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

HSRE-Stellar II TRS LLC
Overlake Terrace
2956 152nd Ave NE
Redmond, WA 98052

RE: Overlake Terrace License # 2551

Dear Administrator:

This letter addresses Compliance Determination(s) 35946 (Completion Date 01/29/2024) and 32667 (Completion Date 11/21/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/29/2024 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-2462-2-b, WAC 388-78A-2462-2-a, WAC 388-78A-2462-2, WAC 388-78A-2468-1

The Department staff who did the on-site verification:
Thomas Forkgen, 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

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 follow-up on 11/16/2023 and 11/16/2023 of:

Overlake Terrace
2956 152nd Ave NE
Redmond, WA 98052

This document references the following SOD dated: 11/21/2023

The following sample was selected for review during the unannounced on-site visit: 0 of 88 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, 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-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to complete a Washington state name and date of birth background inquiry (BGI) for 2 of 4 sampled staff (Staff CC and Staff Z). This failure placed all residents at risk for potential abuse, neglect, or exploitation from staff and contracted workers with an unknown background.

Findings included…

Note: WAC 388-78A-2461 (1a) "Background checks- General" showed that background checks conducted by the department and required included: Washington state name and date of birth background checks.

Note: WAC 388-78A-2462 (3b) "Background checks- Who is required to have" showed that the assisted living facility must ensure that the following individuals have a Washington state name and date of birth background check: staff persons who are not caregivers or administrators.

Review of the Department of Social and Health Services (DSHS) Facilities Management System showed that Staff DD, Administrator of Record, was listed as the Administrator as of 10/18/2023.

During an interview on 11/16/2023 at 9:27 AM, Staff Z, Business Office Manager, stated that Staff CC, Director of Operations, oversaw the facility. Staff Z stated that Staff CC was out of the state and unavailable. Staff Z stated that a new facility administrator started on 11/13/2023 and was also unavailable at the time. Staff Z stated that Staff DD, the current administrator was also not available. Staff Z stated that Staff DD was the administrator of another facility and worked there. Staff Z stated that they initiated the change in administrator notice to the Department on 11/16/2023.

Staff CC, Director of Operations:
During an interview on 11/16/2023 at 1:00 PM, Staff Z stated that the corporation hired Staff CC on 08/21/2023 as the Director of Operations. Review of Staff CC's records showed a background check not completed through DSHS' Background Check Central Unit (BCCU).

During an interview on 11/17/2023 at 11:09 AM, Staff CC stated that they were not the designee for the facility. Staff CC confirmed that after the previous administrator departed, they were in the building three to four days a week since 10/17/2023. Staff CC stated that their presence in the facility was primarily to address any general issues that may arise. Staff CC stated that they were not in the facility to run the day-to-day operations. Staff CC confirmed they did not complete a BGI through BCCU for the state of Washington. Staff CC stated they were unaware that they were required to complete a BGI through DSHS.

Contracted Registered Nurse Delegator:
Review of the facility's nurse delegation binder showed the facility contracted with an outside company for Nurse delegation services. The nurse delegation binder showed that Staff BB was the current RND.

During an interview on 11/16/2023 at 11:27 AM, Staff Z, stated that they did not complete a BGI for Staff BB, contracted Registered Nurse Delegator. Staff Z stated that they reached out to the contracted company. Staff Z stated the contracted company stated that they did not perform background checks on their employees through the Washington state DSHS BCCU.

During an interview on 11/16/2023 at 1:46 PM, Staff BB stated that the company they worked for did not complete BGI's through the state of Washington. Staff BB stated that the company informed them that BGI's through the state of Washington's DSHS were not required.

This is an uncorrected deficiency previously cited on 09/19/2023.

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, Overlake Terrace 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Overlake Terrace
Provider Type: Assisted Living Facility
License/Cert.#: 2551
Compliance Determination #: 29372
Intake ID: 97689
Investigator: Thomas Forkgen
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 09/05/2023 through 09/11/2023
Complainant Contact Date(s):

Allegation(s):
No completed Washington state name and date of birth background check and no national fingerprint check for facility designated
Registered Nurse Delegator/Corporate Health Services Director.

Investigation Methods:

Sample:	Total residents: 82 Resident sample size: 0 Closed records sample size: 0
Observations:	Observed Registered Nurse Delegator/Corporate Health Services Director in the facility on multiple occasions as interim administrator/designee, and Health Services Director.
Interviews:	Administrator and current Health Services Director who is not a licensed nurse.
Record Reviews:	emails from Registered Nurse Delegator/Corporate Health Services Director, Executive Director and nurse delegation documentation.

Investigation Summary:
Facility hired Registered Nurse Delegator (RND)/Corporate Health Services Director on March 15, 2016. RND started coming the facility sometime that year and thereafter. Registered Nurse Delegator/Corporate Health Services Director continued to come out twice a week to the facility. There was no documentation or record of a completed Washington state name, date of birth background check. There was no documentation of a completed national fingerprint check on file. The Department of Social and Health Services Background Check Central Unit had no records for either background check. 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

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 09/05/2023 and 09/05/2023 of:

Overlake Terrace
2956 152nd Ave NE
Redmond, WA 98052

This document references the following complaint number(s): 97689

The following sample was selected for review during the unannounced on-site visit: 0 of 82 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Thomas Forkgen, 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-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a Washington state name and date of birth background inquiry (BGI) and a national fingerprint background check for 1 of 1 sampled staff [Staff AA, Corporate Director of Health Services, Registered Nurse Delegator (RND)]. This failure placed 82 residents at risk for potential abuse and/or neglect by a staff with an unknown background check.

Findings included…

Review of the facility's nurse delegation binder showed the facility listed Staff AA as the RND.

Review of an email correspondence dated 09/08/2023, showed Staff AA wrote that the corporation hired Staff AA on 03/15/2016 as the Health Services Director. Staff AA wrote that they started at the facility sometime that year. Staff AA also wrote in the email that they had completed a Department of Social and Health Services background check (BGI) and a national fingerprint background check.

Review of the facility personnel records showed no documentation of a completed BGI and no documentation of a national fingerprint background check. The facility and Staff AA were unable to provide documentation that proved Staff AA completed both the BGI and the fingerprint check.

Review of an email correspondence from the Department of Social and Health Services (DSHS) Background Check Central Unit (BCCU) dated 09/11/2023 showed that there were no records of a completed BGI and fingerprint check for Staff AA. The email showed that Staff AA submitted a BGI application to BCCU on 09/07/2023.

Review of the DSHS Residential Care files showed that on 12/13/2017 during a complaint investigation visit, Staff AA was present at the facility as the corporate Health Services Director. The files also showed that on 01/30/2018 during a full inspection, Staff AA was present at the facility as the interim Health Services Director. Further review showed that on 04/03/2020 during a complaint investigation visit, Staff AA was present at the facility as the interim administrator while a new administrator was trained.

During an interview on 09/05/2023 at 9:55 AM, Staff A, Administrator, stated that Staff AA was the facility's RND. Staff A stated that Staff AA was the corporate Registered Nurse who came to the facility approximately every two weeks.

During an interview on 09/05/2023 at 11:12 AM, Staff A, Executive Director, stated that they were unable to find any documentation that showed Staff AA completed a DSHS BGI check or a national fingerprint check. Staff A stated they were unaware that Staff AA was required to complete the BGI and national fingerprint check done since Staff AA was from the corporate office located in another state.

During an interview on 09/05/2023 at 3:15 PM, Staff A stated that they were unable to retrieve any previous background check records that were done that far back. Staff A stated that the facility archived the records.

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, Overlake Terrace 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