STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Sapphire at Woodway, LLC
Woodway Senior Living
1712 E Maplewood Ave
Bellingham, WA 98225

RE: Woodway Senior Living License # 2563

Dear Administrator:

This letter addresses Compliance Determination(s) 46723 (Completion Date 09/05/2024) and 42547 (Completion Date 07/15/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/05/2024 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-2474-2-b, WAC 388-112A-0081-1, WAC 388-78A-2150-1

The Department staff who did the on-site verification:
Judith Mellon, RN, Licensor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Woodway Senior Living
Provider Type: Assisted Living Facility

License/Cert.#: 2563
Intake ID: 130521
Compliance Determination #: 42547
Region/Unit #: RCS Region 2 / Unit A
Investigator: Nicholette Flynn
Investigation Date(s): 06/11/2024 through 07/15/2024
Complainant Contact Date(s): 07/10/2024

Allegation(s):

1) People are smoking near a window and the 25 foot smoking area is not being observed.
2) Residents have not had negotiated service agreements (NSA) updated for many years. The facility staff are updating the NSA without the residents permission.
3) The Medication Technicians are handing the Caregivers pills to give out.
4) Nursing Staff do not have the proper licenses.

Investigation Methods:

Sample:	Total residents: 66 Resident sample size: 4 Closed records sample size: 1
Observations:	Resident common areas, back entrance to the facility, Resident smoking areas, Resident living quarters, medication carts
Interviews:	Executive Director, Regional Registered Nurse, Business Office Manager, Residents, Resident Care Coordinator, Caregiver
Record Reviews:	NR and sample Resident medical records including NSA and assessments, care plans, temporary service plans, Hospice records, alert note, facility incident reports, nursing staff files, credentials and facility staff credential tracking spreadsheet

Investigation Summary:

1) Residents were observed smoking in the designated smoking area and had ashtrays for disposal of cigarettes. Residents stated that the facility Staff clean the cigarettes daily and that they are to stay past the painted line to smoke. Facility staff measured 25 feet and painted a line to indicate the how far away from the facility people need to be when smoking. No failed practice was identified. No citation was written.
2) The ALF failed to have five resident records signed annually by the resident or resident's representative. Review of the NSA showed there were no signatures to

show the NSA were reviewed with the Residents or their representatives. Failed practice was identified. A citation was written for WAC 388-78A-2150 (1) Signing the negotiated service agreement.
3) Not able to substantiate. No medications observed left in Resident common areas or living quarters. No failed practice was identified. No citation was written.
4) Review of Medication Technician and Caregiver credentials showed two of four nursing staff had not completed 70-hour basic training. ALF Staff stated that some credentials were not followed up on or were not available for review. Failed practice was identified. A citation was issued for non-compliance with WAC 388-78A-2474 (2)(b) Training and home care aide requirements, and also see the training WAC 388-112A-0081 (1) When must long-term care workers who were working or hired during the COVID-19 public health emergency complete training including specialty training?

Conclusion / Action:

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

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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 06/11/2024 and 07/15/2024 of:

Woodway Senior Living
1712 E Maplewood Ave
Bellingham, WA 98225

This document references the following complaint number(s): 130521, 131202

The following sample was selected for review during the unannounced on-site visit: 4 of 66 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Judith Mellon, RN, Licensor
Nicholette Flynn, AFH Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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 388-112A-0081 When must long-term care workers who were working or hired during the COVID-19 public health emergency complete training, including required specialty training?

(1) Unless exempt from training as described in WAC 388-71-0839 or WAC 388-112A-0090 , a long-term care worker affected by the COVID-19 public health emergency must complete training, including required specialty training, as follows: Worker hired or rehired during the time frame of: Must complete basic training no later than: 8/17/2019 to 9/30/2020 10/31/2022 10/1/2020 to 4/30/2021 1/31/2023 5/1/2021 to 3/31/2022 4/30/2023 4/1/2022 to 9/30/2022 8/31/2023 10/1/2022 - 12/31/2022 or the end of the COVID-19 training waivers established by gubernatorial proclamation, whichever is later 9/30/2023 or within 120 days after the end of the COVID-19 training waivers established by gubernatorial proclamation, whichever is later After the end of the COVID-19 training waivers established by gubernatorial proclamation or beginning 1/1/2023, whichever is later Standard training

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(b) Basic;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure 2 of 4 staff (Staff A and B) completed 70-hour basic training within 120 days from their date of hire. This failure resulted in Staff A, and B not having the necessary training related to their job duties and placed all 66 residents at risk for compromised care and safety.

Findings included…

Review of the Dear Provider Letter, ALF #2023-025, dated 10/13/2023, showed the Department of Health extended certification deadlines for long-term care workers hired between 08/17/2019 and 01/31/2024. The letter showed long-term care workers must meet the certification and training deadlines to be in compliance with regulatory requirements. An included table showed a long-term care worker hired between 10/01/2022 to 06/30/2023 must complete basic training no later than 11/30/2023, and that a long-term worker hired between 07/01/2023 to 01/31/2024 must complete basic training no later than 120 days from the date of hire.

Staff A, Caregiver, was hired on 11/01/2023. Review of Staff A's file showed there was no documentation that Staff A had completed 70-hour basic training. No basic training certificate was available for review.

On 07/12/2024 at 9:08 AM, Staff C, Business Office Manager, stated that there was no 70-hour basic training in Staff A's file.

Staff B, Caregiver, was hired on 10/14/2022. Review of Staff B's file showed no documentation that Staff B had completed 70-hour basic training.

On 07/12/2024 at 9:25 AM, Staff B, stated that they had completed the hands-on skill portion of their 70-hour basic training on 04/14/2024 and had received her certificate. Staff B stated that she was still waiting to receive a call to do the written portion of the testing because of a delay from COVID-19 test scheduling.

Review of the table in the Dear Provider Letter, ALF #2023-025, dated 10/13/2023, showed Staff B should have completed their 70-hour basic training no later than 11/30/2023. Staff B's 70-hour basic training was late by 136 days.

On 06/11/2024 at 3:10 PM, Staff D, Business Office Manager, stated that there was no follow-up on the 70-hour basic training for Staff A and B, and that they had not completed their 70-hour basic training. Staff D stated that both Staff A and B continued to work full-time since their hire dates.

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, Woodway Senior Living 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-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure the Negotiated Service Agreement (NSA) was signed annually by the resident or the resident's representative for 5 of 5 Residents (Resident 1, 2, 3, 4 and 5). This failure resulted in Resident 1, 2, 3, 4 and 5 not having a signed NSA and receiving care that was not agreed upon. This failure placed Residents 1, 2, 3, 4 and 5 at risk for unmet care needs.

Findings included…

Resident 1 was admitted to the ALF on [redacted]/2015 with multiple medical diagnoses including [redacted] ([redacted]) and [redacted] ([redacted]).

Review of the NSA dated 11/17/2022 showed the last page of the NSA had a signature and date line for Community Staff, Residents and other responsible parties to sign. There were no signatures on the NSA. There were no NSA's signed by the Resident, Family Member or Responsible party available for review.

In an interview on 07/10/2024 at 12:59 PM, Resident 1 stated that they were never involved in any meetings with the ALF staff to review their plan of care that was to be provided in the NSA and had never signed a NSA.

Resident 2

Resident 2 was admitted to the ALF on [redacted]/2022 with multiple medical diagnoses including [redacted] ([redacted]) and [redacted] ([redacted]).

Review of the NSA dated 10/13/2023 showed the last page of the NSA had a signature and date line for Community Staff, Residents and other responsible parties to sign. There were no signatures on the NSA's. There were no NSA's signed by the Resident, Family Member or Responsible party available for review.

In an interview on 07/10/2024 at 12:49 PM, Resident 2 stated that they were not aware of anyone meeting with them to review their care. Resident 2 stated that that was the first time that they had heard anything and was not aware that was to occur.

Resident 3

Resident 3 was admitted to the ALF on [redacted]/2020 with multiple medical diagnoses.

Review of the NSA dated 04/02/2024 showed the last page of the NSA had a signature and date line for Community Staff, Residents and other responsible parties to sign. There were no signatures on the NSA. There were no NSA's signed by the Resident, Family Member or Responsible party available for review.

Resident 4

Resident 4 was admitted to the ALF on [redacted]/2022 with multiple medical diagnoses including [redacted] ([redacted]) and [redacted] ([redacted]).

Review of the NSA dated 09/22/2023 showed the last page of the NSA had a signature and date line for Community Staff, Residents and other responsible parties to sign. There were no NSA's signed by the Resident, Family Member or Responsible party available for review.

Resident 5

Resident 5 was admitted to the ALF on [redacted]/2023 with multiple medical diagnoses including [redacted] and [redacted] ([redacted]).

Review of the NSA dated 04/25/2024 showed the last page of the NSA had a signature and date line for Community Staff, Residents and other responsible parties to sign. There were no signatures. There were no NSA's signed by the Resident, Family Member or Responsible party available for review.

In an interview on 07/10/2024 at 11:46 AM, Staff D, Resident Care Coordinator, stated that Residents 1, 2, 3, 4 and 5 did not have a signed NSA.

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, Woodway Senior Living 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