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

08/01/2025

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) 63134 (Completion Date 08/01/2025) and 58169 (Completion Date 05/14/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/01/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

The Department staff who did the On Site verification:
Pamela Horlick, NCI RN Complaint Investigator

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home Nurse 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: 151665
Compliance Determination #: 50167
Region/Unit #: RCS Region 3 / Unit E
Investigator: Pamela Horlick
Investigation Date(s): 11/13/2024 through 12/19/2024
Complainant Contact Date(s):

Allegation(s):
Quality of Care/Treatment: Facility report of a resident sustaining an injury after a fall.

Investigation Methods:

Sample:	Total residents: 51 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents
Record Reviews:	State reporting log Incident investigation Facility policies Care plan progress notes

Investigation Summary:
Quality of Care/Treatment: Facility failed to complete an assessment and update the care plan after a resident had a change in condition. Failed practice identified.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

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

License/Cert.#: 2600
Intake ID: 152269
Compliance Determination #: 50167
Region/Unit #: RCS Region 3 / Unit E
Investigator: Pamela Horlick
Investigation Date(s): 11/13/2024 through 12/19/2024
Complainant Contact Date(s):

Allegation(s):
Quality of Care/Treatment: Report of a resident sustaining an injury after a fall and taken to the hospital.

Investigation Methods:

Sample:	Total residents: 51 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents
Record Reviews:	State reporting log Incident investigation Facility policies Care plan progress notes

Investigation Summary:
Quality of Care/Treatment: Facility failed to complete an assessment and update the care plan after a resident had a change in condition. Failed practice 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

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

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 follow-up on 04/16/2025 of:
Memory Care At The Lodges
1530 Carpenter Rd SE
Lacey, WA 98503

This document references the following SOD dated: 05/14/2025

The following sample was selected for review during the unannounced on-site visit: 3 of 42 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

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

Statement of Deficiencies	License #: 2600	Compliance Determination # 58169
Plan of Correction	Memory Care At The Lodges	Completion Date
Page 2 of 4	Licensee: Greenlake Management Lacey, LLC	05/14/2025

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

05/21/2025
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.

Director of Operations
Patricia Santos-Love
Administrator (or Representative)

May 21, 2025
Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to update the resident assessment and negotiated service agreement (NSA) after a change in condition for 1 of 3 residents (Resident 2 [R2]). This failure placed R2 at risk of unmet care needs and decreased quality of life.

Findings included...

Record review of the "Department of Social And Health Services" document, Completion date 12/19/2024, showed "As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations [including WAC (Washington Administrative Code) 388-78A-2630] as stated in the cited deficiencies in the enclosed report. 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." The administrator section showed Staff A, Administrator, signed the document on

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

05/21/2025
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-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to update the resident assessment and negotiated service agreement (NSA) after a change in condition for 1 of 3 residents (Resident 2 [R2]). This failure placed R2 at risk of unmet care needs and decreased quality of life.

Findings included...

Record review of the "Department of Social And Health Services" document, Completion date 12/19/2024, showed "As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations [including WAC (Washington Administrative Code) 388-78A-2630] as stated in the cited deficiencies in the enclosed report. 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." The administrator section showed Staff A, Administrator, signed the document on

01/06/2025. Staff A signed the "Plan/Attestation Statement" for all citations cited that read "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, [the facility] is or will be in compliance with this law and/or regulation on 02/02/2025."

Record review of R2's face sheet, dated 04/16/2025, showed R2 admitted to the facility on [redacted]/2024 with a diagnosis of [redacted] ([redacted]) and [redacted] ([redacted]).

Record review of the Communication and Alert Charting log binder, dated 04/01/2025-04/15/2025, showed R2 had the following notes:
- 04/02/2025: Resident showing severe behaviors, not eating or drinking.
- 04/03/2025: Behaviors for R2 are increasing, not eating or drinking.
- 04/07/2025: Resident not eating or drinking.
- 04/08/2025: Resident not eating or drinking.
- 04/09/2025: Resident not eating or drinking.
- 04/10/2025: Resident not eating or drinking.
- 04/11/2025: Resident not eating or drinking.
- 04/14/2025: Resident not eating or drinking.
- 04/15/2025: Resident in room all day, did not eat.

Record review of R2's NSA, dated 04/08/2025, showed R2 was independent with meal consumption and the goal was for R2 to maintain or maximize their current level of functioning with meal consumption. R2's recent decline in eating and drinking was not addressed on the NSA.

Record review of R2's Quarterly Assessment, dated 04/08/2025, showed R2 had a fair appetite and ate at least 50% or more of their meals. The assessment showed R2 was insulin (medication to manage blood sugar levels) dependent. The assessment did not address R2's recent decline in eating and drinking.

In an interview on 04/16/2025 at 11:45 AM, Staff B, Licensed Nurse, stated when they complete new assessments they review old assessments, talk to staff, observe the resident, review records, and look back over information from the quarter. Staff B confirmed they completed R2's quarterly assessment on 04/08/2025. Staff B was informed of the notes from 04/01/2025-04/15/2025 showing R2 was not eating or drinking and did not reflect accurately on the recently completed assessment.

In an interview on 04/16/2025 at 3:41 PM, Staff A, Staff C, Director of Operations, and Staff B confirmed that the assessment and NSA did not accurately capture or address the change in R2's eating and drinking intake.

This is an uncorrected deficiency previously cited on 12/19/2024.

Statement of Deficiencies	License #: 2600	Compliance Determination # 58169
Plan of Correction	Memory Care At The Lodges	Completion Date
Page 4 of 4	Licensee: Greenlake Management Lacey, LLC	05/14/2025

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) 06/18/2025 .

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

Director of Operations

Administrator (or Representative) Patricia Santos-Love

May 21, 2025

Date

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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 11/13/2024 and 12/23/2024 of:

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

This document references the following complaint number(s): 151665, 152269

The following sample was selected for review during the unannounced on-site visit: 3 of 51 current residents and 0 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.

Jody Just
Residential Care Services

12/24/2024
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) 1·6·25 Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to update the negotiated service agreement (NSA) after a resident sustained an injury 2 of 3 residents (Resident 1[R1] and Resident 2 [R2]). This failure placed R1 and R2 at risk of unmet care needs and decreased quality of life.

Findings included...

Record review of the facility policy, titled, "Accidents, Incidents and Unusual Occurrences", last revised on 02/15/2024, showed, "An incident is defined as any unforeseen or unplanned event or any other irregular happening in the routine operations of the Community. An incident includes any accident or unusual occurrence that takes place in the course of caring for a particular resident, or an unexpected event concerning a visitor of the Community, whether or not injury to persons or property occurred. It is the policy of this Community that all accidents and/or incidents will be responded to and investigated promptly." Under the section titled, "Within Three Work Days," showed, "The Health Services Director, LN [Licensed Nurse], or RCC's [Resident Care Coordinator] will implement any necessary Service Plan revisions."

Record review of the facility policy, titled, "Change of Condition," last revised 09/24/2024, showed, "To establish clear guidelines for identifying, intervening and documenting a resident's change of condition and ensure compliance with WAC's 388-78A-2120, 388-78A-2350 and provide quality of care to community residents. Under the section titled, "Policy 1" showed, "Any change in a residents condition that is observed or suspected by any staff member, must be reported to the Med Tech on duty or call who will evaluate the resident, document the change in medical record, and notify the

Health Services Director and Register Nurse, if applicable. If there is not a Licensed Nurse on duty and the change is not related to a specific incident, staff will notify the Health Servies Director and/or Registered Nurse…The community nurse will assess the resident in a timely manner…The assessment may be a full or problem focused assessment as determined by the community nurse…The nurse will document findings, resident status, and interventions made as a result of this assessment." Under the section, titled, "Procedure," showed, "If a resident change of condition is the result of an incident or accident, the policy and procedure for Accidents, Incidents and Unusual Occurrences will be followed…The Health Services Director will be responsible for reviewing reports and evaluating the resident for the changes noted, in a timely manner…The Med Tech, RCC or HSD [Health Services Director] will determine the type of intervention and follow-up that is indicated, including appropriate notification of the residents family or responsible party and Primary Care Provider, RN if required."

Record review of the facility policy, titled, "Evaluations," last revised 02/15/2024, showed, "A comprehensive needs evaluation will be conducted to determine the level of assistance required to maximize each resident's quality of life and to maintain compliance with state regulations as explained in WAC 388-78A-2060, WAC 388-78A-2090, WAC 388-78A-2100 to facilitate person centered care. Thorough and timely evaluations will ensure that resident care needs are identified and that an individualized Service Plan is maintained which addresses those specific needs. The initial evaluation also assists in determining the prospective resident's suitability for placement in the assisted living or memory care setting." Under the section, "Procedure," showed, "Following the initial evaluation period, routine evaluation will be conducted annually or when a change of condition has been identified, resulting in a change of care needs."

Record review of facility policy, titled, "Fall Management," last revised 02/15/2024, showed, "Appropriate care and medical intervention will be provided as indicated when a Resident sustains a fall." Under the section, titled, "Procedure," showed, "If a resident has fallen: The Health Services Director, Licensed Nurse, ED or Med-tech will update the Resident Service Plan if indicated or develop a Temporary Service Plan."

Record review of facility Incident Log, undated, showed from 10/15/2024-11/13/2024, R1 had a fall with injury on 10/17/2024 and R2 had a fall with injury on 10/18/2024.

<R1>

Record review of R1's face sheet, dated 11/13/2024, showed that R1 was admitted to the facility on [redacted]/2024.

Record review of Incident report dated [redacted]/2024, showed R1 sustained injury from an unwitnessed fall in the hall of the facility. R1 had blood coming from their nose. 911 was called and resident was taken to the hospital.

Record review of R1's progress notes, date range 10/16/2024 through 11/05/2024,

showed on [redacted]/2024 resident returned from the hospital by ambulance. The resident was noted to have bruising on their face and left arm and has a broken arm. Health Services Director was notified the resident returned to the facility.

Record review of R1's Needs and Services Plan (Negotiated Services Plan) last updated 01/30/2024. No updates were made to the Service Plan to address R1's increased needs due to their broken arm.

During a record request on 12/12/2024 at 10:31 AM, an assessment was not provided for R1.

<R2>

Record review of R1's face sheet, dated 11/13/2024, showed that R2 was admitted to the facility on [redacted]/2021.

Record review of Incident report dated [redacted]/2024, showed R2 was found on the floor int their room. R2 mentioned they hit their head and 911 was called and resident was taken to the hospital.

Record review of R2's progress notes, date range 10/16/2024 through 11/06/2024, showed:

-[redacted]/2024 resident had an unwitnessed fall. R2 claimed they hit their head and mentioned that their back and hip was hurting.

-[redacted]/2024 resident arrived back to the facility. Resident had a fractured clavicle and a broken right hip. Resident is non-weight bearing to left shoulder and is a two person assist. Will need assistance with ADL's and eating.

During a record request on 12/12/2024 at 10:31 AM, an assessment was not provided for R2.

Record review of R2's Needs and Services Plan (Negotiated Services Plan) last updated 11/03/2023. Under the section "Ambulation," showed R2 was "independent" with ambulation. Under the section, "Toileting" showed the resident was "stand by assist." Under the section "Meals" showed R2 was independent. No updates were made to the Service Plan to address R2's increased needs due to their broken clavicle and broken right hip injuries.

In an interview on 11/13/2024 at 1:47 PM, Staff D, Caregiver, was asked, if they weren't

verbally informed of a change in a resident's condition, how else would they be made aware, they sated by their own observations. Staff D stated there is nothing for them to look at. Staff D stated all the charting goes on the computers and caregivers done have access to the computers.

In an interview on 11/13/2024 at 2:01 PM, Staff E, Caregiver, was asked if they weren't told about a residents change in condition, how else they would be aware, they stated they would know the resident's baseline and if they noticed a change in baseline I would notify the med tech. Staff E was asked if there is any documentation they would at, they stated, no. Staff E was asked if they review care plans, they stated no, they don't have access to care plans. Staff E was asked if there are printed care plans to review, they stated no. Staff E was asked if they believe a resident who fell and broke their hip, a change in condition, they stated absolutely. Staff E was asked if a resident who broke their arm be a change of condition, they stated absolutely.

In an interview on 11/13/2024 at 1:17PM, Staff C, Medication Technician, was asked where they would look to see if a resident had a change in condition, they stated there is a binder in the medication room with care plans. Staff B was asked if R1's care plan is in the binder, they stated they gave it to Staff A. Staff C was asked if a resident fell and came back to the facility with a broken hip and a broken clavicle if that would be considered a change in condition, they stated, yes, because now they cant move them. Staff C was asked with a change of condition would you see an updated care plan, they stated, we should. Staff C was asked if R1's broken arm be considered a change in condition, they stated yes.

In an interview on 11/13/2024 at 1:26PM, Staff A, Executive Director, was asked how staff are made aware of a change to the care a resident receives, they stated, Staff B, Health Services Director, will verbally tell staff if there is a change. Staff A stated the system here needs to be audited. Staff A was asked when a care plan would be updated, they stated it would be on change of condition and annually. Staff A was asked if a resident sustaining a hip fracture and a broken clavicle a change of condition, they stated yes. Staff A was asked if R2's injury occurred a month ago, if their care plan would be updated, printed and put in the medication room for review, they stated yes. Staff A was asked if a resident breaking their arm a change of condition and require a are plan update, they stated, yes. Staff A was asked if R1's care plan should have been updated and printed for staff to review by now, they stated yes it should have. Staff A was asked how soon the facility should update and print out the care plans for staff to review, they stated they believe it should be done when they return from the hospital.

In an interview on 12/10/2024 at 12:01 PM, Staff A, was asked when R1 and R2 came back from the hospital after sustaining their injuries, if new assessments were completed, Staff A stated they didn't see that any were completed for R1 or R2. Staff A was asked if new assessments should have been done, they stated, yes, they should have been done.

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) 2/02/25

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

Administrator (or Representative) 1.6.25 Date