STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

BFG Puyallup MC Propco LLC
Fieldstone Memory Care of Puyallup
2121 S Meridian
Puyallup, WA 98371

RE: Fieldstone Memory Care of Puyallup License # 2561

Dear Administrator:

This letter addresses Compliance Determination(s) 51957 (Completion Date 12/19/2024) and 43404 (Completion Date 09/24/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/19/2024 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-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-2-a, WAC 388-78A-2090-1-b, WAC 388-78A-2100-2-a, WAC 388-78A-2100-2-c, WAC 388-78A-2320-1-a, WAC 388-78A-2320-2-b, WAC 388-78A-2320-2-c, WAC 388-78A-2320-2-d, WAC 388-78A-2210-1-b

The Department staff who did the on-site verification:
Carol Gijima, Community Compaint Investigator (NCI)

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Fieldstone Memory Care of Puyallup
Provider Type: Assisted Living Facility
License/Cert.#: 2561
Intake ID: 139213
Compliance Determination #: 43404
Region/Unit #: RCS Region 3 / Unit D
Investigator: Carol Gijima
Investigation Date(s): 06/28/2024 through 09/24/2024
Complainant Contact Date(s): 09/24/2024

Allegation(s):

1. Resident had multiple wounds on his body
2. Facility not feeding resident
3. Resident not given medications as ordered

Investigation Methods:

Sample:	Total residents: Resident sample size: Closed records sample size: 3
Observations:	General environment Residents in common areas Staff-to-resident interactions
Interviews:	Resident representative Collateral contacts Staff
Record Reviews:	Resident Characteristic Roster List of discharged residents Resident assessments and negotiated service agreements including the records of the named resident Medication administration records (MAR) Staff records Staff progress notes Medical records (lab reports, H & P summary) Facility P & P - Catheter Care, Medication Pharmacy records Wounds Hospice notes Nurse delegation records

Investigation Summary:

1. Per record review, interviews with resident's representative, collateral contacts, and staff, facility failed to assess and put in place interventions to manage resident's care and skin. The ALF demonstrated failed provider practice as

documented in a Statement of Deficiencies dated 09/24/2024.
2. Per record review, interviews with resident's representative, collateral contacts and staff, there was not sufficient information to either support or refute this allegation.
3. Per record review, interviews with resident's representative, collateral contacts, and staff, the facility followed procedure. Facility received medications from 2 different pharmacies. No failed practice identified.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Fieldstone Memory Care of Puyallup
Provider Type: Assisted Living Facility
License/Cert.#: 2561
Intake ID: 131071
Compliance Determination #: 43404
Region/Unit #: RCS Region 3 / Unit D
Investigator: Carol Gijima
Investigation Date(s): 06/28/2024 through 09/24/2024
Complainant Contact Date(s): 09/24/2024

Allegation(s):

1. Resident had multiple wounds on his body
2. Antibiotic wasn't stopped per doctor's orders
3. Resident not given antibiotics as ordered
4. Facility did not provide resident records per request
5. Facility not feeding resident

Investigation Methods:

Sample:	Total residents: Resident sample size: Closed records sample size: 3
Observations:	General environment Residents in common areas Staff-to-resident interactions
Interviews:	Resident representative Collateral contacts Staff
Record Reviews:	Resident Characteristic Roster List of discharged residents Resident assessments and negotiated service agreements including the records of the named resident Medication administration records (MAR) Staff records Staff progress notes Medical records (lab reports, H & P summary) Facility P & P - Catheter Care, Medication Pharmacy records Wounds Hospice notes Nurse delegation records

Investigation Summary:

1. Per record review, interviews with resident's representative, collateral contacts,

and staff, facility failed to assess and put in place interventions to manage resident's care and skin. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 09/24/2024.
2.Per record review, interviews with resident's representative, collateral contacts, and staff, facility failed to stop antibiotic administration after it was discontinued. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 09/24/2024.
3.Per record review, interviews with resident's representative, collateral contacts, and staff, the facility followed procedure. Facility received medications from 2 different pharmacies. No failed practice identified.
4. Per record review, interviews with resident's representative and staff, resident's representative picked up records in person from ALF. No failed facility practice identified.
5. Per record review, interviews with resident's representative, collateral contacts and staff, there was not sufficient information to either support or refute this allegation.

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
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2561	Compliance Determination # 43404
Plan of Correction	Fieldstone Memory Care of Puyallup	Completion Date
Page 1 of 13	Licensee: BFG Puyallup MC Propco LLC	09/24/2024

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 06/28/2024 and 06/28/2024 of:

Fieldstone Memory Care of Puyallup
2121 S Meridian
Puyallup, WA 98371

This document references the following complaint number(s): 131071, 139213

The following sample was selected for review during the unannounced on-site visit: 0 of 0 current residents and 3 former residents.

The department staff that investigated the Assisted Living Facility:

Carol Gijima, Community Compaint Investigator (NCI)

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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 — 10/07/2024 — 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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 06/28/2024 and 06/28/2024 of:

Fieldstone Memory Care of Puyallup
2121 S Meridian
Puyallup, WA 98371

This document references the following complaint number(s): 131071, 139213

The following sample was selected for review during the unannounced on-site visit: 0 of 0 current residents and 3 former residents.

The department staff that investigated the Assisted Living Facility:

Carol Gijima, Community Compaint Investigator (NCI)

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

This requirement was not met as evidenced by:

Based on records review and interviews, the Assisted Living Facility (ALF) failed to implement interventions for staff and other health care providers on how to meet the resident's immediate skin needs, treatments and prevent new skin breakdown for 1 of 1 sampled resident (Resident 1). This failure left staff with no direction on how to prevent further skin breakdown resulting in Resident 1 developing more pressure injuries and worsening of wounds leading to sepsis (a life-threatening condition that occurs when there is an extreme response to an infection).

Findings included...

Record review of the Resident 1's (R1) records showed that R1 was admitted to the ALF on [redacted]/2024 with diagnoses to include [redacted] ([redacted]) and [redacted] ([redacted]).

Review of R1's negotiated service agreements dated [redacted]/2024 and 03/18/2024 showed that R1 was to always have boots to bilateral feet and to monitor heels for

changes in conditions. There was no documentation on how to prevent further deterioration, repositioning or other interventions to prevent skin breakdown elsewhere on the resident's body.

During an interview on 07/01/2024 at 11:33am, R1's Representative (RR1) stated that when R1 was admitted to the ALF, there was no agreement on who was supposed to provide what services to R1. RR1 stated that the ALF neglected to ensure that R1's heels were cared for. RR1 stated that R1 developed more wounds as the ALF staff didn't know what to do with him. RR1 stated that there was no plan to prevent R1's wounds from getting worse and no plans to reposition him.

During an interview on 08/19/2024 at 1:25pm, Collateral Contact 2 (CC2) stated that R1 was admitted to hospice with suspected deep tissue injury (a discolored area indicating damage to underlying skin tissue; skin is still intact) to both heels. When asked if the heels were open, CC2 stated that they were not sure if the heels were open as the order was to float heels. When asked who was responsible for wound care, CC2 stated that they "usually help with the orders…and twice a week visits." CC2 was asked when they were notified of opening or worsening of wounds by the ALF, CC2 stated that "podiatry was following this patient." CC2 stated that they were not aware of any other wounds. CC2 stated that on 05/02/2024 the left heel wound was noted to be "foul smelling" and R1 was sent to the hospital per family request.

During an interview on 09/06/2024 at 10:05am, Staff B, Director of Nursing stated that R1 was admitted to the ALF with pressure injuries. When asked what stages the injuries were, Staff B stated that they did not stage wounds, but that they knew he had wounds. When asked how they would know if wounds were worsening, Staff B stated that the medication technicians would notify them if they had concerns. Staff B later stated that R1 had slight redness to the right heel, that the left heel was red, had drainage on admission but had healed. Staff B was asked what prevention measures were in place to prevent wounds from deteriorating for R1 from developing new wounds. Staff B stated that facility caregivers were responsible for frequent repositioning of R1, getting R1 up as tolerated. Staff B was asked how caregivers would know about the stated interventions, Staff B stated that they would be on the care plan. Staff B was asked where on the care plan those interventions were, Staff B stated, "I think they put it on the safety check." There were no interventions under the safety check on the care plan.

During an interview on 09/09/2024 at 9:48am, Anonymous Staff C was asked how they would prevent skin breakdown on bed bound residents, Staff C stated that if residents were bed bound, they "don't bother them." Staff C was asked how often they repositioned residents, Staff C stated, "maybe 1 or 2 hrs." When asked how they would know when and how often to reposition a resident, Staff C stated, "maybe the med tech will tell us." When asked if they had care plans to give direction on how to care for residents, Staff stated that the nurse gave them information about residents.

During an interview on 09/09/2024 at 9:54am, Anonymous Staff D stated that they repositioned residents every 2 hrs. When asked how they knew if a resident was to be repositioned every 2 hrs., Staff stated that it was natural to them.

During an interview on 09/09/2024 at 10:05am, Anonymous Staff E was asked how often residents were to be repositioned. Staff E stated every 2 hours. When asked how they knew how often a resident was to be repositioned, Staff E stated that they had been working there for a while and they knew the routine.

During an interview on 09/09/2024 at 10:32am, Anonymous Staff F was asked what interventions were in place to prevent R1's wounds from getting worse and developing other wounds. Staff F stated that there was none. Staff F was asked if they received training on pressure ulcer prevention. Staff F stated "no, I don't recall."

During an interview on 09/23/2024 at 2:54pm, Collateral Contact 3 (CC3) stated that R1 was not receiving proper care at the facility. CC3 stated that R1 would not be changed and that they have found R1's brief soiled and bandaged with "green drainage from the wound stuck on the bandage and through the booties." CC3 stated when they asked if R1's wounds had been changed, the ALF staff told them that they were, but no one knew who had changed the wounds. CC3 stated, "it was clearly not changed." CC3 stated that staff didn't know what they were supposed to do and "avoided him, He yelled, and it was easier for them not to deal with him."

During an interview on 09/24/2024 at 9:42am, Anonymous Staff K stated that when they came on shift, R1 was in bed and staff would tell him that R1 didn't eat. Staff K stated that they had multiple conversation with R1's family who expressed concerns that R1 was not being taken care of, that he was left in bed and not fed. Staff K stated that previous shift staff would state that R1 had not been fed. Staff K stated that when they arrived on shift, most of the times R1 would still be in bed and that day shift "would forget that he was in the room." When asked if the negotiated service agreement required R1 to be fed, repositioned or gotten out of bed and by who, Staff K stated that they didn't remember.

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, Fieldstone Memory Care of Puyallup is or will be in compliance with this law and / or regulation on (Date) 11/15/24.

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

Sandra Short
Administrator (or Representative)

10/16/24
Date

During an interview on 09/09/2024 at 10:05am, Anonymous Staff E was asked how often residents were to be repositioned. Staff E stated every 2 hours. When asked how they knew how often a resident was to be repositioned, Staff E stated that they had been working there for a while and they knew the routine.

During an interview on 09/09/2024 at 10:32am, Anonymous Staff F was asked what interventions were in place to prevent R1's wounds from getting worse and developing other wounds. Staff F stated that there was none. Staff F was asked if they received training on pressure ulcer prevention. Staff F stated "no, I don't recall."

During an interview on 09/23/2024 at 2:54pm, Collateral Contact 3 (CC3) stated that R1 was not receiving proper care at the facility. CC3 stated that R1 would not be changed and that they have found R1's brief soiled and bandaged with "green drainage from the wound stuck on the bandage and through the booties." CC3 stated when they asked if R1's wounds had been changed, the ALF staff told them that they were, but no one knew who had changed the wounds. CC3 stated, "it was clearly not changed." CC3 stated that staff didn't know what they were supposed to do and "avoided him, He yelled, and it was easier for them not to deal with him."

During an interview on 09/24/2024 at 9:42am, Anonymous Staff K stated that when they came on shift, R1 was in bed and staff would tell him that R1 didn't eat. Staff K stated that they had multiple conversation with R1's family who expressed concerns that R1 was not being taken care of, that he was left in bed and not fed. Staff K stated that previous shift staff would state that R1 had not been fed. Staff K stated that when they arrived on shift, most of the times R1 would still be in bed and that day shift "would forget that he was in the room." When asked if the negotiated service agreement required R1 to be fed, repositioned or gotten out of bed and by who, Staff K stated that they didn't remember.

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, Fieldstone Memory Care of Puyallup 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 _____

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(b) Chronic, current, and potential skin conditions; or

This requirement was not met as evidenced by:

Based on records review and interviews, the Assisted Living Facility (ALF) failed to implement interventions for staff and other health care providers on how to meet the resident's immediate skin needs, treatments and prevent new skin breakdown for 1 of 1 sampled resident (Resident 1). This failure left staff with no direction on how to prevent further skin breakdown resulting in Resident 1 developing more pressure injuries and worsening of wounds leading to sepsis (a life-threatening condition that occurs when there is an extreme response to an infection).

Findings included...

Record review of the Resident 1's (R1) records showed that R1 was admitted to the ALF on [redacted]/2024 with diagnoses to include [redacted] ([redacted]) and [redacted] ([redacted]).

Review of R1's negotiated service agreements dated 01/29/2024 and 03/18/2024 showed that R1 was to always have boots to bilateral feet and to monitor heels for changes in conditions. There was no documentation on how to prevent further deterioration, repositioning or other interventions to prevent skin breakdown elsewhere on the resident's body.

During an interview on 07/01/2024 at 11:33am, R1's Representative (RR1) stated that when R1 was admitted to the ALF, there was no agreement on who was supposed to provide what services to R1. RR1 stated that the ALF neglected to ensure that R1's heels were cared for. RR1 stated that R1 developed more wounds as the ALF staff didn't know what to do with him. RR1 stated that there was no plan to prevent R1's wounds from getting worse and no plans to reposition him.

During an interview on 08/19/2024 at 1:25pm, Collateral Contact 2 (CC2) stated that R1 was admitted to hospice with suspected deep tissue injury (a discolored area indicating damage to underlying skin tissue; skin is still intact) to both heels. When asked if the heels were open, CC2 stated that they were not sure if the heels were open as the order was to float heels. When asked who was responsible for wound care, CC2 stated that they "usually help with the orders... and twice a week visits." CC2 was asked when they were notified of opening or worsening of wounds by the ALF, CC2 stated that "podiatry was following this patient." CC2 stated that they were not aware of any other wounds.

CC2 stated that on 05/02/2024 the left heel wound was noted to be “foul smelling” and R1 was sent to the hospital per family request.

During an interview on 09/06/2024 at 10:05am, Staff B, Director of Nursing stated that R1 was admitted to the ALF with pressure injuries. When asked what stages the injuries were, Staff B stated that they did not stage wounds, but that they knew he had wounds. When asked how they would know if wounds were worsening, Staff B stated that the medication technicians would notify them if they had concerns. Staff B later stated that R1 had slight redness to the right heel, that the left heel was red, had drainage on admission but had healed. Staff B was asked what prevention measures were in place to prevent wounds from deteriorating for R1 from developing new wounds. Staff B stated that facility caregivers were responsible for frequent repositioning of R1, getting R1 up as tolerated. Staff B was asked how caregivers would know about the stated interventions, Staff B stated that they would be on the care plan. Staff B was asked where on the care plan those interventions were, Staff B stated, “I think they put it on the safety check.” There were no interventions under the safety check on the care plan.

During an interview on 09/09/2024 at 9:48am, Anonymous Staff C was asked how they would prevent skin breakdown on bed bound residents, Staff C stated that if residents were bed bound, they “don’t bother them.” Staff C was asked how often they repositioned residents, Staff C stated, “maybe 1 or 2 hrs.” When asked how they would know when and how often to reposition a resident, Staff C stated, “maybe the med tech will tell us.” When asked if they had care plans to give direction on how to care for residents, Staff stated that the nurse gave them information about residents.

During an interview on 09/09/2024 at 9:54am, Anonymous Staff D stated that they repositioned residents every 2 hrs. When asked how they knew if a resident was to be repositioned every 2 hrs., Staff stated that it was natural to them.

During an interview on 09/09/2024 at 10:05am, Anonymous Staff E was asked how often residents were to be repositioned. Staff E stated every 2 hours. When asked how they knew how often a resident was to be repositioned, Staff E stated that they had been working there for a while and they knew the routine.

During an interview on 09/09/2024 at 10:32am, Anonymous Staff F was asked what interventions were in place to prevent R1’s wounds from getting worse and developing other wounds. Staff F stated that there was none. Staff F was asked if they received training on pressure ulcer prevention. Staff F stated “no, I don’t recall.”

During an interview on 09/23/2024 at 2:54pm, Collateral Contact 3 (CC3) stated that R1 was not receiving proper care at the facility. CC3 stated that R1 would not be changed and that they have found R1's brief soiled, and bandaged with “green drainage from the wound stuck on the bandage and through the booties.” CC3 stated when they asked if R1’s wounds had been changed, the ALF staff told them that they were, but no one knew who had changed the wounds. CC3 stated, “it was clearly not changed.” CC3 stated that staff didn’t know what they were supposed to do and “avoided him, He

yelled, and it was easier for them not to deal with him."

During an interview on 09/24/2024 at 9:42am, Anonymous Staff K stated that when they came on shift, R1 was in bed and staff would tell him that R1 didn't eat. Staff K stated that they had multiple conversation with R1's family who expressed concerns that R1 was not being taken care of, that he was left in bed and not fed. Staff K stated that previous shift staff would state that R1 had not been fed. Staff K stated that when they arrived on shift, most of the times R1 would still be in bed and that day shift "would forget that he was in the room." When asked if the negotiated service agreement required R1 to be fed, repositioned or gotten out of bed and by who, Staff K stated that they didn't remember.

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, Fieldstone Memory Care of Puyallup is or will be in compliance with this law and / or regulation on (Date) 11/15/24.

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

Sandra Short — Administrator (or Representative)

10/16/24 — Date

WAC 388-78A-2100 On-going assessments. The assisted living facility must:

(2) Complete an assessment specifically focused on a resident's identified problems and related issues:

(a) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(c) When the resident has an injury requiring the intervention of a practitioner.

This requirement was not met as evidenced by:

Based on records review and interviews, the Assisted Living Facility (ALF) failed to complete an assessment when a resident had a change in physical condition and worsening wounds for 1 of 1 sampled resident (Resident 1). This failure resulted in R1 not receiving care timely, family facilitating outside providers to provide wound care, and hospitalization.

Findings included...

Record review of the Resident 1's (R1) records showed that R1 was admitted to the ALF

yelled, and it was easier for them not to deal with him."

During an interview on 09/24/2024 at 9:42am, Anonymous Staff K stated that when they came on shift, R1 was in bed and staff would tell him that R1 didn't eat. Staff K stated that they had multiple conversation with R1's family who expressed concerns that R1 was not being taken care of, that he was left in bed and not fed. Staff K stated that previous shift staff would state that R1 had not been fed. Staff K stated that when they arrived on shift, most of the times R1 would still be in bed and that day shift "would forget that he was in the room." When asked if the negotiated service agreement required R1 to be fed, repositioned or gotten out of bed and by who, Staff K stated that they didn't remember.

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, Fieldstone Memory Care of Puyallup 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

WAC 388-78A-2100 On-going assessments. The assisted living facility must:

(2) Complete an assessment specifically focused on a resident's identified problems and related issues:

(a) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(c) When the resident has an injury requiring the intervention of a practitioner.

This requirement was not met as evidenced by:

Based on records review and interviews, the Assisted Living Facility (ALF) failed to complete an assessment when a resident had a change in physical condition and worsening wounds for 1 of 1 sampled resident (Resident 1). This failure resulted in R1 not receiving care timely, family facilitating outside providers to provide wound care, and hospitalization.

Findings included...

Record review of the Resident 1's (R1) records showed that R1 was admitted to the ALF

on [redacted]/2024 with diagnoses to include [redacted] ([redacted]) and [redacted] ([redacted]) to bilateral heels. Review of R1's primary care physician visit notes on 01/30/2024 and 04/05/2024 showed that R1 had redness to bilateral heels with intact skin. Pre-admit on [redacted]/2024 and 14-day assessment did not show resident having open or draining wounds. Shower sheets from February to April did not show worsening of R1's heels or new wounds. A progress note dated 04/25/2024 at 1:21pm showed that R1 wore "compression hose and self-propels in W/C (wheelchair) to his room and to the living room in the common area." There was no documentation of changes to R1's condition until the day he was sent to the hospital on [redacted]/2024.

Review of an assessment on 03/18/2024 did not show any changes to skin condition. There were no other assessments on file to review.

Record review of hospital records showed that R1 was admitted to the hospital on [redacted]/2024 with diagnoses to include [redacted] ([redacted]), and 19 pressure wounds to multiple parts of the body.

Review of R1's skin monitoring sheets showed that the last skin check was conducted on 04/25/2024 with no new skin issues.

During an interview on 07/01/2024 at 11:33am, R1's Representative (RR1) stated family sought services of an outside foot doctor as the facility was not taking care of R1's heels. RR1 stated that a few days prior to hospitalization, caregivers at the ALF had been informing her that that R1 was getting worse, but Staff A, Administrator and Staff B, Director of Nursing kept stating that R1 was fine. RR1 stated that on 05/03/2024 they called both the facility and the foot doctor requesting R1 be checked by urgent medical services because they continued receiving concerns from caregivers and hospice staff that R1 was getting worse, and that ALF was not taking care of R1. RR1 stated that upon arrival at the hospital on [redacted]/2024, R1 had wounds all over his body and the heel wounds had deteriorated. RR1 stated that the ALF had not informed them of additional skin breakdown or that R1's wounds were getting worse. RR1 stated that R1 was septic from the wounds. RR1 stated that when they called the ALF to ask about the wounds, Staff A and Staff B denied that R1 had additional wounds to the rest of his body. RR1 stated that they tried to ask when the wounds developed, what was being done, and Staff A continued denying that R1 had wounds.

During an interview on 08/19/2024 at 1:25pm, Collateral Contact 2 (CC2), was asked when they were notified of worsening of wounds. CC2 stated "podiatry was following this patient." When asked if they were aware or notified of new wounds, CC2 stated that they were not aware of any new wounds on R1.

During an interview on 09/06/2024 at 10:05am, Staff B, Director of Nursing Services was asked if they assessed the residents' skin on admission. Staff B stated that R1 was admitted with "2 heels about to break down." When asked when the ALF noticed a

change in condition or worsening of the wound, Staff B stated that it was the first week of April. There was no documentation showing any changes in condition or worsening of wound the first week of April. When asked why nothing was done until April 18, Staff B stated that home health nurse was notified. There was no documentation provided showing home health notification. Staff B was asked if there was an assessment completed specifically for change in condition or for change in wound status since resident was documented as propelling his wheelchair and out of room as of 04/25/2024, Staff B stated that they "always get home health involved."

During an interview on 09/09/2024 at 10:09am, Anonymous Staff-D stated that R1 had other wounds besides the heels. Anonymous Staff-D stated that R1's daughter expressed concerns that R1 was not being taken care of, was being left in bed, was developing more wounds. There was no change in condition or skin/wound focused assessment on file to review.

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, Fieldstone Memory Care of Puyallup is or will be in compliance with this law and / or regulation on (Date) 11/15/24 .

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

Sandra Short — Administrator (or Representative)

10/16/24 — Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(b) Nurse delegation, if provided;

(c) Initial and on-going assessments of the nursing needs of each resident;

(d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

This requirement was not met as evidenced by:

change in condition or worsening of the wound, Staff B stated that it was the first week of April. There was no documentation showing any changes in condition or worsening of wound the first week of April. When asked why nothing was done until April 18, Staff B stated that home health nurse was notified. There was no documentation provided showing home health notification. Staff B was asked if there was an assessment completed specifically for change in condition or for change in wound status since resident was documented as propelling his wheelchair and out of room as of 04/25/2024, Staff B stated that they "always get home health involved."

During an interview on 09/09/2024 at 10:09am, Anonymous Staff-D stated that R1 had other wounds besides the heels. Anonymous Staff-D stated that R1's daughter expressed concerns that R1 was not being taken care of, was being left in bed, was developing more wounds. There was no change in condition or skin/wound focused assessment on file to review.

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, Fieldstone Memory Care of Puyallup 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

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(b) Nurse delegation, if provided;

(c) Initial and on-going assessments of the nursing needs of each resident;

(d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

This requirement was not met as evidenced by:

Based on records review and interviews, the Assisted Living Facility (ALF) failed to develop systems and negotiated service agreements that promoted safe management of skin, wound care, or ensure that staff were delegated to perform wound care for 1 of 1 sampled resident (Resident 1). This failure resulted in Resident 1 being hospitalized with sepsis (life-threatening medical emergency caused by infection), extreme pain and decreased quality of life.

Findings included...

Record review of the Resident 1's (R1) records showed that R1 was admitted to the ALF on [redacted]/2024 with diagnoses to include [redacted] ([redacted]) and [redacted] ([redacted]) to bilateral heels. The negotiated service agreements dated 01/30/2024 and 03/18/2024 did not address nursing services to be provided, no plan to address skin or wounds, no monitoring, supervision, treatments or who was responsible for nursing services. Progress notes and Medication Administration Records (MARs) reviewed did not show that R1's wounds were being monitored. Further review of records showed that on 04/18/2024 R1 was prescribed Medi honey (medical gel used for wound treatments) wound treatments every other day until healed.

Record review of R1's April 2024 MARs showed that the medication technicians were performing wound dressing treatments and dressing changes.

Record review of ALF's staff records did not show that medication technicians were trained or delegated to perform wound treatments.

A progress note dated 04/16/2024 at 4:47pm showed that medication technicians and licensed nurses were to perform Medi honey dressing changes.

During an interview on 06/28/2024 at 9:45am, Staff A, Administrator stated that hospice was supposed to take care of the wounds and the facility's "licensed nurse supplemented when needed."

During an interview on 07/01/2024 at 11:33am, R1's Representative (RR1) stated that R1 was admitted to the ALF with redness to bilateral heels. RR1 stated that R1 was on hospice services but there was "no agreement on who was supposed to do what." RR1 stated that hospice was supposed to see R1 once a week but wasn't sure who was supposed to manage the wounds. RR1 stated that she complained to facility staff multiple times about the condition of the heels when they started to deteriorate in March. RR1 stated the facility did nothing, and RR1 sought a foot doctor to look at R1's wounds.

During an interview on 08/29/2024 at 9:28am, Collateral Contact (CC1), stated that the family sought their services and check on R1's feet. CC1 stated that the family had

concerns of foot condition, and possibly worsening infection. CC1 stated that they ordered wound treatments. CC1 stated that when they last saw resident there were no other wounds besides the heels. CC1 stated that on 05/02/2024, they received pictures from RR1 with “wounds to Left ankle, left heel, left outer foot, pretty much all pressure points.” CC1 stated that they called hospice and informed them that family wanted R1 to be checked at the hospital.

During an interview on 09/06/2024 at 10:05am, Staff B, Director of Nursing stated that the home health nurse was responsible for R1’s wounds 2-3 times a week. Staff B stated that facility staff changed the dressings whenever there was drainage. When asked who was responsible for the Medi honey treatments every other day, Staff B stated that they were, as well as the medication technicians. When asked if the medication technicians were trained and delegated to perform wound treatments and dressing changes ordered by the foot doctor, Staff B stated that they were. Staff B was asked why the negotiated service agreement did not address nursing services, skin, wound care and treatments and who was responsible for what task, Staff B stated that they “were planning a care conference when he (R1) discharged.”

In a separate interview on 09/23/2024 at 10:04am, Staff B was asked why the mediation technicians were performing wound treatments they were not delegated or trained to perform. Staff B stated that they, the other facility licensed nurse or home health performed the wound treatments, and the mediation technicians would assist and sign off in the Medication Administration Record (MAR). When asked why the medication technicians would sign off a task they didn’t complete, Staff B stated that it was how it was set up on the MAR.

During an interview on 09/09/2024 at 10:32am, Anonymous Staff F, stated that they were delegated to perform wound treatment care. When asked about R1’s wound care, Anonymous Staff F stated that “if a pressure ulcer is a certain level, we don’t touch that.” When asked if staff performed treatments on R1’s heels, Anonymous Staff F stated that licensed nurses did that, and they documented on the MAR. Staff F was asked how they signed off on the MAR for wound treatments if the licensed nurse completed the task. Anonymous Staff F stated, “ must have done it if I signed for it.”

During an interview on 09/17/2024 at 12:03pm, Anonymous Staff H stated that the initial delegation for R1 did not include wound treatments. Staff H stated that R1 had lidocaine gel (ointment for pain), and hydrocortisone cream (cream for rashes or itching). When asked what the process was for delegating new orders, Staff H stated that the facility staff were supposed to notify her of new orders, and she would determine if it was a task that could be delegated. Staff H stated that she “had no idea” that R1 had a new wound Medi honey treatment ordered. Staff H stated that she was not notified of the new wound treatment orders. Staff H stated that the new Medi honey treatment was a task that she would have to evaluate if it could be delegated or not. Staff H stated that they did not train or delegate the med techs to perform the Medi honey treatments.

During an interview on 09/23/2024 at 8:57am, Anonymous Staff I stated that they were

delegated to perform wound treatments. When asked if they completed R1's wound treatments, Anonymous Staff I stated, "if it was on the MAR, then yes." Anonymous Staff I stated that the registered nurse would be present when they were performing wound treatments.

During an interview on 09/23/2024 at 9:08am, Anonymous Staff J was asked if they had been delegated to perform wound care, Anonymous Staff J stated, "no, I was never trained " Anonymous Staff J stated they never performed any wound treatments on R1 and must have signed off completing the task accidentally.

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, Fieldstone Memory Care of Puyallup is or will be in compliance with this law and / or regulation on (Date) 11/15/24.

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

Sandra Short — Administrator (or Representative)

10/16/24 — 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 records review and interviews, the Assisted Living Facility (ALF) failed to ensure that a resident stopped taking medication per doctor's orders for 1 of 1 sampled resident (Resident 1). This failure resulted in Resident 1 receiving medications for 6 additional days, placing R1 at risk for negative health outcomes.

Findings included...

Record review of the Resident 1's (R1) records showed that R1 was admitted to the ALF on [redacted]2024 with diagnoses to include [redacted] and [redacted]. Medication orders reviewed showed that R1 was prescribed antibiotics for a wound infection of Clindamycin 450mg three times a day for 14 days starting 04/17/2024. An order dated 04/25/2024 showed Clindamycin was discontinued.

delegated to perform wound treatments. When asked if they completed R1's wound treatments, Anonymous Staff I stated, "if it was on the MAR, then yes." Anonymous Staff I stated that the registered nurse would be present when they were performing wound treatments.

During an interview on 09/23/2024 at 9:08am, Anonymous Staff J was asked if they had been delegated to perform wound care, Anonymous Staff J stated, "no, I was never trained " Anonymous Staff J stated they never performed any wound treatments on R1 and must have signed off completing the task accidentally.

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, Fieldstone Memory Care of Puyallup 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

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 records review and interviews, the Assisted Living Facility (ALF) failed to ensure that a resident stopped taking medication per doctor's orders for 1 of 1 sampled resident (Resident 1). This failure resulted in Resident 1 receiving medications for 6 additional days, placing R1 at risk for negative health outcomes.

Findings included...

Record review of the Resident 1's (R1) records showed that R1 was admitted to the ALF on [redacted]/2024 with diagnoses to include [redacted] ([redacted]) and [redacted] ([redacted]). Medication orders reviewed showed that R1 was prescribed antibiotics for a wound infection of Clindamycin 450mg three times a day for 14 days starting 04/17/2024. An order dated 04/25/2024 showed Clindamycin was discontinued.

April and May 2024 Medication Administration Records (MARs) showed that R1 received Clindamycin 450mg for the entire 14 days.
Review of the ALFs policy "Med 11-Receiving/Documenting Prescribed orders" dated 08/04/2023 showed that "a licensed nurse can accept prescriber orders via the telephone."

During an interview on 07/01/2024 at 11:33am, R1's representative (RR1) stated that R1 was getting worse and thought that R1 was having a bad reaction from the antibiotic. RR1 stated that they discussed their concerns with CC1 to have it discontinued. RR1 stated that the facility continued to give R1 the mediation even after hospice had written an order to discontinue Clindamycin effective 04/25/2024. RR1 stated that when she called the facility, she was informed by the Director of Nursing and Administrator that R1 had completed the 14-day course of antibiotics as ordered.

During an interview on 08/29/2024 at 9:28am, Collateral Contact (CC1) stated that RR1 had requested to have the antibiotic discontinued on 04/24/2024. CC1 stated they contacted hospice to inform of the request.

During an interview on 09/20/2024 at 2:16pm, Staff B, Director of Nursing stated that R1 completed the 14-day course of antibiotics. When asked why the antibiotics were not stopped per 04/25/2024 orders, Staff B stated that they did not have an order to discontinue the antibiotic. Staff B was asked about the hospice order dated 04/25/2024, Staff B stated that they did not take verbal orders per policy.

In a separate interview on 09/24/2024 at 2:20pm, Staff B was asked about the policy and how it allowed for verbal orders, Staff B stated that verbal orders were allowed if a nurse received them and not a medication technician. When asked why the medication technicians did not notify the nurse of the verbal order for follow up, Staff B stated that by the time they received the written order, R1 had already completed the antibiotic course. Staff B did not provide information on how facility staff would follow up with the provider to get a written order in a timely manner.

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, Fieldstone Memory Care of Puyallup is or will be in compliance with this law and / or regulation on (Date) 11/15/24 .

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

Sandra Shoat
Administrator (or Representative)

10/16/24
Date

April and May 2024 Medication Administration Records (MARs) showed that R1 received Clindamycin 450mg for the entire 14 days.
Review of the ALFs policy "Med 11-Receiving/Documenting Prescribed orders" dated 08/04/2023 showed that "a licensed nurse can accept prescriber orders via the telephone."

During an interview on 07/01/2024 at 11:33am, R1's representative (RR1) stated that R1 was getting worse and thought that R1 was having a bad reaction from the antibiotic. RR1 stated that they discussed their concerns with CC1 to have it discontinued. RR1 stated that the facility continued to give R1 the mediation even after hospice had written an order to discontinue Clindamycin effective 04/25/2024. RR1 stated that when she called the facility, she was informed by the Director of Nursing and Administrator that R1 had completed the 14-day course of antibiotics as ordered.

During an interview on 08/29/2024 at 9:28am, Collateral Contact (CC1) stated that RR1 had requested to have the antibiotic discontinued on 04/24/2024. CC1 stated they contacted hospice to inform of the request.

During an interview on 09/20/2024 at 2:16pm, Staff B, Director of Nursing stated that R1 completed the 14-day course of antibiotics. When asked why the antibiotics were not stopped per 04/25/2024 orders, Staff B stated that they did not have an order to discontinue the antibiotic. Staff B was asked about the hospice order dated 04/25/2024, Staff B stated that they did not take verbal orders per policy.

In a separate interview on 09/24/2024 at 2:20pm, Staff B was asked about the policy and how it allowed for verbal orders, Staff B stated that verbal orders were allowed if a nurse received them and not a medication technician. When asked why the medication technicians did not notify the nurse of the verbal order for follow up, Staff B stated that by the time they received the written order, R1 had already completed the antibiotic course. Staff B did not provide information on how facility staff would follow up with the provider to get a written order in a timely manner.

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, Fieldstone Memory Care of Puyallup 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

PLAN OF CORRECTIONS

Community Name: Fieldstone Memory Care of Puyallup Survey/Investigation Date: 06/28/2024

Plan of Correction

Regulation #	Deficient System or Standard	Action Plan	Team Member's Name	Estimated date of completion	Signature/Date
WAC 388-78A-2140	Negotiated Service Agreement content	**Immediate skin assessment was completed on all residents** **Identify any chronic skin conditions and specify on the care plan, specific orders/treatments. Review and update care plans as needed. Home Health care plan copy, contact info, who to call for Change of Condition** **MT/ND will be trained for non-sterile wound care.** **As of 10/01/2024, implemented New PCC wound and skin program. Nurse to monitor skin issues on weekly basis.**	LN ED/DNS/ADNS/ RCC/caregiver/ Med tech or designee ED/DNS/ADNS/ RCC DNS/ADNS	10/9/24 & 10/10/24 11/15/2024 & Ongoing 11/15/24 11/15/24 11/15/2024 & Ongoing	10/16/24 Early Shift
WAC 388-78A-2140	Negotiated Service Agreement content	**Re-in-service of all care staff on reporting of any change of condition. This will also be part of new care staff orientation. Continue Skin checks on shower sheet 2X weekly or as per the care plan.**	ED/DNS/ADNS/ RCC Or designee DNS/ADNS	11/15/2024 & Ongoing 11/15/24	

FIELDSTONE COMMUNITIES

PLAN OF CORRECTIONS

WAC 388-78A-2090	Full Assessment Topics	**All residents' assessments will be completed to identify chronic conditions-current/potential on admit/within 14day/Change of Condition/Biannual.** **Care plan specifics will include interventions specific to the individual resident care needs.** **Ongoing education to be provided to the staff for interventions to prevent skin injuries and report any changes to the Med Tech or Nurse immediately. Med tech to report to the Nurse who will report to the Health Care Provider.** **Staff will be trained and ongoing education will be provided on how to review the care plan and how to implement the interventions listed on care plan.**	ED/DNS/ADNS/ RCC Or designee DNS/ADNS	11/15/2024 & Ongoing 11/15/24	
WAC 388-78A-2100	Ongoing Assessments	**Nurse to complete the resident change of condition when it is warranted and this also includes skin conditions. Care plan will outline responsibilities of any 3rd party and with the facility as the backup. Nurse to notify the appropriate parties.**	LN/HH/Hospice/ ND Med Tech/ LN/ RCC	11/15/24 & Ongoing	
WAC 388-78A-2320	Intermittent nursing Services systems	**Orders for treatments on Plan of Care** **Nurse Delegator (ND) to delegate med techs for all treatments that could be delegated as a backup and update the care plan.** **ND is also re-delegating all the delegated staff related to any delegated tasks.**	DNS/ADNS/ND LN/HH/Hospice/ ND Med Tech/ LN RCC	11/15/24 & Ongoing	

FIELDSTONE COMMUNITIES

PLAN OF CORRECTIONS

WAC 388-78A-2210	Medication services	In process of completing the Inservice with Med Techs and Nurses related to Receiving and Documenting Prescribed orders and adverse reactions policy.	LN/MT/RCC DNS/ADNS	11/15/2024 & Ongoing	

FIELDSTONE COMMUNITIES