



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

11/03/2023

Greenlake Management Everett, LLC
Everett Heritage Court
4441 W. Airport FWY Ste 160
Oriving, TX 75062

RE: Everett Heritage Court License # 2612

Dear Administrator:

This letter addresses Compliance Determination(s) 32042 (Completion Date 11/01/2023) and 26631 (Completion Date 07/28/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/01/2023 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-3090-1-c, WAC 388-78A-3090-1-b, WAC 388-78A-3090-1-a, WAC 388-78A-2040-1, WAC 388-78A-2140-5, WAC 388-78A-2480-1, WAC 388-78A-2610-2-c, WAC 388-78A-2230-1-c-ii, WAC 388-78A-2230-1-c-i, WAC 388-78A-2230-1-c, WAC 388-78A-2240, WAC 388-78A-2210-2-b, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2, WAC 388-78A-2380-3

The Department staff who did the on-site verification:

Jodi Condyles, ALF Licenser

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



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

Licensee: Greenlake Management Everett, LLC
Everett Heritage Court
4441 W. Airport FWY Ste 160
Oriving, TX 75062

RE: Everett Heritage Court License # 2612

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 07/28/2023 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
 - o Mail the Plan/Attestation Statement and report with original signatures to:

Greenlake Management Everett, LLC
Everett Heritage Court # 2612
07/28/2023
Page 2 of 18

Kimberley Ripley, Field Manager
Residential Care Services
Region 2, Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

- 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.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

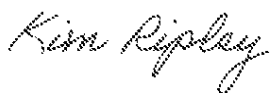
In Addition, You May:

- 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 (360)651-6846.

Sincerely, 

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Enclosure



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 #: 2612	Compliance Determination # 26631
Plan of Correction	Everett Heritage Court	Completion Date
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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 and complaint investigation on 06/15/2023, 06/21/2023, 06/22/2023, 06/27/2023, 06/28/2023 and 06/29/2023 of:
Everett Heritage Court
4230 Colby Ave
Everett, WA 98203

This document references the following complaint numbers: 84716.

The following sample was selected for review during the unannounced on-site visit: 7 of 46 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, ALF Licenser
Jodi Condyles, ALF Licenser
Cristina Gonzalez, ALF Licenser

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.

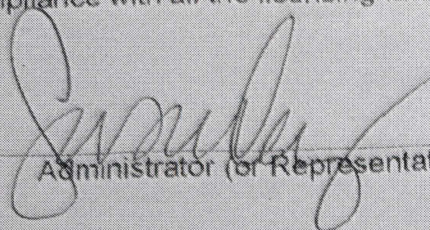
Kim Ripley

Residential Care Services

08/09/2023

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.


Administrator (or Representative)

8/17/23
Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

- (a) Provide a safe, sanitary and well-maintained environment for residents;
- (b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;
- (c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on observations and interview, the Assisted Living Facility (ALF) failed to provide a safe, sanitary, well-maintained environment for 37 of 37 residents living at the ALF. This failure resulted in residents living in an unsafe and unsanitary environment and placed them at risk for injury and a decreased quality of life.

Findings included...

On 05/24/2023, the following was observed:

Downstairs:

At 11:00 AM, inside the baseboard heating unit in the activity/dining room were pieces of paper, wrappers, popsicle sticks, and tissues.

At 11:00 AM, inside the baseboard heating unit in the activity/dining room were pieces of paper, wrappers, popsicle sticks, and tissues.

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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-3090 Maintenance and housekeeping.

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- MAINT*
- (a) Provide a safe, sanitary and well-maintained environment for residents;
 - (b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;
 - (c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on observations and interview, the Assisted Living Facility (ALF) failed to provide a safe, sanitary, well-maintained environment for 37 of 37 residents living at the ALF. This failure resulted in residents living in an unsafe and unsanitary environment and placed them at risk for injury and a decreased quality of life.

Findings included...

On 05/24/2023, the following was observed:

Downstairs:

At 11:00 AM, inside the baseboard heating unit in the activity/dining room were pieces of paper, wrappers, popsicle sticks, and tissues.

At 11:03 AM, a couch in the activity/dining room had worn down fabric in the seat of the cushion and the back cushion leaving a tattered fabric cover that was uncomfortable to touch.

At 11:15 AM, the activity closet had a mold-like odor when the door was opened. Cobwebs covered the ceiling in the closet. The ceiling tiles near the closet door had a brown water stain.

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At 11:21 AM, under the sink near the entrance of the laundry room were three ants crawling on the ground.

At 11:30 AM, a ceiling tile next to the door in the resident bathroom/shower room had broken into two pieces. The corners of the pieces were unsecure and sticking out halfway out of the hole left behind by the broken ceiling tile. The vent grilles in the ceiling fan were covered in dust.

Upstairs:

At 11:46 AM, the ceiling fan in the bathroom/shower room had strands of dust hanging off the vent grilles.

At 12:01 PM, the fire panel across from the activity/dining room was unlocked and cracked open.

In an interview on 06/21/2023 at 12:01 PM, Staff A, Executive Director, stated that the panel should be locked.

Outside:

At 11:50 AM, in the outside courtyard, a utility hole cover in the middle of the walkway was recessed into the cement leaving a one inch drop off below the normal ground level.

In an interview on 06/21/2023 at 11:50 AM, Staff C, Maintenance Director, stated that they would work on repairing this right away so it would no longer be a trip and safety hazard.

At 11:51 AM, in the middle of the outside courtyard walkway was a pile of dried feces with flies surrounding it. Further down the walkway was a second pile of feces. The area smelled of excrement. A brief was tucked under a section of the fence.

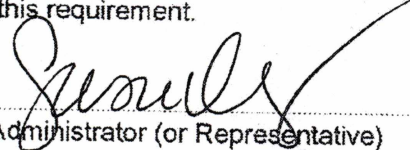
In an interview on 06/21/2023 at 11:51 AM, Staff A stated that they believed the feces was from a resident. Staff A stated that maintenance staff would pressure wash the area as soon as possible.

Plan/Attestation Statement

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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, Everett Heritage Court is or will be in compliance with this law and / or regulation on (Date) 9/23/23

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


Administrator (or Representative)

8/17/23
Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on observations and interview, the Assisted Living Facility (ALF) failed to prohibit smoking within 25 feet from doors or windows. This failure resulted in all residents being placed at risk for exposure to secondhand smoke.

Findings included...

Review of RCW 70.160.075 showed smoking is prohibited within 25 feet from entrances, exits, and windows that open to ensure that tobacco smoke does not enter the area through entrances, exits, open windows, or other means.

Observation on 06/22/2023 at 9:52 AM and 12:44 PM, showed a resident actively smoking with a lit cigarette in their hand in an outdoor fenced area next to the ALF's vending machine room and the resident's baby doll play area. The smoking resident was less than three feet from a door and an operable window.

On 06/22/2023 at 2:15 PM, the downstairs hallway near Room 7 down to the vending machine room smelled strongly of cigarette smoke.

On 06/28/2023 at 1:21 PM, Staff A, Executive Director, stated that they were going to find a new designated area for residents to smoke that was further away from the ALF.

Plan/Attestation Statement

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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, Everett Heritage Court is or will be in compliance with this law and / or regulation on (Date) 9/23/23.

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


Administrator (or Representative)

8/17/23
Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

ACR (5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to develop a negotiated service agreement (NSA) that addressed behavioral interventions including when to obtain consultative resources to address behavioral issues for 2 of 6 sampled residents (Resident 2 & 4). This failure placed Resident 2 and 4 at risk for not having their mental health needs met.

Review of WAC 388-110-220 showed that an ALF with an enhanced adult residential care service contract must develop and implement policy and procedures to obtain consultative resources to address behavioral issues for residents. This policy must include information on when and how a behavioral consultation with a professional familiar with the care of persons with dementia with complex or severe problems will happen.

Resident 2

Resident 2 was admitted to the ALF on [REDACTED] /2014 with multiple medical diagnoses including [REDACTED]

In an observation on 06/22/2023 at 12:06 PM, Resident 2 was pounding on the dining room table with their fists. Resident 2 then began to repeatedly hit their arm with their opposite fist.

In an observation on 06/22/2023 at 12:19 PM, Resident 2 bit the gloved hand of a caregiver during lunch when the caregiver was attempting to provide feeding assistance.

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Review of Resident 2's undated NSA did not address when staff are to obtain consultative resources to address behavioral issues.

Resident 4

Resident 4 was admitted to the ALF on [REDACTED] /2023 with multiple diagnoses including [REDACTED] and [REDACTED]

In an interview on 06/28/2023 at 11:42 AM, Resident 4 stated that they have been refusing all but one medication. Resident 4 stated that the medication ALF staff attempt to give are poisoned.

In an observation on 06/28/2023 at 12:55 PM, Resident 4 was seen walking past the administrative office. Upon hearing laughter inside the office, Resident 4 made statements suggestive of paranoia. Resident 4 then began to swear and name call the staff inside the office.

Review of Resident 4's undated NSA did not address when staff are to obtain consultative resources to address behavioral issues.

In an interview on 06/27/2023 at 10:27 AM, Staff A, Executive Director, stated that they could not provide a policy for when and how to obtain consultative resources to address behavioral issues for residents. Staff A stated that the ALF's medical providers can refer to psych if needed, but that they don't have a policy of when this should be happening.

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, Everett Heritage Court is or will be in compliance with this law and / or regulation on (Date) 9/23/23.

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

[Signature]
Administrator (or Representative)

8/17/23
Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

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This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) did not ensure 4 of 6 sampled staff (Staff A, Executive Director, Staff D, Medication Tech, Staff E, Medication Tech, and Staff H, Medication Tech) were screened for tuberculosis (TB) within three days of hire. This failure placed residents at risk of possible exposure to a communicable disease.

Findings included...

Employee files were reviewed and showed the following:

Staff A was hired on 11/29/2022. An initial TB test was completed on 02/22/2023.

Staff D was hired on 04/21/2022. An initial TB test was completed on 07/31/2023.

Staff E was hired on 04/13/2023. An initial TB test was completed on 04/22/2023.

Staff H was hired on 01/24/2023. An initial TB test was completed on 03/24/2023.

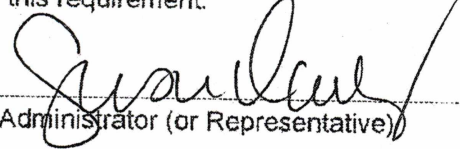
On 06/27/2023 at 3:03PM, Staff A stated that they were aware the TB tests were late but were only able to correct moving forward.

On 06/29/2023 at 1:35PM, Staff B, Nurse Director, stated that they were unaware TB had to be completed within 3 days of hire.

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, Everett Heritage Court is or will be in compliance with this law and / or regulation on (Date) 9/23/23.

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


Administrator (or Representative)

8/17/23
Date

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WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 6 of 6 sampled staff (Staff A, Executive Director; Staff D, Med Tech; Staff E, Caregiver; Staff F, Med Tech; Staff G, Med Tech; and Staff H, Caregiver) had been fit tested for N95 respirator masks. This failure placed all residents at risk of contracting a communicable disease.

Findings included...

Review of Washington Administrative Code 296-842-15005 (2)(a)(b) showed the ALF will provide fit testing (a fit test tests the seal between the respirator facepiece and the wearer's face) before employees are assigned duties that may require the use of respirators and at least every twelve months after the initial testing.

Record review of the ALF's Infection Control Program showed no documentation confirming completion of fit testing for facility staff.

On 06/28/2023 at 9:20 AM, Staff B, Nurse Director, stated that fit testing had not been completed for any staff.

On 06/28/2023 at 9:40AM, Staff B contacted Staff L, Regional Nurse, to request documentation for any staff that had received fit testing. Staff L replied by text message that no one had been fit tested.

On 06/28/2023 at 11:53 AM, Staff I, Medication Tech/Caregiver, stated that they had not been fit tested for a respirator.

On 06/28/2023 at 12:01PM, Staff J, Caregiver, stated that they had not been fit tested for a respirator.

On 06/28/2023 at 12:23PM, Staff K, Caregiver, stated that they had not been fit tested for a respirator.

On 06/28/2023 at 12:26 PM, Staff M, Caregiver, stated that they had not been fit tested for a respirator.

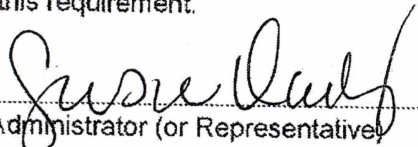
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On 06/28/2023 at 12:50PM, Staff F, Medication Tech/Caregiver, stated that they had not been fit tested for a respirator.

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, Everett Heritage Court is or will be in compliance with this law and / or regulation on (Date) 9/23/23.

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



 Administrator (or Representative)

8/17/23

 Date

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the resident's physician for 1 of 7 sampled residents (Resident 4) when Resident 4 chose not to take their medications. This failure placed Resident 4 at risk for not receiving informed decisions by their health care provider and complications related to untreated health care needs.

Findings included...

Review of the ALF's policy titled "Missed or Refused Medication", dated 08/10/2021, showed after refused medications are noted in the resident's medication record the prescribing physician is notified immediately. The Wellness Director re-appraises the resident and contacts the physician and responsible party if the resident is continually refusing a medication(s).

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Resident 4 was admitted to the ALF on [REDACTED] /2023 with multiple diagnoses including [REDACTED]

[REDACTED] and [REDACTED]

Review of Resident 4's assessment dated 03/31/2023 showed Resident 4 required medication services from the ALF.

Review of an undated negotiated service agreement (NSA) showed Resident 4 was unable to self-administer medications related to cognitive impairment. The NSA showed that Resident 4 was to receive medications safely and as prescribed and that medications will be administered by a licensed or certified team member.

Review of Resident 4's electronic medication administrations record (EMAR) dated 06/22/2023 showed Fluticasone nasal spray was to be sprayed into Resident 4's nose once a day to treat allergies. An EMAR dated May 2023 showed Resident 4 refused 8 out of 31 prescribed doses. An EMAR dated June 2023 showed Resident 4 refused 15 of the 22 prescribed doses.

Review of Resident 4's EMAR dated 06/22/2023 showed a Lidocaine patch was to be applied once a day to manage pain levels. An EMAR dated May 2023 showed Resident 4 refused 75 of the 120 prescribed doses. An EMAR dated May 2023 showed Resident 2 refused 8 of the 31 prescribed doses. An EMAR dated June 2023 showed Resident 4 refused 17 of the 22 prescribed doses.

Review of Resident 4's EMAR dated 06/22/2023 showed Olanzapine was to be given once a day to manage behaviors related to dementia. An EMAR dated May 2023 showed Resident 4 refused 9 of the 31 prescribed doses. An EMAR dated June 2023 showed Resident 4 refused 21 of the 21 prescribed doses.

Review of Resident 4's EMAR dated 06/22/2023 showed Gabapentin was to be given twice a day to manage behaviors related to dementia. An EMAR dated May 2023 showed Resident 4 refused 17 of the 62 prescribed doses. An EMAR dated June 2023 showed Resident 4 refused 40 of the 43 prescribed doses.

In an interview on 06/28/2023 at 1:21 PM, Staff A, Executive Director, stated that when a resident refuses a medication, staff are to notify the doctor immediately after three refusals.

Review of Resident 4's progress notes for May and June showed no entries that ALF staff had contacted the resident's physician regarding frequent medication refusals.

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In an interview on 06/28/2023 at 12:38 AM, Staff B, Nurse Director, stated that they were unable to provide documentation that ALF staff had notified Resident 4's physician about frequent medication refusals.

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, Everett Heritage Court is or will be in compliance with this law and / or regulation on (Date) 9/23/23.

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

Susan Downey
Administrator (or Representative)

8/17/23
Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain prescribed medications in a timely manner for 3 of 7 sampled residents (Resident 2, 4 & 5). This failure resulted in Residents 2, 4, and 5 not having a prescribed medications available and placed Residents 2, 4, and 5 at risk for medical complications.

Findings included...

Review of the ALF's policy titled "Missed or Refused Medication", dated 08/10/2021, showed after missed medications are noted in the resident's medication record, the prescribing physician is notified of the missed medications immediately.

Resident 2

Resident 2 was admitted to the ALF on [REDACTED] /2014 with multiple medical diagnoses including [REDACTED]

Review of Resident 2's assessment dated 03/09/2023 showed Resident 2 required medication services from the ALF.

Review of Resident 2's Electronic Medical Administration Record (EMAR) dated 06/22/2023

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showed Acetaminophen was to be given one time a day for pain. Resident 2's EMAR dated May 2023 showed Acetaminophen was marked as not available for 13 out of 31 prescribed doses.

Review of Resident 2's EMAR dated 06/22/2023 showed Tamsulosin was to be given one time a day for bladder control. Resident 2's EMAR dated May 2023 showed Tamsulosin was marked as not available for 2 out of 31 prescribed doses.

Review of Resident 2's EMAR dated 06/22/2023 showed Gabapentin was to be given two times a day for lower back pain. Resident 2's EMAR dated May 2023 showed Gabapentin was marked as not available for 5 out of 62 prescribed doses.

Resident 4

Resident 4 was admitted to the ALF on [REDACTED]/2023 with multiple diagnoses including [REDACTED] and [REDACTED]

Review of Resident 4's assessment dated 03/31/2023 showed Resident 4 required medication services from the ALF.

Review of an undated negotiated service agreement (NSA) showed Resident 4 was unable to self-administer medications related to cognitive impairment. The NSA showed that Resident 4 was to receive medications safely, as prescribed, and that medications would be administered by a licensed or certified team member.

Review of Resident 4's EMAR dated 06/22/2023 showed a Lidocaine patch was to be applied once a day to manage pain levels. Resident 4's EMAR dated May 2023 showed Lidocaine patches were marked as not available for 15 out of 31 prescribed doses. An EMAR dated June 2023 showed Lidocaine patches were marked as not available for 4 out of the 22 prescribed doses.

Resident 5

Resident 5 was admitted to the ALF on [REDACTED]/2020 with multiple medical diagnoses including [REDACTED]

Review of Resident 5's assessment dated 03/06/2023 showed Resident 5 required medication services from the ALF.

Review of an undated NSA showed Resident 5 was unable to self-administer medications

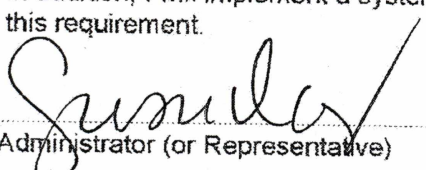
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related to cognitive impairment. The NSA showed that Resident 5 was to receive medications safely and as prescribed and that medications will be administered by a licensed or certified team member.

Review of Resident 5's EMAR dated 06/22/2023 showed Aspirin was to be given once a day for heart health. Resident 5's EMAR dated May 2023 showed Aspirin was marked as not available for 2 out of 31 prescribed doses.

Review of Resident 5's EMAR dated 06/22/2023 showed Risperidone (0.5 milligrams) was to be given once a day for behavioral disturbances. Resident 5's EMAR dated May 2023 showed Risperidone was marked as not available for 10 out of 31 prescribed doses.

Review of Resident 5's EMAR dated 06/22/2023 showed Risperidone (1 milligram) was to be given once a day for behavioral disturbances. Resident 5's EMAR dated May 2023 showed Risperidone was marked as not available for 6 out of 31 prescribed doses.

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, Everett Heritage Court is or will be in compliance with this law and / or regulation on (Date) <u>9/23/23</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>8/17/23</u> Date

WAC 388-78A-2210 Medication services.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

- (a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and
- (b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to develop and implement systems that support and promote safe medications services for 2 of 7 Residents (Resident 1 and 7) when physician orders were not followed. This failure place Resident 1 and 7 at risk for medication mismanagement and medical complications.

Statement of Deficiencies	License #: 2612	Compliance Determination # 26631
Plan of Correction	Everett Heritage Court	Completion Date
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Resident 1

Resident 1 was admitted to the ALF on [REDACTED] /2018 with multiple medical diagnoses including [REDACTED] and [REDACTED]

Record review of Resident 1's Negotiated Service Agreement (NSA) showed Resident 1 received staff administration for all medications and treatments as prescribed by the physician.

Review of Resident 1's Electronic Medical Record (EMAR) for the month of May 2023 showed Resident 1 was to have morning blood sugar monitoring Monday, Wednesday, and Saturday. If Resident 1's blood sugars were below 60 or above 200, the physician was to be notified. Blood sugars were above 200 for 5 of the 13 tests completed in May with no notes indicating notification was provided to the physician.

Record review of Resident 1's EMAR showed no progress notes regarding contacting the physician for additional direction due to elevated blood sugar.

In an interview on 06/28/2023 at 9:20AM, Staff B, Nurse Director stated that they were not aware Resident 1's blood sugars were above 200.

In an interview on 06/28/2023 at 9:36AM, Staff A, Executive Director stated that they were unaware the physician was not contacted regarding Resident 1's blood sugars. Staff A stated they would speak to the Medication Techs right away regarding following medication orders.

In an interview on 06/28/2023 at 10:20AM, Staff F, Medication Tech stated that they were unaware they needed to notify the physician when the blood sugars were low or high but would notify the facility nurse instead.

Resident 7

Resident 7 was admitted to the ALF on [REDACTED] /2021 with multiple medical diagnoses including [REDACTED]

Record review of Resident 7's Negotiated Service Agreement (NSA) showed Resident 7 received staff administration for all medications and treatments prescribed by the physician.

Statement of Deficiencies	License #: 2612	Compliance Determination # 26631
Plan of Correction	Everett Heritage Court	Completion Date
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Review of Resident 7's Electronic Medical Record (EMAR) for the month of June 2023 showed Resident 7 was prescribed Diclofenac Sodium Cream 1% (a topically pain reliever), to be applied to the left shoulder two times per day (8:00AM and 5:00PM). In June 2023, Resident 7 had the topical pain reliever applied to both knees 6 times. The physician order states to be used on the left shoulder only.

In an interview on 06/28/2023 at 9:25AM, Staff B, Nurse Director stated they were unaware the Medication Techs were applying the topical pain medication on Resident 7's knees. Staff B stated that they would contact the physician immediately.

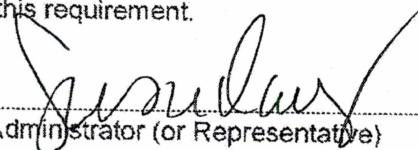
In an interview on 06/28/2023 at 10:25AM Staff F, Medication Tech, stated that they were unaware they needed to notify the physician to place the topical pain medication on any other location of Resident 7's body.

Record review of Resident 7's showed no progress notes showing communication with the physician.

Plan/Attestation Statement

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Administrator (or Representative)

8/17/23
Date

WAC 388-78A-2380 Freedom of movement. An assisted living facility must ensure all of the following conditions are present before moving residents into units or buildings with exits that may restrict a resident's egress:

(3) The assisted living facility must have a system in place to inform and permit visitors, staff persons and appropriate residents how they may exit without sounding the alarm.

This requirement was not met as evidenced by:

Based on observation and record review, the Assisted Living Facility (ALF) failed to ensure visitors in the ALF were able to exit on their own free will. This failure caused ALF visitors unnecessary waiting to have personnel help them exit.

Findings included...

Statement of Deficiencies	License #: 2612	Compliance Determination # 26631
Plan of Correction	Everett Heritage Court	Completion Date
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Observation on 06/21/2023 at 11:10 AM showed the ALF had two secured entrances. The main entrance located at street level with a code for entrance and exit and a basement entrance and exit for staff.

On 06/27/2023 at 10:50 AM, Staff C, Maintenance Director stated that there was no code posted for exiting from the basement locked gate. The code was only posted on the outside of the gate for entrance.

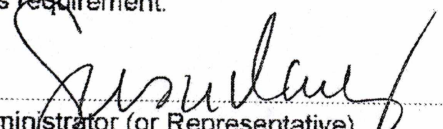
On 06/27/2023 at 11:22 AM, Staff A, Executive Director confirmed the roman numerals post on the upper floor exit was an inaccurate code. A sticker that was originally placed over the current code was removed, leaving an inaccurate code posted.

On 06/28/2023 at 1:12PM a Residential Care Services (RCS) Licenser was observed attempting to exit through the upper floor main entrance with the code posted. The code posted was inaccurate and the gate would not open.

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


Administrator (or Representative)

8/17/23
Date