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

01/13/2025

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

RE: Overlake Terrace # 2551

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 53031 (Completion Date 01/13/2025) and 49811 (Completion Date 11/15/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/13/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

The Department staff who did the On Site verification:
Harrison Udoye, Community Complaint Investigator

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
Investigation Summary Report

Provider/Facility: Overlake Terrace
Provider Type: Assisted Living Facility
License/Cert.#: 2551
Compliance Determination #: 49811
Intake ID: 150392
Investigator: Harrison Udoye
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 10/28/2024 through 11/15/2024
Complainant Contact Date(s):

Allegation(s):
Medication service.

Investigation Methods:

Sample:
Total residents: 69
Resident sample size: 1
Closed records sample size: 0

Observations:
Residents
Activities
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions
Medication administration

Interviews:
Identified resident
Identified staff
Nursing staff
Residents
Social services staff
Staff development coordinator
Human resources

Record Reviews:
Medical records
Hospital records
State reporting log
Incident investigation
Facility policies

Investigation Summary:
Report of medication error in the Assisted Living Facility (ALF).
Interview and record review showed that Named Resident was hospitalized due to rectal bleeding. Hospital discharge Named Resident on [redacted]/2024 with new orders for the blood thinner (Eliquis). New order showed medication for Eliquis to restart with a lower dose of 2.5 milligrams (mg) which was different from the previous dose

of 5 mg. New medication order of 2.5 mg dose was scheduled to begin on [redacted]/2023. Investigation showed Named Resident received the Eliquis 2.5 mg medication early on [redacted]/2024, not as ordered. Named Resident returned to the hospital the next morning /2024 for worsening of rectal bleeding. Facility staff failed to follow their medication policy and procedure to clarify physician's order of medication change and check the order was correctly written by the pharmacy on the electronic medication administration record to ensure medications administered safely and as ordered. 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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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 2551	Compliance Determination # 49511
Plan of Correction	Overlake Terrace	Completion Date
Page 1 of 3	Licensee: HSRE-Stellar II TRS LLC	11/15/2024

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 10/28/2024, 10/28/2024 and 10/28/2024 of:

Overlake Terrace
2966 152nd Ave NE
Redmond, WA 98052

This document references the following complaint number(s): 160392

The following sample was selected for review during the unannounced on-site visit: 1 of 69 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Harrison Udoye, Community Complaint Investigator

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.

Laura Anderson — Residential Care Services

11/18/2024 — 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.

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20425 72nd Avenue S, Suite 400
Kent, WA 98032

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Residential Care Services

Date

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Statement of Deficiencies	License #: 2561	Compliance Determination # 49311
Plan of Correction	Overlake Terrace	Completion Date
Page 2 of 3	Licensee: HSRE-Stellar II TRS LLC	11/15/2024

Administrator (or Representative) 11/20/2024 Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement and provide safe medication service for 1 of 1 sampled resident (Resident 1). This failure placed Resident 1 at risk for *compromised health related to medication errors.*

Finding included...

Review of the facility's Characteristic Roster showed the facility provided medication management assistance for 49 residents. The roster showed the assistance provided included: clarification of physician's orders, ordering medications, medication administration, and accurate documentation in the residents' electronic medication administration records (eMAR).

Review of the facility's policy titled, "Medication Policy", updated on 05/29/2024, showed that any medication received by the community was checked against a physician order for Resident's name, medication name, date and route of administration, frequency of administration, time of administration, strength of the medication, and number of tablets/capsules received.

During an interview on 10/28/2024 at 10:14 AM, Staff A (Executive Director), stated that on [redacted]/2024 at 1:01 PM Resident 1 returned from facility after a recent hospitalization. Resident 1 returned to the facility with a change for their blood thinner (Eliquis) medication. Prior to hospitalization, Resident 1 received five milligrams (mg) of Eliquis. Upon return to facility, Resident 1's physician ordered 2.5 mg of Eliquis to start on [redacted]/2024. Facility staff received the new order and faxed it to the pharmacy to be added to Resident 1's electronic Medication Administration Record (eMAR). Facility received an updated eMAR from pharmacy that showed incorrect orders. Staff A stated that the staff did not clarify the orders with the physician and pharmacy when the eMAR showed incorrect orders.

Review of Resident 1's October 2024 eMAR showed Resident 1's physician ordered the

Administrator (or Representative) Date

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Review of Resident 1's October 2024 eMAR showed Resident 1's physician ordered the

Statement of Deficiencies	License #: 2551	Compliance Determination # 49811
Plan of Correction	Overlake Terrace	Completion Date
Page 3 of 3	Licensee: HSRE-Stellar II TRS LLC	11/15/2024

Eliquis medication to be re-started on [redacted]/2024. The eMAR showed Resident 1 received 2.5 mg of Eliquis on [redacted]2024, three days before the order to re-start the medication, when Staff D (Med Tech) administered Resident 1 their evening medications. Review of Resident 1's undated "Observation Notes" showed that on [redacted]2024 at 10:15 AM, Resident 1 was sent to the hospital again due to increased rectal bleeding.

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) 12/29/2024

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

M. M... 11/20/2024

Administrator (or Representative) Date

Eliquis medication to be re-started on [redacted]/2024. The eMAR showed Resident 1 received 2.5 mg of Eliquis on [redacted]/2024, three days before the order to re-start the medication, when Staff D (Med Tech) administered Resident 1 their evening medications. Review of Resident 1's undated "Observation Notes" showed that on [redacted]/2024 at 10:15 AM, Resident 1 was sent to the hospital again due to increased rectal bleeding.

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

_____ _____

Administrator (or Representative) Date

Plan of Correction

Agency Name	**Citation Date**
Overlake Terrace	11/18/2024
Submitted by	**Date of POC Submission**
Mindy Mendoza-Perry, Executive Director	11/26/2024
☐ **Complaint Citation** ☐ **Certification Citation**	

Citation: (list WAC)	
What *initial or immediate actions* were taken to address concerns affecting clients?	Audit completed on 5 random residents in Assisted Living and 3 random residents in Memory Care to ensure safe medication service to avoid compromised health related medication errors. During audit medication for those 8 random residents were checked against physician orders for resident's name, medication name, date and route of administration, frequency of administration, time of medication, strength of medication, and number of tablets/capsules to be given. The audit found no additional concerns and community to comply with supporting and promoting safe medication service for residents.
How will you apply the correction to all clients you support?	To ensure future safe medication service pharmacy will receive order and type in as a pending new order, the order will then be in the queue in ECP (Electronic Medical Record). Pharmacy will deliver medication and Medication Technicians/Nurse shall review new orders put into ECP, by pharmacy, for accuracy against the prescription from the physician and check the label on the medication delivered for accuracy. Medication technicians will reach out to pharmacy immediately with any discretion prior to administration of medication.
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	Community licensed nurse and/or Health and Wellness Director will be responsible for training medication technicians on reviewing medications in eMar for accuracy. Random audits will be completed periodically to ensure medication services are implemented in a safe manner to avoid risk for compromised health related to medication errors.
Date by which lasting correction will be achieved	12/29/2024
Additional Information	Enter any additional information you believe is pertinent such as intent to submit an IDR

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

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
20425 72nd Avenue S, Suite 400

Kent, WA 98032
Fax: (360) 725-3208

Send copy to DDA Resource Manager or Residential Program Specialist for your region.