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

07/30/2024

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) 44830 (Completion Date 07/29/2024) and 42076 (Completion Date 06/06/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/29/2024 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-2420-1

The Department staff who did the on-site verification:
Syng To, ALF Complaint Investigator

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

Sincerely,

Kim Ripley

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
Compliance Determination #: 42076
Intake ID: 132809
Investigator: Syng To
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 05/31/2024 through 06/06/2024
Complainant Contact Date(s): 05/31/2024, 06/13/2024

Allegation(s):
The Assisted Living Facility (ALF) did not call 911 when the Named Resident (NR) was removed from the ALF with a [redacted] in place.

Investigation Methods:

Sample:	Total residents: 66 Resident sample size: 3 Closed records sample size: 0
Observations:	Facility Residents
Interviews:	Other Agency Staff Residents Facility Staff Administration
Record Reviews:	Facility Residents

Investigation Summary:
Based on interviews and record reviews:
The NR was admitted to the ALF on [redacted]/2023 and had a [redacted] filed against the restricted person in open court on [redacted]/2023. The ALF staff stated they did not call 911 when NR left the ALF with the restricted person unsupervised because they were not aware the NR had a [redacted] against the restricted person, and they did not have the [redacted] record. Record reviews showed the [redacted] was delivered to the ALF on [redacted]/2023. Citation for WAC 388-78A-2420 Record retention.

Conclusion / Action:

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

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3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 2563	Compliance Determination # 42076
Plan of Correction	Woodway Senior Living	Completion Date
Page 1 of 3	Licensee: Sapphire at Woodway, LLC	06/06/2024

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 05/31/2024 and 05/31/2024 of:

Woodway Senior Living
1712 E Maplewood Ave
Bellingham, WA 98225

This document references the following complaint number(s): 132809

The following sample was selected for review during the unannounced on-site visit: 3 of 66 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Syng To, ALF Complaint Investigator

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.

Kim Ripley
Residential Care Services

06/14/2024
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.

Administrator (or Representative) Date

WAC 388-78A-2420 Record retention.

(1) The assisted living facility must maintain on the assisted living facility premises in a resident's active record(s) all relevant information and documentation necessary for meeting a resident's current assessed needs.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to maintain a copy of a [redacted] for 1 of 3 residents (Resident 1) in their records. This failure prevented the ALF staff from being aware of the [redacted] and resulted in the staff failing to initiate an intervention when the restricted person took the protected person, Resident 1, from the ALF unsupervised and placed Resident 1's safety at risk.

Findings included...

Review of the Superior Court of Washington, County of Whatcom, [redacted] dated [redacted]/2023, showed the restricted person represents a credible threat to the physical safety of Resident 1 and the court ordered the restricted person not to enter, return, knowingly come within, or knowingly remain within 1,000 feet or other distance of Resident 1 and their residence, and the only allowed type of contact was having supervised contact with Resident 1 at the ALF.

Review of the [redacted], Declaration to [redacted] record dated 06/05/2024 showed Staff A, Executive Director received a copy of Resident 1's [redacted] on [redacted]/2023. Staff A stated the [redacted] would be scanned into the ALF system, the hard copy would be held should staff need to refer back to the [redacted], and Resident 1 would not be allowed to be taken out from the facility by the restricted person.

Resident 1 was admitted to ALF on [redacted]/2023 with multiple diagnoses including [redacted], [redacted], and [redacted].

Review of a Negotiated Service Plan (NSA) dated 08/14/2023 showed Resident 1 was independent in ambulation with use of a four wheeled walker, bilateral hearing loss, and was mildly disoriented. The NSA did not mention the [redacted].

On 05/31/2024 at 09:18 AM Collateral Contact 1 (CC1) stated that when they called the

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ALF on 05/30/2024 03:00 PM, Staff B, Executive Director, mentioned that Resident 1 was out of the facility with the restricted person. Staff B stated Resident 1 wanted to go with the restricted person. They were unaware there was a [redacted].

On 05/31/2024 at 02:16 PM Resident 1 stated that they went to the store with the restricted person on Thursday, 05/30/2024.

On 05/31/2024 at 02:46 PM Staff C, Director of Health Services, stated that they had worked at the ALF for eight weeks and they were not aware of Resident 1's [redacted] until it was mentioned by CC1 on 05/30/2024. The ALF did not have the Resident 1's [redacted] record.

On 06/05/2024 10:30 AM Staff B, Executive Director stated they saw Resident 1 left the ALF unsupervised with the restricted person and they did not call 911 because the ALF did not have the [redacted], and they were not aware there was an order. They were not aware of the [redacted] against the restricted person for Resident 1 until CC1 mentioned it on Thursday 05/30/2024. The ALF did not have the copy of Resident 1's [redacted] until Friday 05/31/2024.

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) JULY 15, 2024

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

Jamie Rae — Administrator (or Representative)

JUNE 17, 2024 — Date