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

03/29/2024

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) 38946 (Completion Date 03/28/2024) and 35516 (Completion Date 03/11/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/28/2024 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 388-112A-0060-1-b, WAC 388-78A-2540-1

The Department staff who did the on-site verification:
Christine Banta, 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 #: 35516
Intake ID: 114634
Investigator: Helen Fisher
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 01/22/2024 through 03/11/2024
Complainant Contact Date(s): 01/15/2024, 01/18/2024

Allegation(s):

1) The Named Staff (NS1) was abusing NS2, NS3 and NS4. NS1 was sharing staff personal and medical information to residents.
2) The NS1 worked as a caregiver and as a med tech without credentials.
3) The NS1 was sleeping in their office during their shift and was not tending to residents' inquiries.
4) The Assisted Living Facility was short staffed which placed all residents at risk in case of an emergency.

Investigation Methods:

Sample:	Total residents: 66 Resident sample size: 5 Closed records sample size: 0
Observations:	Staffing, staff and residents appearance and demeanor, hallways, living quarters, general cleanliness, dining room, residents smoking outside, kitchen, staff testing residents, isolation room, PPE usage.
Interviews:	Activities Coordinator, Executive Director, Collateral Contact, Med Tech, Caregiver, Sample Residents.
Record Reviews:	Staffing. NS1 files and credential.

Investigation Summary:

1) Sampled staff and residents denied seeing or experiencing abuse from NS1. The NS1 denied abusing staff and or sharing personal and mental health information to residents. The NS1 stated that they required the support staff including themselves to help the floor when they were short staffed which made them unhappy. The NS1 stated that there was a disgruntled terminated employee who was causing so much chaos making allegations that were not true. Interview showed the NS1 did not share staff personal information. No facility failed practice was identified.
2) The NS1 stated they were working to cover shifts and was working on their 70-hour training to become a Home Care Aide certified. The NS1 exceeded 120 calendar days to complete a 70-hour basic training. Review of personnel file showed the NS1 did not complete a 70-hour basic training while providing care to residents. Failed Practice. A

citation was written for noncompliance with WAC 388-78A-2450 Staff.
3) Interview showed the NS1 worked overtime to cover a call out. There was an awake staff covering the floor. No facility failed practice was identified.
4) The work schedule showed the ALF was using agency staff when the ALF staff did not show up for their shift. A Med Tech and three caregivers were observed during an unannounced visit to the ALF. The staff stated that the support staff had been coming nonstop to cover when there were call outs. NS4 stated that they worked by themselves one day a week three months ago, but the staffing had been better since. There was no reported incident related to staffing. Sampled residents confirmed agency staff had been working and no unmet service needs were reported. No facility failed practice was identified.

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

Statement of Deficiencies	License #: 2563	Compliance Determination # 35516
Plan of Correction	Woodway Senior Living	Completion Date
Page 1 of 3	Licensee: Sapphire at Woodway, LLC	03/11/2024

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 01/22/2024 and 02/28/2024 of:

Woodway Senior Living
1712 E Maplewood Ave
Bellingham, WA 98225

This document references the following complaint number(s): 112202, 112572, 114634, 113984, 119836, 120082

The following sample was selected for review during the unannounced on-site visit: 5 of 66 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

03/20/2024
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.

3-20-2024

Statement of Deficiencies	License #: 2563	Compliance Determination # 35516
Plan of Correction	Woodway Senior Living	Completion Date
Page 2 of 3	Licensee: Sapphire at Woodway, LLC	03/11/2024

Administrator (or Representative) Date

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility: Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(b) Assisted living facility administrator or administrator designee. A qualified assisted living facility administrator or administrator designee who does not meet the criteria in subsection (1)(a)(i), (ii), or (iii) of this section. Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 . 388-11-20(00) 60(1)(B) and

WAC 388-78A-2540 Administrator requirements. The licensee must ensure the assisted living facility administrator: specifically 388-78A(25) 40(1)

(1) Meets the training requirements under chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 staff (Staff A) met the training requirements of an administrator before providing care services to the residents. This failure resulted in Staff A not being trained to provide care to residents and place all residents at risk of being cared for by Staff A who was not trained and certified to provide care.

Findings included...

Review of the personnel records on 01/22/2024 showed Staff A, Executive Director, was hired on 04/23/2023.

Review of the training records on 01/22/2024 showed Staff A, did not receive the 70-hour basic training and failed to obtain the home care aide certification within 200 days from the date of hire.

Interview on 01/22/2024 @ 2:41 PM, Staff A, stated that they were currently working on their 70-hours basic training. Staff A stated that they were working as a caregiver and

3-20-24

Statement of Deficiencies	License #: 2563	Compliance Determination # 35516
Plan of Correction	Woodway Senior Living	Completion Date
Page 3 of 3	Licensee: Sapphire at Woodway, LLC	03/11/2024

assisting residents with their medications on the third floor when there was a caregiver or a medication technician call out.

Interview on 01-30-2024 @ 10:30 AM, Staff B, Med Tech, stated that Staff A was working as a caregiver and providing medication assistance to residents on evening and night shifts.

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) 3-20-2024

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

James K Lee — Administrator (or Representative)

3-20-2024 — Date