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

03/18/2024

MP Smokey Point, LLC
Fields Senior Living at Smokey Point
3607 169th St NE
Arlington, WA 98223

RE: Fields Senior Living at Smokey Point License # 2601

Dear Administrator:

This letter addresses Compliance Determination(s) 36953 (Completion Date 02/16/2024) and 30130 (Completion Date 12/07/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/16/2024 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-2600-2-f

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: Fields Senior Living at Smokey Point
License/Cert.#: 2601
Compliance Determination #: 30130
Investigator: Karen Glover
Investigation Date(s): 09/27/2023 through 12/07/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 96686
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):

The Named Resident (NR) was found lying on the floor next to the bathroom. The NR stated they had slipped on the floor.

Investigation Methods:

Sample:	Total residents: 66 Resident sample size: 4 Closed records sample size: 0
Observations:	Residents Activities Resident rooms Staff to resident interactions
Interviews:	Family members Nursing staff
Record Reviews:	Incident investigation negotiated service agreement Medication administration record/BP

Investigation Summary:

The NR was able to tell staff that he slipped on the floor after using the bathroom. The NR's baseline was ambulatory with assistance and used a wheelchair. The day after the fall, the NR complained of severe hip pain. The facility staff called 911 and the NR was taken to the hospital. The facility initiated an investigation and ruled out abuse and neglect. The facility notified the medical provider and the department's hot line. The facility did not notify the resident's representative as directed in the facility's fall policy. The facility was cited for noncompliance with WAC 388-78A-2600 (2)(f) Policies and procedures.

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 #: 2601	Compliance Determination # 30130
Plan of Correction	Fields Senior Living at Smokey Point	Completion Date
Page 1 of 3	Licensee: MP Smokey Point, LLC	12/07/2023

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 09/27/2023 and 11/21/2023 of:

Fields Senior Living at Smokey Point
3607 169th St NE
Arlington, WA 98223

This document references the following complaint number(s): 98156, 98078, 98070, 96686

The following sample was selected for review during the unannounced on-site visit: 4 of 66 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Karen Glover, 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

12/21/2023
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 #: 2601	Compliance Determination # 30130
Plan of Correction	Fields Senior Living at Smokey Point	Completion Date
Page 2 of 3	Licensee: MP Smokey Point, LLC	12/07/2023

Carina Brunell
Administrator (or Representative)

12/21/23
Date

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(f) In response to medical emergencies;

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure staff followed the Fall Response policy by notifying the responsible party immediately when 1 of 4 sampled residents (Resident 1) was found on the floor of their bedroom. This failure resulted in Resident 1's Representative not being notified of a fall and placed Resident 1 at risk of not receiving care based on informed decisions by their representative.

Findings included...

Review of the ALF's policy titled "Fall Response Procedures" dated 12/08/2022 showed that after a resident falls, the responsible party is notified immediately.

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

Review of Resident 1's progress note dated [redacted]/2023 at 9:53 PM showed Resident 1 had an unwitnessed non-injury fall around 9:45 PM. Resident 1 was found lying on the floor next to their bathroom. Resident 1 denied any pain. Resident 1 denied bumping their head. Range of motion was within their base line. No injury noted. Resident 1 stated they had finished using the bathroom and went back to bed then slipped on the floor. Resident 1 was placed on 72-hour alert charting and staff would continue to monitor. The progress note showed the PCP, RN, and family was notified.

In an interview on 11/16/2023 at 12:57 PM, Collateral Contact 1 (CC1), Resident 1's representative, stated that they received a call on [redacted]/2023 at 7:30 PM asking about options whether to send Resident 1 to the emergency room or give pain medication. CC1 stated that this was the first they had heard of the fall that happened 24 hours earlier.

In an interview on 11/21/23 at 10:03 AM, Staff A, Executive Director, stated that there was a policy from the previous administration that staff did not need to contact family unless it

was an emergency.

In an interview on 12/07/2023 at 4:16 PM Staff C, medication technician (med tech) stated that the night shift staff was told to pass onto the morning shift staff to have them call the family regarding the fall. Staff C stated that they had been told by previous management, that if the resident was not sent out to the hospital, the fall was not concerning, and took place late at night, the family could be called in the morning.

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, Fields Senior Living at Smokey Point is or will be in compliance with this law and / or regulation on (Date) 01/22/23.

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

Carina Brunell — Administrator (or Representative)

12/22/23 — Date