STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

AMENDED
09/19/2024

MG At Renton, LLC
Merrill Gardens at Renton Centre
104 Burnett Ave S
Renton, WA 98057

RE: Merrill Gardens at Renton Centre License # 2598

Dear Administrator:

This letter addresses Compliance Determination(s) 47424 (Completion Date 09/19/2024) and 43669 (Completion Date 07/23/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/19/2024 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-2474-2-c, WAC 388-78A-2474-2-e, WAC 388-78A-2130-1-b, WAC 388-78A-2130-1-c, WAC 388-78A-2130-3-a, WAC 388-78A-2130-3-b, WAC 388-78A-2130-3

The Department staff who did the on-site verification:
Claudia Allis, ALF Licensor
Steven Garrett, LTC Licensor
Laurie Anderson, Community Field Manager

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 the unannounced on-site full inspection on 07/09/2024 and 07/12/2024 of:

Merrill Gardens at Renton Centre
104 Burnett Ave S
Renton, WA 98057

The following sample was selected for review during the unannounced on-site visit: 9 of 95 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, Community Complaint Investigator
Steven Garrett, LTC Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson — Residential Care Services

07/23/2024 — 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 #: 2598	Compliance Determination # 43669
Plan of Correction	Merrill Gardens at Renton Centre	Completion Date
Page 2 of 7	Licensee: MG At Renton, LLC	07/23/2024

Administrator (or Representative) — Date: 8/1/24

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:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 3 of 6 staff (Staff C, Staff E, and Staff F) completed all required training to perform their job duties and responsibilities. This failure placed all 95 residents at risk of unmet care needs from staff with incomplete training.

Findings included...

Review of facility's personnel records showed the facility hired Staff C, Caregiver, on 01/30/2024; Staff E, Caregiver, on 05/11/2021; and Staff F, Caregiver, on 06/06/2022.

SPECIALTY TRAINING: DEMENTIA AND MENTAL HEALTH
Review of the facility's personnel scheduling documentation showed that Staff C worked in the secured Garden House unit and provided care for residents with dementia (impaired thinking and judgement) as well as other [redacted] diagnoses (i.e. [redacted]). Review of the facility's personnel records showed no documentation that Staff C completed any Dementia and Mental Health Specialty training, as required.

CONTINUING EDUCATION (CE)
Review of the facility's personnel records showed no documentation that Staff E completed 12 hours of department approved CE training from their October 2022 birthday to their October 2023 birthday, as required.

Review of the facility's personnel records showed no documentation that Staff F completed 12 hours of department approved CE training from their November 2022 birthday to their November 2023 birthday, as required.

Administrator (or Representative) Date

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Review of the facility's personnel records showed no documentation that Staff F completed 12 hours of department approved CE training from their November 2022 birthday to their November 2023 birthday, as required.

During an interview on 07/12/2024 at 3:00 PM, Staff A, Senior General Manager, stated that they were aware of the staff training and CE requirements. Staff A stated that they were unaware that Staff C did not complete the required Dementia and Mental Health Specialty trainings. Staff A stated that they were unaware that Staff E and Staff F did not complete the required CE trainings.

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, Merrill Gardens at Renton Centre is or will be in compliance with this law and / or regulation on (Date) 9/6/2024 .

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

Administrator (or Representative) ..... Date 8/6/24

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document a plan to monitor and address interventions required to meet the current clinical needs for 4 of 9 residents (Resident 3, Resident 5, Resident 6, and Resident 8). This failure placed Resident 3, Resident 5, Resident 6, and Resident 8 at risk for unmet care needs and potential harm.

During an interview on 07/12/2024 at 3:00 PM, Staff A, Senior General Manager, stated that they were aware of the staff training and CE requirements. Staff A stated that they were unaware that Staff C did not complete the required Dementia and Mental Health Specialty trainings. Staff A stated that they were unaware that Staff E and Staff F did not complete the required CE trainings.

Plan/Attestation Statement

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Administrator (or Representative) Date

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Based on interview and record review, the facility failed to document a plan to monitor and address interventions required to meet the current clinical needs for 4 of 9 residents (Resident 3, Resident 5, Resident 6, and Resident 8). This failure placed Resident 3, Resident 5, Resident 6, and Resident 8 at risk for unmet care needs and potential harm.

Findings included...

RESIDENT 3 MEDICATION SERVICES
Review of Resident 3's Face Sheet showed the facility admitted Resident 3 on [redacted]/2024.

Review of Resident 3's April 2024, May 2024, and June 2024 medication administration record (MAR) showed that Resident 3 received five milligrams (mg) of Eliquis (medication used to prevent blood clots), one tablet by mouth, twice a day.

Review of Resident 3's assessment and service plan (NSA), both dated 05/01/2024, showed staff provided Resident 3 full assistance with medication management. Review of the assessment and NSA showed no documentation that Resident 3 received blood thinner medications. There was no documentation that provided the staff with guidance about the possible side effects from daily use of Eliquis, such as increased risk for bleeding and excessive bruising. There were no instructions for staff about what actions were needed for such side effects.

RESIDENT 5 MEDICATION SERVICES
Review of Resident 5's Face Sheet showed the facility admitted Resident 5 on [redacted]/2024.

Review of Resident 5's April 2024, May 2024, and June 2024 MAR's showed that Resident 5 received 600mg/10micrograms (mcg) of Calcium Carbonate-Cholecalciferol (supplement used to treat low calcium levels), one tablet by mouth, twice a day; 0.12% Chlorhexidine Gluconate mouth/throat solution (medication used to treat gum inflammation), dip oral sponge into solution and apply to gums after regular brushing and flossing every day at night; and 1.1% PreviDent 5000 booster plus dental paste (medication used to prevent dental cavities), brush teeth after regular brushing and flossing every day, in the morning. The MARs showed these medications were self-administered by the resident.

Review of Resident 5's assessment and NSA, both dated 02/03/2024, showed that Resident 5 required medication assistance and supervision. There was no documentation that showed Resident 5 was assessed to self-administer any medications. The documents showed staff provided Resident 5 full assistance with medication management services.

During an interview on 07/12/2024 at 10:15 AM, Staff I, Nurse Assisted Living, stated that they reviewed the physician orders for residents on assisted living services and who received medication assistance from facility staff. Staff I stated that they were unaware that Resident 5 self-administered any medications. Staff I stated they were unaware that there was no assessment completed for Resident 5 to self-administer any medications.

RESIDENT 6 MEDICATION SERVICES and PERSONAL HYGIENE CARE
Review of Resident 6's Face Sheet showed the facility admitted Resident 6 on [redacted]/2024.

Review of Resident 6's June 2024 MAR showed that Resident 6 received five mg of Memantine (medication used to treat impaired thinking and cognition), one tablet by mouth every evening, by mouth, every day; 40% Desitin cream (medication used to treat skin redness and irritation), apply topically to affected area(s) three times daily as needed; and 0.25%-14%-74.9% Preparation H Rectal Ointment (medication used to treat hemorrhoids), applied topically to affected area(s) three times daily, as needed. The MAR showed these three medications were started on 06/17/2024. The MAR showed that staff provided Resident 6 with medication assistance.

Review of Resident 6's assessment and NSA, both dated 04/19/2024, showed Resident 6 was assessed as independent with medication management. The documents showed that Resident 6 did not currently take any medications. The documents showed Resident 6 was assessed as independent with incontinence care and toileting. The documents showed that Resident 6 did not require assistance with toileting and self-managed their own incontinence.

Review of the facility's care staff progress notes from 04/15/2024 and 07/04/2024 showed that staff noted Resident 6 was incontinent of bowel and/or bladder on 20 separate occasions. The notes showed that staff assisted Resident 6 with their hygiene following these incontinence incidents.

During an interview on 07/12/2024 at 10:15 AM, Staff K, Garden House Director, stated that they reviewed physician orders for residents on medication assistance services in the secured Terrace and Garden House units. Staff K stated that they were unaware that Resident 6's assessment and service plan did not reflect the medication assistance services Resident 6 received. Staff K stated that they were unaware there was no documentation that staff provided Resident 6 with hygiene assistance.

RESIDENT 8 MEDICATION SERVICES and BEHAVIORS
Review of Resident 8's Face Sheet showed the facility admitted Resident 8 on [redacted]/2024. Review of the facility Characteristic Roster showed that Resident 8 admitted with behavior issues and cognitive impairment.

Review of Resident 8's combined assessment and service plan, dated 06/11/2024, showed Resident 8 was moderately independent with most activities of daily living (eating, drinking, and mobility). The documents showed Resident 8 had a history of hallucinations, wandering and aggressive behaviors (physically and verbally). The documents instructed staff to provide "redirection" when Resident 8 showed agitation, aggression, and intrusive behaviors. There was no documentation of the specific directions of the frequency for monitoring and supervision of Resident 8's behaviors. There were no specific directions and behavioral interventions to guide staff on how to

redirect Resident 8.

Review of Resident 8's June 2024 and July 2024 MAR showed that Resident 8 received 125 milligrams (mg) of Depakote Sprinkles (medication used to decrease agitation and anxiety), one capsule by mouth, twice a day as needed for agitation.

Review of Resident 8's combined assessment and service plan document showed staff provided Resident 8 full assistance with medication management. There was no documentation that showed Resident 8 received medication for agitation and anxiety. There was no documentation that provided staff with any guidance about what behavioral interventions may be used to redirect Resident 8 before staff administered the Depakote sprinkles. There was no instructions for staff about how to prepare the medication before administration.

During a phone interview on 07/16/2024/ Collateral Contact 1 (CC1, Resident 8's Representative), stated that they were aware that the facility was a "secured" memory environment and that the residents were monitored for their safety. CC 1 stated that they were not aware if Resident 8's service agreement showed how often staff checked on Resident 8 or what interventions were being implemented.

During an interview at 10:55 AM on 07/10/2024, Staff K stated that the facility staff monitored Resident 8 on all shifts. Staff K stated that staff documented all behaviors in the electronic recording system. Staff K stated that they were unaware that Resident 8's assessment and service plan did not provide staff with instructions on how to manage and redirect Resident 8 for behavioral episodes.

During an interview on 07/12/2024 at 10:15 AM, Staff K stated that they reviewed the physician orders for residents on medication assistance services in the secured Terrace and Garden House units. Staff K stated that the staff were instructed to document when the medication was given to Resident 8. Staff K stated that staff were instructed to document the effects of the medication. Staff K stated that they were unaware that Resident 8's assessment and service plan did not document any staff instructions for medication assistance.

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, Merrill Gardens at Renton Centre is or will be in compliance with this law and / or regulation on (Date) 9/6/2024.

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

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Plan/Attestation Statement

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Statement of Deficiencies	License #: 2598	Compliance Determination # 43669
Plan of Correction	Merrill Gardens at Renton Centre	Completion Date
Page 7 of 7	Licensee: MG At Renton, LLC	07/23/2024

Administrator (or Representative) 8/1/24 Date

Administrator (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

07/23/2024

MG At Renton, LLC
Merrill Gardens at Renton Centre
104 Burnett Ave S
Renton, WA 98057

RE: Merrill Gardens at Renton Centre # 2598

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 07/23/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2730 Licensee's responsibilities.

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(i) A current assisted living facility license, including any related conditions on the license;

The assisted living facility license posted on the wall beside the front lobby desk was expired as of 06/30/2023. During the inspection, facility staff located and posted the most current assisted living facility license to meet the regulatory requirements.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

The water temperature in four laundry room sinks and one unoccupied resident apartment kitchen sink, used by residents, measured above the regulation requirements of 120 degrees Fahrenheit. During the inspection, Facility Maintenance staff adjusted the hot water mixing valve to the faucet fixtures. Water temperature decreased to meet the regulatory requirements.

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(e) Make sure first-aid supplies are:

(i) Readily available and not locked;

(ii) Clearly marked;

(f) Make sure first-aid supplies are appropriate for:

(iii) The residents served; and

The location of first aid kit supplies throughout the facility were not identified. The kits were not readily available. During the inspection, the facility staff placed several first

aid kits throughout the facility with identifier signs posted with each kit.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

• Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure