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

04/05/2024

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) 39366 (Completion Date 04/05/2024) and 34101 (Completion Date 02/14/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/05/2024 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-2930-1-c

The Department staff who did the on-site verification:
Cristina Gonzalez, ALF Licensor

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 #: 34101
Intake ID: 110695
Investigator: Helen Fisher
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 12/20/2023 through 02/14/2024
Complainant Contact Date(s): 12/20/2023

Allegation(s):

1) The Assisted Living Facility (ALF) was not answering multiple calls from the hospital to let them know that the Named Resident (NR) was ready to be discharge from the hospital management for the entire day. The hospital Emergency Department care manager had been calling 2 days prior without answer.
2) The ALF was not responding on the fax requesting to call the hospital.
3) The ALF does not have phone numbers for escalation.

Investigation Methods:

Sample:	Total residents: 67 Resident sample size: 4 Closed records sample size: 0
Observations:	NR and other residents' appearance and demeanor, living quarters, other residents, environment, PPE's, infection prevention, isolation precaution, testing.
Interviews:	NR, Executive Director, Director of Nursing, Med Tech, Collateral Contacts, Caregivers.
Record Reviews:	Named Residents and other residents records.

Investigation Summary:

1) The facility staff was answering incoming phone calls during an unannounced onsite visit. The Executive Director (ED) stated that they were not aware that the hospital was trying to get a hold of the anyone in the facility for a whole day on [redacted]/2023 and 2 day prior. The ED stated that they gave the hospital case manager their phone number to call them during after hours when there was a need. The ED did not provide the name to whom they spoke to. A citation was issued for non compliance with WAC 388-78A-2930 Communication system.
2) The ALF fax machine was located in a small room across the hallway from the nurses station. Interview showed fax machine was not checked by the staff in a regular basis. The staff stated that they were not aware of the fax message from the hospital. No facility failed practice was identified.
3) The ED reports the alternate phone is her cell phone and has given it out. There is no other publicly listed phone number than the general phone number. A citation was

issued for non compliance with WAC 388-78A-2930. Communication system.

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 #: 2563	Compliance Determination # 34101
Plan of Correction	Woodway Senior Living	Completion Date
Page 1 of 3	Licensee: Sapphire at Woodway, LLC	02/14/2024

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 12/20/2023, 12/20/2023 and 12/20/2023 of:

Woodway Senior Living
1712 E Maplewood Ave
Bellingham, WA 98225

This document references the following complaint number(s): 107544, 110427, 110695, 111158

The following sample was selected for review during the unannounced on-site visit: 4 of 67 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Helen Fisher, 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

02/27/2024
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.

Statement of Deficiencies	License #: 2563	Compliance Determination # 34101
Plan of Correction	Woodway Senior Living	Completion Date
Page 2 of 3	Licensee: Sapphire at Woodway, LLC	02/14/2024

Administrator (or Representative) [signature] Date 3/5/24

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

(c) Provide residents, families, and other visitors with a means to contact a staff person inside the building from outside the building after hours.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to provide the means to contact a staff person inside the facility when 1 of 3 residents (Resident 1) was ready to be discharge from the hospital. This failure resulted in multiple calls from the hospital and Residential Care Services (RCS) not being answered or returned and caused a delay of Resident 1's return to the ALF.

Findings included...

Resident 1

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

Review of the hospital records dated 12//14/2023 showed Resident 1 was cleared to return to the facility on 12/14/2024 but the hospital kept Resident 1 overnight to be discharged on [redacted]/2023. Hospital notes on [redacted]/2024 showed multiple calls were made at 12:20 PM, 12:58 PM, 3:10 PM & 3:30 PM along with the fax they sent notifying the ALF that the hospital case managers calls were not answered.

On 12/20/2023 at 1:35 PM, Resident 1 stated that they were glad to be back at the facility for they did not like being kept at the hospital. Resident 1 stated that they were not comfortable at the hospital.

On 12/19/2023 at 3:30 PM, Collateral Contact (CC), Hospital Case Manager Supervisor, stated that on Friday, 12/12/2023 through [redacted]/2023 the hospital had been calling the ALF during business hours, after hours and on the weekend but nobody answered the phone. CC stated that they were calling to speak to the nurse and administration regarding Resident 1 as they were ready to be discharged from the hospital but were directly sent to the voice mail. CC stated their calls were not answered or returned for three days.

On 12/20/2023 at 1:15 PM, Staff A, Executive Director, stated that they told the hospital case manager to call their cell phone they provided. Staff A was unable to give the name whom they gave their number to.

Statement of Deficiencies	License #: 2563	Compliance Determination # 34101
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Page 3 of 3	Licensee: Sapphire at Woodway, LLC	02/14/2024

On [redacted]/2023 at 4:17 PM, the Department called the ALF without an answer.

On 12/22/2023 at 2:03 PM, the Department called the ALF multiple times without an answer. An email was then sent to Staff A, who responded with an email, apologized and provided her cell phone number.

On 01/03/2023 at 10:09 AM, the Department called Staff A's phone extension went directly to the voice mail, and a message was left requesting a return call. The Department did not receive a call back.

On 02/04/2023 at 01:10 PM, Staff B, Med Tech, stated that their phone was not ringing because the line was not switch to the ALF's wireless phone that was carried by the Med Techs who work on the weekends and after hours. Staff B stated that normally at the end of the workday on Fridays, Staff A would switch the phone over to ring on the wireless phone.

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) 3/30/24 .

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

Administrator (or Representative) — Date: 3/4/24