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
1020 Catala Avenue SE
Ocean Shores, WA 98569

RE: Ocean Shores Assisted Living License # 2615

Dear Administrator:

This letter addresses Compliance Determination(s) 40728 (Completion Date 05/17/2024) and 37758 (Completion Date 03/05/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/17/2024 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-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c

The Department staff who did the on-site verification:
Anissa Bearden, 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 #: 37758
Investigator: Anissa Bearden
Investigation Date(s): 02/13/2024 through 03/05/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 120244
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

1) 14 day assessments not completed for newly admitted residents
2) care plans not available to the caregivers.
3) documentation shows medication technicians giving injection that is not allowed.

Investigation Methods:

Sample:	Total residents: 49 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Activities Dining Medication administration Staff to resident interactions
Interviews:	Nursing staff Residents administrative staff
Record Reviews:	Medical records Facility policies Staff patterns

Investigation Summary:

1) the facility provided an assessment that was completed past the 14 day of the residents admission date. there was failed practice.
2) five residents care plans were not in the service plan binders for the care staff to review when they told me where to look. Failed practice see CD 36837 for the citation as it is uncorrected from full inspection.
3) after interviews with the resident and staff, the injection was not being administered by staff and was only documented as they were. The instructions was updated to reflect that resident self injects and the medication technician only preps the injection pen and provides it to the resident. no failed practice.
3)

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 # 37758
Plan of Correction	Ocean Shores Assisted Living	Completion Date
Page 1 of 5	Licensee: Greenlake Management Ocean Shores, LLC	03/05/2024

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 02/13/2024 and 03/05/2024 of:

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

This document references the following complaint number(s): 120244

The following sample was selected for review during the unannounced on-site visit: 3 of 49 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anissa Bearden, Licensor

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 — 03/08/2024 (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) Debbie Smathers

Date 3/11/24

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment within 14 days of the resident's move-in date for 1 of 2 sampled residents (Resident 1 [R1]). This failure placed R1 at risk for their care needs and services not being met.

Findings included...

Record review of the facility's policy, titled, "Resident Assessment and Negotiated Service Agreement", dated 08/10/2021, showed assessments and negotiated service agreements would be updated as frequently as necessary to ensure they reflect current resident care needs and preferences. The assisted living facility must complete a full assessment within fourteen days of the residents move-in date.

Record review of R1's face sheet showed they moved into the facility on [redacted]/2024 with multiple medical diagnoses including [redacted], and [redacted].

Record review of R1's Resident Care Plan (facility's version of pre-admission assessment), undated, showed R1 smoked 1 pack a day and experienced wheezing in their lungs. R1 had a history of high blood pressure. R1 had limited movement to their back and could not walk 20 feet. R1 required one person assistance with personal hygiene needs and dressing. R1 used a cane with walking and had history of falls with the most recent fall 3 to 4 weeks prior to the assessment.

Record review of R1's Washington Resident Assessment, dated 02/16/2024, showed the assessment was completed 17 days after R1 had moved into the facility.

In an interview on 02/13/2024 at 12:09 PM, Staff A, Executive Director, stated that R1 moved into the facility on [redacted]/2024.

In an interview on 02/13/2024 at 12:54 PM, Staff B, Registered Nurse/Health Service Director, stated an assessment was to be completed for a preadmission for any new resident. Staff B stated another complete assessment was to be completed within 14 days of when the resident moved in. Staff B stated they had not completed a few of the new residents that included R1.

In an interview on 03/05/2024 at 10:41 AM, Staff B stated on top of the Washington Resident Assessment's the computer-generated date was the date the assessment was completed. Staff B stated to ensure a new resident's 14-day assessment was completed on time, they just used their memory. Staff B stated they were to complete the nursing assessment immediately after the resident admitted to the facility, but time often gets away from them and assessments go undone.

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

Statement of Deficiencies	License #: 2615	Compliance Determination # 37758
Plan of Correction	Ocean Shores Assisted Living	Completion Date
Page 5 of 5	Licensee: Greenlake Management Ocean Shores, LLC	03/05/2024

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) 4/19/24 .

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

Debbie Smathers — Administrator (or Representative)

3/11/24 — Date