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

Kirkland Memory Care LLC
Jefferson House Memory Care Community
12217 NE 128th Street
Kirkland, WA 98034

RE: Jefferson House Memory Care Community License # 2548

Dear Administrator:

This letter addresses Compliance Determination(s) 46813 (Completion Date 09/06/2024) and 42673 (Completion Date 07/03/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/06/2024 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-2350-7-b, WAC 388-78A-2350-1

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Jefferson House Memory Care Community
License/Cert.#: 2548
Compliance Determination #: 42673
Investigator: Kailash Sharma
Provider Type: Assisted Living Facility
Intake ID: 130970
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 05/17/2024 through 07/03/2024
Complainant Contact Date(s):

Allegation(s):

Dietary Services, quality of care:
1. Served cold food.
2. Overgrown toenails.
3. Unintended significant weight loss.

Investigation Methods:

Sample:	Total residents: 39 Resident sample size: 1 Closed records sample size: 1
Observations:	General tour of facility, lobby, common areas, Memory Care Unit, dining room, dining services, resident care, staff residents interaction.
Interviews:	Executive Director, Director of Resident Care Services, residents, family member, public complainant.
Record Reviews:	Incident report, face sheet, progress notes, medication records, weight records, service plan. temporary service plans.

Investigation Summary:

Facility cooperated with investigation.
1. Observation of meal services at lunch time showed, staff serving hot meals, interviewed a visiting family member stated they came regularly at meal times, had no complaint regarding food. No failed practice identified.
2. Observation of one of a diabetic residents showed toe nails were trimmed. No failed practice for nail care.
3. Review of weight-records showed significant weight loss by Named Resident. Named Resident started loosing weight in August 2023. Facility staff did not notify physician until February 2024, six months after continued weight loss started. Named Resident representative stated that NR took water depleting medication only if needed. Resident representative stated that they were not notified about the significant weight loss. Resident representative stated that resident's physician was unaware of the weight loss. Regional Nurse stated that they believed the weight lost was due to water depleting medication. Citation issued for failure to notify physician and resident

representative of change in condition that resulted in significant weight loss.

Conclusion / Action:

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

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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 05/17/2024, 05/17/2024 and 06/20/2024 of:

Jefferson House Memory Care Community
12217 NE 128th Street
Kirkland, WA 98034

This document references the following complaint number(s): 130970

The following sample was selected for review during the unannounced on-site visit: 1 of 39 current residents and 1 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.

Laurie Anderson — Residential Care Services

07/11/2024 — 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.

Administrator (or Representative) Date 7/11/2024

WAC 388-78A-2350 Coordination of health care services.

(7) When coordinating care or services, the assisted living facility must:

(b) Respond appropriately when there are observable or reported changes in the resident's physical, mental, or emotional functioning.

WAC 388-78A-2350 Coordination of health care services.

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to notify the physician and resident's representative for 1 of 1 resident (Resident 1) when there was a significant change of condition. This failure place Resident 1 at risk of a decline in their medical condition and a diminished quality of life.

Findings included...

Review of the facility's undated policy titled, "Change of Condition", showed that any change in a resident's condition that is observed or suspected by any staff member must be reported to licensed nurse. The Licensed Nurse will ensure appropriate evaluation and follow up take place and will be responsible to notify the resident's family or responsible party and physician. The policy listed changes in resident's condition that needed to be reported included weight gain or loss.

Review of Resident 1's records showed the facility admitted Resident 1 in [redacted] 2023. The records showed an Evergreen Health referral, dated 06/14/2023, listed Resident 1's weight as 237 pounds (lbs). The records showed on 07/21/2023, the facility recorded Resident 1's weight as 227 lbs. Review of the aftervisit summary records, 08/03/2023, showed Resident 1's weight as 220 lbs on 08/01/2023, 209 lbs on 08/02/2023, and 208 lbs on 08/03/2023. Review of the Evergreen Health physician after visit summary, dated 09/14/2023, showed Resident 1's weight as 197 lbs. Review of Resident 1's Medication Administration Records (MARs) showed Resident 1's weight ranged between 197 to 193 lbs in October 2023; 195 to 185 in November 2023; 185 to 177 in December 2023; 176 to 165 in January 2024; and 165 to 164 in February 2024. There was no documentation that showed the facility provided weight updates to the physician or resident representative, as required. The records showed that the facility did not notify the physician of any weight loss until February 13, 2024.

During an interview on 03/19/2024 at 4:45 PM, Staff A, Regional Director of Operations, stated that they believed Resident 1's weight loss was related to the diuretic medication (medication that increases production of urine) taken daily by Resident 1. Staff A stated that they did not work at the facility during the time of Resident 1's weight loss and were unable to explain why no one notified the physician or family of Resident 1's change of condition.

During an interview on 05/10/2024 at 2:00PM, Collateral Contact 1 (CC1, resident representative) stated that the physician informed CC1 that the facility did not notify them of Resident 1's weight loss. CC1 stated that the facility never informed them of Resident 1's weight loss.

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, Jefferson House Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 8/14/24 .

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

Administrator (or Representative) ..... Date 7/11/2024