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

12/18/2024

Greenlake Management Ocean Shores, LLC
Ocean Shores Assisted Living
1020 Catala Avenue SE
Ocean Shores, WA 98569

RE: Ocean Shores Assisted Living # 2615

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 49352 (Completion Date 12/18/2024) and 40252 (Completion Date 05/17/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/18/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

The Department staff who did the Off Site verification:
Emily Boniface, Community Program Nurse Licensor
Nikolas Jennings, Community Nurse Complaint Investigator

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
Investigation Summary Report

Provider/Facility: Ocean Shores Assisted Living
License/Cert.#: 2615
Compliance Determination #: 40252
Investigator: Pamela Horlick
Investigation Date(s): 04/24/2024 through 05/17/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 126056
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

1. Quality of Life: Facility report of a verbal altercation between two residents.
2. Resident/Patient/Client Rights: Facility report of a verbal altercation between two residents.
3. Nursing Services: Report of residents smoking from a pipe while wearing oxygen.

Investigation Methods:

Sample:	Total residents: 47 Resident sample size: 6 Closed records sample size: 1
Observations:	Identified resident Residents Activities Dining Resident rooms Staff to resident interactions Resident to resident interactions Medication administration
Interviews:	Identified resident Nursing staff Residents Business office manager Kitchen staff
Record Reviews:	State reporting log Incident investigation Care plans Progress Notes Witness Statements Fax to Dr Incident Log

Investigation Summary:

1. Facility called 911 after two residents were in a verbal altercation. Social workers

and PCP's for both residents contacted and both placed on alert. Interventions in place. No failed practice identified. Negotiated Service Agreement for resident involved in verbal altercation unsigned and dated by facility representative. Failed practice identified.
2. Facility called 911 after two residents were in a verbal altercation. Social workers and PCP's for both residents contacted and both placed on alert. Interventions in place. No failed practice identified.
3. Facility educated residents on the negative outcomes of smoking while wearing oxygen. Crisis professionals and residents PCP contacted. 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

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Statement of Deficiencies	License #: 2615	Compliance Determination # 40252
Plan of Correction	Ocean Shores Assisted Living	Completion Date
Page 1 of 3	Licensee: Greenlake Management Ocean Shores, LLC	05/17/2024

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 04/24/2024 and 05/15/2024 of:

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

This document references the following complaint number(s): 127157, 126469, 126856

The following sample was selected for review during the unannounced on-site visit: 6 of 47 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

05/24/2024
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.

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1020 Catala Avenue SE
Ocean Shores, WA 98569

This document references the following complaint number(s): 127157, 126469, 126056

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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.

Residential Care Services _____ 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)

5/28/24
Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure the negotiated service agreement (NSA) was signed by the representative of the assisted living facility after a new NSA was completed for 1 of 6 residents (Resident 1[R1]). This failure placed R1 at risk of not receiving agreed upon services.

Findings included...

Record review of the facility policy, titled, "Resident Assessment and Negotiated Service Agreement", dated 08/10/2021, stated, "Assessments and Negotiated Service Agreements will be updated as frequently as necessary to ensure they reflect current resident care needs and preferences. Individualized Negotiated Service Agreements are used to plan for and meet resident needs using an interdisciplinary approach. Under the section, "Negotiated Service Agreement Contents," stated, "The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by a representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf... The Wellness Director ensures the NSA is signed and dated by the community representative and the resident and/or responsible party as appropriate. A copy is given to the family/responsible party."

Review of R1's face sheet showed that R1 was admitted to the facility on [redacted]/2023.

Record review of R1's NSA showed it was signed by R1. There was no date indicating when it was signed by R1. There was no signature from the facility representative to indicate who completed it or a date to indicate when it was completed by the facility representative.

In an interview on 05/15/2024 at 1:40 PM, Staff A, Executive Director, was asked who is required to sign the care plan, they stated, Staff B, Resident Care Director, and the resident will sign. Staff A was asked if the NSA should be dated when signing, they stated it should be. When asked why the NSA needs to be signed by Staff B, Staff A stated Staff B compiled it and by signing showed they did it, presented it and consented to it.

Administrator (or Representative) Date

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Statement of Deficiencies	License #: 2615	Compliance Determination # 40252
Plan of Correction	Ocean Shores Assisted Living	Completion Date
Page 3 of 3	Licensee: Greenlake Management Ocean Shores, LLC	05/17/2024

This is a recurring deficiency previously cited on 08/22/2023.

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) 7/1/24.

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

Debbie Smathers — Administrator (or Representative)

5/28/24 — Date

This is a recurring deficiency previously cited on 08/22/2023.

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)_____ .

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

_____ _____

Administrator (or Representative) Date