STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

05/14/2025

Greenlake Management Lacey, LLC
Memory Care At The Lodges
1530 Carpenter Rd SE
Lacey, WA 98503

RE: Memory Care At The Lodges # 2600

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 58170 (Completion Date 05/14/2025) and 48795 (Completion Date 11/18/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/14/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;

(2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:

(a) Departure from the resident's customary range of functioning; or

(b) Recurring condition in a resident's physical, emotional, or mental functioning that has previously required intervention by others.

(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section; and

(b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.

(4) Take appropriate action in response to each resident's changing needs.

The Department staff who did the On Site verification:

Pamela Horlick, NCI RN Complaint Investigator
Cory Cisneros, Field Manager

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Memory Care At The Lodges **Provider Type:** Assisted Living Facility

License/Cert.#: 2600
Intake ID: 149668
Compliance Determination #: 48795
Region/Unit #: RCS Region 3 / Unit E
Investigator: Pamela Horlick
Investigation Date(s): 10/16/2024 through 11/18/2024
Complainant Contact Date(s):

Allegation(s):

Resident/Patient/Client Rights: Report of residents not afforded the option to refuse care.
Restraints/Seclusion-General: Report of resident being locked out of their room, having to sleep on the floor, and resident not keeping his clothes on.
Falsification of Records/Reports: Report of altercations not being documented.
Administration/Personnel: Report of residents not afforded the option to refuse care.
Physical Environment: Report of facility having bed bugs.
Infection Control: Report of residents having a concerning rash.
Resident/Patient/Client Abuse: Report of resident being forced to get up without appropriate assist and falling sustaining injury.

Investigation Methods:

Sample:
Total residents: 52
Resident sample size: 9
Closed records sample size: 1

Observations:
Identified resident
Residents
Activities
Dining
Resident rooms
Staff to resident interactions
Resident to resident interactions
Medication administration
Kitchen

Interviews:
Identified resident
Identified staff
Nursing staff
Residents

Record Reviews:
State reporting log
Facility policies
Personnel files
Staff training records
Care Plans

Progress Notes
Staff Schedule
Shower Sheets

Investigation Summary:

Resident/Patient/Client Rights: After investigation, staff are aware of residents rights and the option to refuse care if unwanted. Unable to substantiate failed practice.
Restraints/Seclusion-General: After investigation, resident chose to lay on the floor, staff would assist the resident to their room and would assist resident with finding clothing that they would keep on. Unable to substantiate failed practice.
Falsification of Records/Reports: After interview and record review, staff understand what to do if there is an altercation. Unable to substantiate failed practice.
Administration/Personnel: After interview and observation, staff understand that residents have rights and have the option to refuse care. Unable to substantiate failed practice.
Physical Environment: After interview and observation, no bed bugs were observed to be in the facility. Unable to substantiate failed practice.
Infection Control: After interview and observation, residents had skin issues that had not been monitored appropriately or reported to proper parties. Failed practice identified.
Resident/Patient/Client Abuse: After interview and record review, resident is independent with transfers. Unable to substantiate failed practice.

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

800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 2600	Compliance Determination # 48795
Plan of Correction	Memory Care At The Lodges	Completion Date
Page 1 of 9	Licensee: Greenlake Management Lacey, LLC	11/18/2024

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 10/16/2024 and 11/20/2024 of:

Memory Care At The Lodges
1530 Carpenter Rd SE
Lacey, WA 98503

This document references the following complaint number(s): 149525, 149668, 150021

The following sample was selected for review during the unannounced on-site visit: 9 of 52 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Pamela Horlick, NCI RN Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Cory Cisneros
Residential Care Services

11/26/2024
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) 12.12.24 Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;

(2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:

(a) Departure from the resident's customary range of functioning; or

(b) Recurring condition in a resident's physical, emotional, or mental functioning that has previously required intervention by others.

(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section; and

(b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to monitor and evaluate changes in residents' conditions after the facility was made aware of a skin rash and failed to take appropriate action in response to the rashes for 5 of 5 residents (Resident 1 [R1], Resident 2 [R2], Resident 3 [R3], Resident 4 [R4], Resident 5 [R5]) reviewed. These failures resulted in R1, R2, R3, R4, and R5 experiencing ongoing discomfort from a rash, the rash going unidentified and untreated, and placed all residents at risk of unmet care needs and lack of response to address changes in resident conditions.

Findings included...

Record review of a facility policy, titled, "Skin Care Management," dated 02/15/2024, showed, "All residents will be evaluated for skin integrity and risk for skin breakdown upon admission, or readmission. All residents will receive care that promotes skin health and prevents breakdown. Any areas of potential breakdown will be immediately reported and addressed by a Licensed Nurse. Wound care will only be performed by appropriate health care professionals." Under the section titled, "Skin Assessments," showed, "A Licensed Nurse will perform a head-to-toe skin assessment on each resident upon admission...Any red or open areas, bruises, scars, skin tears or rashes will be documented in the Resident Health Record...Residents will be routinely observed during

their showers, toileting, and dressing, by the caregiver on an ongoing basis. Any red or open areas, new bruises, or tears will be reported to the Shift Supervisor or Health Services Director...The Health Services Director is responsible for ensuring that appropriate interventions, follow-up, Service Plan updates and progress notes are completed. At least weekly assessment and documentation by the Health Services Director should occur until the problem is resolved...The attending Primary Care Provider will be contacted for treatment orders, an order for home health wound care consult, or an appointment for further evaluation."

Record review of facility policy, titled, "Infection Control: Scabies," dated 02/15/2024, stated, "The Community has safe practices to prevent and address scabies outbreaks." Under the section titled, "Procedure," showed, "Human scabies is caused by an infestation of the skin by the microscopic human itch mite (Sarcoptes scabiei var. hominis)...An outbreak of scabies is defined as one confirmed case and two suspected cases of residents exhibiting signs of scabies...The most common symptoms of scabies are severe itching, especially at night, and a pimple-like itchy "scabies rash." Tiny, raised burrow lines are sometimes seen on the skin caused by the scabies mite tunneling just beneath the surface...Crusted (Norwegian) scabies is characterized by vesicles and thick crusts over the skin that can contain mites. Persons with crusted scabies may not show the usual signs and symptoms of scabies such as the characteristic rash or itching. Because they are infested with large numbers of mites (up to 2 million), persons with crusted scabies are very contagious...Any resident suspected of having scabies should be immediately referred to his/her physician or dermatologist... An aggressive approach to preventing and controlling scabies is recommended, particularly when crusted (Norwegian) scabies is confirmed or suspected. Under the section titled, "Transmission," showed, " Scabies usually is passed by direct, prolonged skin to skin contact with an infested person. However, a person with crusted (Norwegian) scabies can spread the infestation by brief skin-to-skin contact or by exposure to bedding, clothing, or even furniture that he/she has used...The first time a person gets scabies they usually have no symptoms during the first 2 to 6 weeks they are infested; however they can still spread scabies during this time. The onset of scabies in a staff person who has had scabies before can be an early warning sign of undetected scabies in a resident. Under the section titled "Treatment" showed, "Effective products used to kill scabies mites are only available by prescription. No "over-the-counter (non-prescription) products have been tested and approved to treat human scabies."

<R1>

Review of R1's face sheet, dated 10/16/2024, showed that R1 was admitted to the facility on [redacted]/2024.

Record review of R1's progress notes, date range 08/18/2024 through 10/14/2024, showed the following:

09/18/2024- "Staff brought to attention that resident has small scab like tracks on residents arms and upper chest"

There were no further notes or documentation provided that showed the facility further monitored, assessed or took actions to address R1's skin issues.

<R2>

Review of R2's face sheet, dated 10/16/2024, showed that R2 was admitted to the facility on [redacted]/2024.

Record review of R2's progress notes, date range 07/27/2024 through 10/18/2024, showed the following:

09/04/2024- "Resident was in shower and staff noticed small red dots on back and some dark bruising. MT [Med Tech] did report to hsd [Health Services Director] and resident stated it itches."

10/18/2024- PCP [Primary Care Provider] came to see resident. MT mentioned to PCP that resident had a rash and was very itchy.

There were no further notes or documentation provided that showed the facility further monitored, assessed or took actions to address R2's skin issues.

<R3>

Review of R3's face sheet, dated 10/18/2024, showed that R3 was admitted to the facility on [redacted]/2024.

Record review of R3's progress notes, date range 08/18/2024 through 10/07/2024, showed the following:

08/06/2024- "Staff noticed that resident has small bumps on her chest area, breast area, and on her upper legs. MT did notify HSD about concerns."

08/07/2024- "No new concerns other than the small bumps."

08/09/2024- "Resident on alert charting for small red bumps. Resident continues to have small red bumps and staff stated that they were on her left inner thigh and that she was scratching at this time."

Record review of facility document titled "Shower Audit" for R3 showed they were showered on 10/15/2024. On the shower sheet, in the section, "Nature of skin issue", the area for "rash" was marked. The area on the form "HSD notified" had an "X" on the line next to the word "Yes". On the diagram of a body, the front right shoulder, front left arm, the abdomen and front right lower leg had an "X" indicating the area where the rash was visualized by the caregiver.

There were no further notes or documentation provided that showed the facility further monitored, assessed or took actions to address R3's skin issues.

<R4>

Review of R4's face sheet, dated 10/18/2024, showed that R4 was admitted to the facility on [redacted]/2023.

Record review of R4's progress notes, date range 08/15/2024 through 10/05/2024, showed no mention of resident complaining of or having a rash.

There were no further notes or documentation provided that showed the facility further monitored, assessed or took actions to address R4's skin issues.

Record review of facility document titled "Shower Audit" for R4 showed they were showered on 10/14/2024. On the shower sheet, in the section, "Nature of skin issue", the area for "bruise" and "rash" were marked. On the diagram of a body, the back, the front and back of both legs, the front of the right arm and the left arm were circled indicating the area where the rash was visualized by the caregiver.

<R5>

Review of R5's face sheet, dated 10/16/2024, showed that R5 was admitted to the facility on [redacted]/2024.

Record review of R5's progress notes, date range 08/27/2024 through 10/11/2024, showed no mention of resident complaining of or having a rash.

There were no further notes or documentation provided that showed the facility further monitored, assessed or took actions to address R5's skin issues.

Record review of facility document titled "Shower Audit" for R5 showed they were showered on 10/15/2024. On the shower sheet, in the section, "Nature of skin issue", the area for "rash" was marked. On the diagram of a body, the backside of the neck and shoulders, mid back and behind both knees were marked with an "X", the front left shoulder, right arm, abdomen, both knees and right front leg were marked with an "X" indicating the area where the rash was visualized by the caregiver.

In an interview on 10/16/2024 at 2:39 PM, Staff B, Health Services Director, was asked for the shower sheets that were collected yesterday (10/15/2024).

In an interview and observation on 10/16/2024 at 7:03 AM, Collateral Contact 1 (CC1), Medication Technician, was asked if there were any residents in the building with skin issues, they stated there are people here with rashes. CC1 stated there were "a lot" of people. CC1 stated R1 and R2. CC1 was asked if there have been any treatments done on R1 and R2, they stated, no, treatments were done back when the previous Executive Director left. CC1 stated the rash went away but it popped back up again. CC1 stated R2 had a rash on their arms and their back. R2 observed sitting in the chair waiting for breakfast moving left to right itching his back against the back of the chair. CC1 stated, I think R3 had a rash. CC1 stated they told Staff A, Executive Director, and no treatments were given. CC1 stated, they told Staff C, Resident Care Coordinator, about the residents with a rash and no one had been treated. CC1 stated R2 had it the worst. CC1 stated it was sad, the rash was on their whole back and arms. CC1 was asked who they told about the rash, they stated upper management was told over a month ago. CC1 was asked what they said in response to the information, they stated nothing. CC1 was asked what has been done in response to the rash, they stated, nothing, no prescriptions. R2 was observed to have red, pimple like scabs on both arms. CC1 lifted the back of R2's shirt exposing his skin on his back. R2's skin was red with little red pimples with scabs. CC1 stated R2 didn't have this problem when he first admitted to the facility. CC1 stated R4, R1, R3 and R5 are other residents who had a rash.

In an interview and observation on 10/16/2024 at 7:03 AM, R2 was asked if they itch, R2 stated, "yes really bad." R2 observed to be squirming in the chair to scratch their back. R1 observed with small red bumps on their abdomen and both arms. R1 was asked if his skin itches, R1 stated yes.

In an interview on 10/16/2024 at 8:21 AM, Collateral Contact 5 (CC5), Caregiver, was asked how long they believe the issue with possible scabies has been going on, they stated, for several months. CC5 stated there was a case of scabies the beginning of the year and everyone was treated. CC5 stated then 3-4 months after the treatment the rashes started popping back up. Staff D was asked if the Executive Director was aware, they stated yes. CC5 what was asked what has been done to address the issue, they stated to their knowledge, nothing. CC5 stated R3 was treated twice, they were treated about a month ago. CC5 stated that they use shower sheets to document residents skin conditions, and there was a stack of them going back as far as August, the rash was documented.

In an interview on 10/22/2024 at 11:49 AM, Collateral Contact 6 (CC6), Caregiver, was

asked to explain the skin issues R2 was having, CC6 stated, they have a rash all over their arms and back and was itching. CC6 stated R2 will itch and then it bleeds. CC6 was asked if they documented that on a shower sheet, they stated they are sure they did. CC6 stated they gave R2 a shower last Friday and it was reported to CC1 that R2 had a rash. CC6 stated R5 had a rash too and it was pretty bad and will bleed too. CC6 stated everybody in the facility was having a rash, they [management] don't listen. CC6 stated they have told CC1 and CC1 tells Staff A and Staff B, but nothing gets resolved.

In an interview and observation on 10/16/2024 at 10:38 AM, R4 was asked if they had been itching, they stated yes. R4 was observed to reach her hands up and began itching her chest. R4 stated they have to itch their body and back against the wall sometimes. R4 observed to have red blotchy, small scabs on left forearm, on R4's back were red blotchy areas of small red dots with larger areas of redness around the small dots. R4 observed to vigorously itch breasts and legs during interview. R4's tailbone was observed to have red areas that appear to be red spots with red scratches.

In an interview on 10/16/2024 at 10:44 AM, CC5 stated they gave R5 a shower on Tuesday (10/15/2024). They stated they noticed the rash spreading and had reported it about a month and half ago. CC5 was asked what was done, they stated, nothing.

In an interview and observation on 10/16/2024 at 10:47 AM, R5 asked if they had been itching, they stated yes and it hurts. R5 stated its uncomfortable. R5 skin on both arms in crooks of elbows were red and inflamed with small red dots and large red scratched areas. Red pimple like scabs visible on R5's tailbone. R5 observed to be scratching both arms vigorously, where red bumps are visualized. Shoulders observed to have red bumps and red lines from scratching.

In an interview on 10/16/2024 at 10:50 AM, CC5 stated the worst skin conditions were on R2, R1, and R5. CC5 was asked where R3 was, they stated R3 lived in Lodge 2 but was currently in Lodge 1. CC5 stated R3 liked to go back and forth between the two lodges.

In an interview and observation on 10/16/2024 at 12:59 PM, R2 observed to be sitting in dining area in a chair. R2 was asked if they were "OK", R2 stated he itches. R2 was asked what itches, and they stated my back. R2 stated, "Ow" and began to scratch their head. R2 grimaced, stated it hurt. R2 appeared tearful. R2 began to move back and forth to scratch their back against the back of the chair.

In an interview on 10/16/2024 at 2:39 PM, Staff B, Health Services Director, was asked if they were able to locate the stack of shower sheets, they stated there was a stack, but there were no shower sheets in the stack for the sample of residents that were requested (R1, R2, R3, R4, R5).

In an interview on 10/16/2024 at 3:01 PM, Staff B was asked what was going on regarding the residents in lodge 2 with rashes, they stated they were informed of that

last month. Staff B was asked when they were first made aware, they stated at the beginning of September. Staff B stated they contacted the PCP's of everyone who had the rash. Staff B stated the doctor was coming in to assess the others that were on the list. Staff B was asked to explain the process when a resident had symptoms of itching, they stated they will assess them and contact the PCP by phone, fax, or email. Staff B was asked if they document that they reached out, they stated, they will document it. Staff B stated they will have faxes as well. Staff B was asked to provide documentation of when the PCP's were notified for R1, R2, R3, R4, and R5. Staff B stated he will send the confirmations over via email by 3PM the following day.

Records request to see documentation of PCP notifications for R1, R2, R3, R4, and R5 was not received by 3:00PM on 10/17/2024. Additional requests were made at 3:14 PM and 5:00 PM 0n 10/17/2024 and the facility did not provide the requested documentation.

In an interview on 11/01/2024 at 10:06 AM, Collateral Contact 2, primary care appointment center, was asked if they see documentation going back to August that the doctor was made aware of a rash that R4 had, they stated there was nothing regarding a rash.

In an interview on 11/01/2024 at 9:59 AM, Collateral Contact 3, patient service specialist, was asked if R1's PCP was made aware of a rash anytime from now back until August, CC3 stated they do not see anything. CC3 stated they looked through the received faxes as well and there was nothing regarding a rash.

In an interview on 11/01/2024 at 10:06 AM, Collateral Contact 4, R5's, R2's, and R3's PCP business office manager, was asked if R5's PCP was made aware of a rash on R5's body, they stated yes. CC4 was asked when they were made aware of the rash, they stated, they were made aware on 10/23/2024. CC4 stated there was an order put in for permethrin cream for scabies. CC4 was asked to look as far back as to August, they stated R5 established care on 09/06/2024 and there was no mention of a rash either by phone or fax. CC4 was asked if the doctor was made aware of a rash for R3, they stated there was nothing in the notes regarding a rash. CC4 was asked if the doctor was made aware of a rash on R2, they stated there was no mention of a rash. CC4 stated they see that permethrin cream was ordered on 10/30/2024.

This is a recurring deficiency previously cited on 04/27/2023, 01/10/2023, and 08/25/2022.

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, Memory Care At The Lodges is or will be in compliance with this law and / or regulation on (Date) 1.2.2025 .

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

Administrator (or Representative)

12.02.2024
Date