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

Greenlake Management Ocean Shores, LLC
Ocean Shores Assisted Living
4441 W. Airport FWY Ste 160
Irving, TX 75062

RE: Ocean Shores Assisted Living License # 2615

Dear Administrator:

This letter addresses Compliance Determination(s) 26648 (Completion Date 07/21/2023) and 22824 (Completion Date 04/27/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/21/2023 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-2100-2-a, WAC 388-78A-2100-2-b, WAC 388-78A-2100-2, WAC 388-78A-3090-1-a

The Department staff who did the on-site verification:
Celeste Vashey, ALF LTC Licensor

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: Ocean Shores Assisted Living
License/Cert.#: 2615
Compliance Determination #: 22824
Investigator: Celeste Vashey
Investigation Date(s): 04/24/2023 through 04/27/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 78047
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

1) Concern for food accomodations for the resident to be able to eat.
2) Concern resident was not monitored while sick.
3) Concern regarding facility fall protocal.
4) Concern regarding staff ratios at the facility.
5) Concern regarding residents cat having fleas.

Investigation Methods:

Sample:	Total residents: 54 Resident sample size: 5 Closed records sample size: 0
Observations:	Identified resident Residents Dining Resident rooms Staff to resident interactions
Interviews:	Identified resident Nursing staff Residents Family members Housekeeping staff
Record Reviews:	Medical records Grievance log State reporting log Incident investigation Facility policies

Investigation Summary:

1) Residents care plan does not reflect their current diet. This issue is already being cited under WAC 388 78A 2140 NSA Contents Statement of Deficiencies dated 04/26/2023.
2) Alert charting does not indicate resident was placed on alert when they were sick and reporting swallowing issues. This issue is already being cited under Statement of

Deficiencies dated 04/26/2023. Failed practice identified for WAC 388 78A 2100 2 a b as the facility did not complete an assessment after the resident had a change of condition.
3) Residents investigation post fall was not fully completed. This issue is already being cited under Statement of Deficiencies dated 04/26/2023.
4) Licensor was not able to substantiate this concern. No failed practice.
5) Based on record review and interview, failed practice identified. The cat did not have a clean bill of health from their vet.

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: Ocean Shores Assisted Living
License/Cert.#: 2615
Compliance Determination #: 22824
Investigator: Celeste Vashey
Investigation Date(s): 04/24/2023 through 04/27/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 79764
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

1) Concern regarding staffing ratios.
2) Concern regarding food quality.
3) Concern regarding the wrong medication being given to a resident.

Investigation Methods:

Sample:	Total residents: 54 Resident sample size: 5 Closed records sample size: 0
Observations:	Residents Resident care equipment Resident rooms Staff to resident interactions
Interviews:	Family members Residents Nursing staff Housekeeping staff Kitchen staff
Record Reviews:	Grievance log State reporting log Incident investigation Facility policies

Investigation Summary:

1) Licensor was unable to substantiate this claim as there were not records or observations to prove the facility was short staffed. No failed practice.
2)Unable to substantiate this claim. The facility provides a variety of meals, if the resident does not like the meal, they are provided with another option. No failed practice.
3) This issue was already identified and cited under Statement of Deficiencies dated 04/26/2023.

Conclusion / Action:

- ☐ 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
6639 Capitol Blvd SW, Floor 1or 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 2815	Compliance Determination # 22824
Plan of Correction	Ocean Shores Assisted Living	Completion Date
Page 1 of 5	Licensee: Greenlake Management Ocean Shores, LLC	04/27/2023

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 04/24/2023 and 05/01/2023 of:

Ocean Shores Assisted Living
1020 Catala Avenue SE
Ocean Shores, WA 98569

This document references the following complaint number(s): 78047, 79764

The following sample was selected for review during the unannounced on-site visit: 5 of 54 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Celeste Vashey, ALF LTC Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
6639 Capitol Blvd SW, Floor 1or 1
Tumwater, WA 98501

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

05/10/2023
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.

Debbie Smathers
Administrator (or Representative)

5/18/23
Date

WAC 388-78A-2100 On-going assessments. The assisted living facility must:

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

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

(b) 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 record review and interview the facility failed to complete an assessment for 1 of 5 residents (Resident 1) after the resident had experienced a change of condition and the negotiated service agreement (Needs and Service Plan) no longer addressed the resident's needs. This failure resulted in staff being unable to properly understand the resident's current care needs and placed the resident at risk of unmet care needs and decreased quality of life.

Findings included...

Resident 1 (R1)

Record review of R1's Face Sheet showed R1 admitted to the facility on [redacted]/2021. R1 had diagnoses of [redacted] and [redacted].

Record review of R1's Food and Mealtime Preferences – Dining Services, dated 01/31/2021, showed R1 did not need to have their food cut up in the kitchen and that R1 could do it themselves.

Record review of R1's Needs and Services Plan, dated 08/13/2022, showed R1 had a diabetic diet and no other documented information regarding R1's dietary needs or preferences.

Record review of R1's Primary Care Provider summary, dated 03/13/2023 showed R1 was evaluated due to weakness, nausea, and vomiting for five days. R1 had a pending ENT (Ears Nose Throat) consult for possible surgical intervention of R1's esophageal diverticulum (a pouch that protrudes outward in a weak portion of the esophageal lining that can appear

between the throat and stomach).

Record review of a Physician Communication, dated 04/17/2023 showed R1 was sent to the hospital because they were complaining of difficulty swallowing and being unable to take their medication. R1 was seen by a gastroenterologist (specialist in gastrointestinal disease) doctor who referred R1 to an ENT specialist.

Record review of R1's Narrative Charting, dated 03/12/2023 – 04/07/2023, showed no documentation regarding R1's change of condition related to weakness, nausea, vomiting for five days, swallowing concerns, and inability to take their medication.

In an interview on 04/24/2023 at 12:25 PM, Staff D, Activities Director/former Medication Technician, stated R1 would often times report swallowing issues. Staff D stated R1 reported they had difficulty swallowing a variety of foods.

In an interview on 04/24/2023 at 12:53 PM, R1 stated they often had a hard time swallowing food and needed their food to be cut up in order to not choke or get a stuck feeling inside of their throat. R1 stated that they preferred to have a mechanical soft diet (diet which consists of any food that can be blended, mashed, pureed, or chopped which is designed for people who have trouble chewing and swallowing).

In an interview on 04/24/2023 at 1:30 PM, Staff E, Cook stated R1 had a mechanical soft diet.

In an interview on 04/24/2023 at 1:45 PM, Staff F, Caregiver stated R1's diet changed often. Staff F stated at times R1 had a puree diet (foods with soft pudding like consistency) and other times R1 had a mechanical soft diet.

In an interview on 04/25/2023 at 3:40 PM, Staff B, Health Services Director stated R1 currently had a mechanical soft diet.

In an interview on 04/27/2023 at 2:26 PM, Staff B, Health Services Director stated the Needs and Service plan for R1, dated 08/13/2022, was also considered the assessment and it was the most up to date document the facility had regarding R1's care needs.

Review of R1's Needs and Services Plan, dated 08/13/2022, showed it did not address R1's trouble with swallowing food and did not include R1's preference to have a mechanical soft diet.

Plan/Attestation Statement

6-11-23

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, Ocean Shores Assisted Living is or will be in compliance with this law and / or regulation on (Date) 6-11-23 .

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

Debbie Smathers — Administrator (or Representative)

5/18/23 — 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;

This requirement was not met as evidenced by:

Based on record review and interview the facility failed to provide a safe, sanitary, and well-maintained environment for 1 of 5 sampled residents (Resident 1). This failure resulted in the resident having a diminished quality of life due to unsafe, unsanitary, and unmaintained living conditions in their room.

Findings included...

Record review of the facility's Visiting Pets Policy, dated 08/10/2021, showed, "Staff will ensure that any pet, regardless of ownership, will not jeopardize the health, safety, comfort, treatment, or well-being of residents or staff."

Record review of an Animal Hospital Clinical Summary, dated 05/05/2021, under Health Status, showed Resident 1 (R1's) cat's right ear had mites (a parasite that lives in the ear canal and sometimes on the surface of the skin) and the cat had live fleas (small wingless jumping insects which feeds on the blood of mammals and birds).

Record review of R1's Face Sheet showed R1 admitted to the facility on [redacted]/2021.

Record review of R1's Needs and Services Plan, dated 08/13/2022, showed no indication R1 had a cat living inside of their unit with them.

In an interview on 04/24/2023 at 12:53 PM, R1 expressed concern that their cat currently had fleas. R1 indicated the cat did not have flea treatments available to them. R1 expressed frustration with the lack of help from facility staff regarding their flea concerns. R1 stated

that the administration informed them they cannot exterminate the fleas because they are coming from the local wildlife. R1 stated the cat is an indoor cat and they do not understand how the cat continued to have fleas.

In an interview on 04/25/2023 at 3:40 PM, Staff B, Health Services Director stated if a resident reported fleas the facility would contact pest control as needed. Staff B stated the facility maintenance would flea bomb (treat indoor flea infestation through indirect application of chemicals) the residents' units as needed. Staff B stated the facility would do whatever it took to exterminate the fleas. Staff B stated R1 had expressed concern a couple of months ago that their cat currently had fleas. Staff B stated the residents were responsible for ensuring their pets were on a monthly flea treatment. Staff B stated the maintenance department helped R1 by flea bombing their room multiple times. Staff B stated R1 needed to do something about the fleas because no amount of flea bombing was helping.

Record review of the facility Pest Control Logbook, dated 04/17/2022, showed R1's room had been flea bombed for fleas on 04/17/2022. There was no documentation of actions taken in 2023 for R1's flea concerns.

The facility was unable to provide any further documentation of actions or conversations related to addressing R1's flea infestation concern.

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, Ocean Shores Assisted Living is or will be in compliance with this law and / or regulation on (Date) 6-11-23.

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

Debbie Smathers — Administrator (or Representative)

5/18/23 — Date

Plan of Correction

WAC	Deficient System or Standard	Action Plan	Team Member's Name	Estimated date of completion
388-78A-2100	Ongoing Assessments	Monitor for change in condition and inservice staff on change of condition/alert charting procedures	Debbie Smathers ED,Cheryl Conner HSD	6/11/2023
388-78A-3090	Maintenance and Housekeeping	vaccinations. Maintenance willl monitor for fleas and audit every room for presence of fleas. Audit facility monthly for fleas for 60 days.	Debbie Smathers ED Cheryl Conner HSD	6/11/2023
388-78A-2210	Medication Services	Inservice and redelegate all med techs on medication pass and resident's 5 rightsof medication pass and continue monitoring.	Debbie Smathers ED Cheryl Conner HSD	6/11/2023