiated service agreement resulted in an increased rate that

was charged to the resident without approval by the resident or resident representative. Facility renegotiated the service agreement with resident and resident representative participation. Facility credited resident for excess fees charged to the resident associated with the non-negotiated service plan.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

You May:

- Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  - o What specific deficiency or deficiencies you disagree with;
  - o Why you disagree with each deficiency; and
  - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

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 #: 34090
Intake ID: 110379
Investigator: Kailash Sharma
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 12/19/2023 through 01/19/2024
Complainant Contact Date(s): 01/19/2024, 12/19/2023

Allegation(s):

Financial Exploitation.
Fee and charges have increased significantly since admission. Charges were made for the care assistance not required.

Investigation Methods:

Sample:	Total residents: 84 Resident sample size: 2 Closed records sample size: 0
Observations:	General tour of the facility, lobby, common areas, dinning rooms, activities room, and staff resident interaction.
Interviews:	Executive Director, Health Service Director, Public Complainant.
Record Reviews:	Incident report, characteristic roster, change of condition policy, assessment, negotiated service plan, progress notes, medication records, fall history log.

Investigation Summary:

Facility cooperated with investigation, provided needed documents and information. Health Service Director (HSD) stated Named Resident had history of falls, continued to be at risk, and was placed on one to one assistance per Physical Therapist recommendation. HSD stated resident had gradually declined since they admitted. Service plan adjusted according to service required per assessment. Acting Executive Director stated facility collaborated care planning with family per policy, made adjustments in rate, credited some previous charges, per family's request. NR Representative disagreed with changes in care assistance reflected in care plan. NR Representative expressed dissatisfaction with care planning, and lack of negotiation for the care changes. Facility re-negotiated the service agreement with resident and resident representative participation. Facility credited resident for excess fees charged to the resident associated with the non-negotiated service plan. Consultation issued.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A