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) 35152 (Completion Date 01/29/2024) and 32721 (Completion Date 11/22/2023).

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-2450-3-d, WAC 388-78A-2450-3-d-i, WAC 388-78A-2450-3-d-ii, WAC 388-78A-2450-3-d-iii

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Overlake Terrace
Provider Type: Assisted Living Facility
License/Cert.#: 2551
Compliance Determination #: 32721
Intake ID: 106704
Investigator: Thomas Forkgen
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 11/16/2023 through 11/22/2023
Complainant Contact Date(s):

Allegation(s):
Facility failed to keep the administrator of record's personnel file on site at the facility, as required.

Investigation Methods:

Sample:	Total residents: 88 Resident sample size: 0 Closed records sample size: 0
Observations:	The administrator of record was not observed at the facility.
Interviews:	Business Office Manager, Director of Operations (Corporate), Administrator of Record, several identified designees which included the Wellness Nurse, and Health and Wellness Director.
Record Reviews:	Background checks for sampled staff which included the Director of Operations and the contracted Registered Nurse Delegator.

Investigation Summary:
Review of records found that the administrator of record's personnel file was not on site at the facility. The records were not available to the Department Staff. According to the Administrator of record their file was at the corporate office located in Utah. 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

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Statement of Deficiencies	License #: 2551	Compliance Determination # 32721
Plan of Correction	Overlake Terrace	Completion Date
Page 1 of 3	Licensee: HSRE-Stellar II TRS LLC	11/22/2023

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 11/16/2023 and 11/16/2023 of:

Overlake Terrace
2956 152nd Ave NE
Redmond, WA 98052

This document references the following complaint number(s): 106704

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 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.

Laurie Anderson — Residential Care Services

12/08/2023 — 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.

Statement of Deficiencies	License #: 2551	Compliance Determination # 32721
Plan of Correction	Overlake Terrace	Completion Date
Page 2 of 3	Licensee: HSRE-Stellar II TRS LLC	11/22/2023

Administrator (or Representative) — Date: 12/15/2023

WAC 388-78A-2450 Staff.

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(ii) Disclosure statements and background checks as required in WAC 388-78A-2461 through 388-78A-2471 ; and

(iii) Documentation of contacting work references and professional licensing and certification boards as required by subsection (2) of this section.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to maintain personnel records for 1 of 1 staff. This failure placed all residents at risk for potential abuse or neglect from staff with unknown qualifications.

Findings included...

Review of the Department's Facilities Management System showed that on 10/18/2023, Staff A was identified as the Executive Director.

Observation on 11/16/2023 showed Staff A was not in the building. Staff A was not available during the follow-up visit.

Review of staff personnel records showed the facility did not have any of Staff A's records on-site. There was no documentation that showed what trainings and certification Staff A completed.

During an interview on 11/17/2023 at 9:23 AM, Staff B, Business Office Manager, confirmed that Staff A's personnel file was not in the facility.

During an interview on 11/21/2023 at 1:00 PM, Staff A stated that they did not realize their records needed to be kept on site at the facility. Staff A stated that their records were kept at the corporate office located in Utah.

Statement of Deficiencies	License #: 2551	Compliance Determination # 32721
Plan of Correction	Overlake Terrace	Completion Date
Page 3 of 3	Licensee: HSRE-Stellar II TRS LLC	11/22/2023

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) 1/5/2024 .

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

M. M. _____ 12/15/2023

Administrator (or Representative) Date

Plan of Correction

Agency Name	Citation Date
Overlake Terrace Assisted Living and Memory Care	12/8/2023
Submitted by	**Date of POC Submission**
Mindy Mendoza- Perry, Executive Director	12/15/2023

Citation: WAC 388-78A-2450	
What *Initial or immediate actions* were taken to address concerns affecting clients?	The Business Office Manager obtained Staff A's personnel file to ensure compliance with WAC 388-78A-2450
How will you apply the correction?	The Business Office Manager and/or designee shall ensure administrators and all caregivers employed directly have personnel files on site.
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	The Business Office Manager and/or designee shall ensure personnel files are current and kept on site for all caregivers and administrators employed directly to ensure compliance with WAC 388-78A-2450
Date by which lasting correction will be achieved	Overlake Terrace shall be in compliance with WAC 388-78A-2461 and WAC 388-78A-2462 by 01/05/2024
Additional Information	N/A

Submit to RCS within 10 calendar days of receipt of letter to:

Laurie Anderson, Field Manager
Region 2, Unit D
20425 72nd Ave S Suite 400
Kent, WA 98032-2388
Fax: (253) 395-5071
rcsregion2email@dshs.wa.gov