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) 41299 (Completion Date 05/15/2024) and 35865 (Completion Date 03/07/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/15/2024 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-2630-1-a, WAC 388-78A-2600-2-a

The Department staff who did the on-site verification:
Pamela Horlick, NCI RN 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

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** Ocean Shores Assisted Living
**License/Cert.#:** 2615
**Compliance Determination #:** 35865
**Investigator:** Pamela Horlick
**Investigation Date(s):** 01/26/2024 through 03/07/2024
**Complainant Contact Date(s):**

**Provider Type:** Assisted Living Facility

**Intake ID:** 117096
**Region/Unit #:** RCS Region 3 / Unit E

**Allegation(s):**
Misappropriation of Property: Facility report of a resident missing money and juice.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 50<br>Resident sample size: 4<br>Closed records sample size: 0 |
| **Observations:** | Identified resident<br>Residents<br>Dining<br>Resident rooms<br>Staff to resident interactions<br>Resident to resident interactions |
| **Interviews:** | Identified resident<br>Nursing staff<br>Residents<br>Administrator |
| **Record Reviews:** | State reporting log<br>Incident investigation<br>Facility policies<br>Incident Log<br>Progress Notes<br>Service Plan<br>Characteristic Roster<br>Staff List |

**Investigation Summary:**
Misappropriation of Property: After conducting investigation, unable to determine what happened to the missing money and juice. Unable to substantiate failed practice. After incident, resident was not monitored per the alert charting policy for harm from the missing items. Failed practice identified.

**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 #:** 35865
**Investigator:** Pamela Horlick
**Investigation Date(s):** 01/26/2024 through 03/07/2024
**Complainant Contact Date(s):**

**Provider Type:** Assisted Living Facility

**Intake ID:** 112742
**Region/Unit #:** RCS Region 3 / Unit E

**Allegation(s):**
Misappropriation of Property: Facility report of a resident missing money.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 50<br>Resident sample size: 4<br>Closed records sample size: 0 |
| **Observations:** | Identified resident<br>Residents<br>Dining<br>Resident rooms<br>Staff to resident interactions<br>Resident to resident interactions |
| **Interviews:** | Identified resident<br>Nursing staff<br>Residents<br><br>Housekeeping staff |
| **Record Reviews:** | State reporting log<br>Incident investigation<br>Facility policies<br>Incident Log<br>Progress Notes<br>Service Plan<br>Characteristic Roster<br>Staff List |

**Investigation Summary:**
Misappropriation of Property: After investigation, it is unclear what happened to residents missing funds. Unable to substantiate failed practice. Facility failed to report incident to the Complaint Resolution Unit in a timely manner. Failed practice identified.

**Conclusion / Action:**

- [x] 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
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***800 NE 136th Ave Ste 200, Vancouver, WA 98684***

| | | |
|---|---|---|
| Statement of Deficiencies | License # 2615 | Compliance Determination # 35865 |
| Plan of Correction | Ocean Shores Assisted Living | Completion Date |
| Page 1 of 7 | Licensee: Greenlake Management Ocean Shores, LLC | 03/07/2024 |

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 01/28/2024 and 02/13/2024 of:

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

This document references the following complaint number(s): 115417, 112742, 112507, 117086

The following sample was selected for review during the unannounced on-site visit: 4 of 50 current residents and 0 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

03/11/2024
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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Residential Care Services

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Date

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Debbie Smathers
Administrator (or Representative)

3/14/24
Date

**WAC 388-78A-2630 Reporting abuse and neglect.**

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure that staff immediately reported alleged abuse and financial exploitation to the department's Complaint Resolution Unit for 1 of 4 residents (Residents 1 [R1]) reviewed for incident reporting. This failure placed 50 of 50 residents at risk for ongoing abuse and exploitation.

Findings included...

"RCW 74.34.035 Reports—Mandated and Permissive—Contents—Confidentiality. (1) When there is reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, mandated reporters shall immediately report to the department.

Record review of the facility policy, titled, "Mandatory Reporting", dated 07/2023, stated, "it is your responsibility to protect residents from abuse, neglect, and exploitation... As an employee of this community, you are required to report concerns of possible resident abuse, neglect, or exploitation... As an employee of an assisted living facility, you are required by law to report to DSHS (Department of Social and Health Services) if you have a reason to believe that a resident is being harmed."

Record review of the facility policy, titled, "Elder Abuse, Neglect, and Exploitation, undated, stated, "Resident abuse, neglect, and exploitation are prohibited. Should any resident experience abuse (by staff, residents, family, or others) or when abuse is suspected, staff and volunteers are required to immediately provide notification to persons/agencies as described in this policy... The term abuse as used in this policy also includes, but is not limited to, neglect, abandonment, exploitation and any other form of abuse. Under the section, titled "Procedure" stated, "Reporting of any suspected, alleged, or witnessed abuse, neglect, or exploitation will be completed according to state reporting requirements.

Administrator (or Representative) Date

**WAC 388-78A-2630 Reporting abuse and neglect.**

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**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure that staff immediately reported alleged abuse and financial exploitation to the department's Complaint Resolution Unit for 1 of 4 residents (Residents 1 [R1]) reviewed for incident reporting. This failure placed 50 of 50 residents at risk for ongoing abuse and exploitation.

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Record review of Assisted Living Facility Guidebook, dated February 2018, showed to report to the department when there was reasonable cause to believe violations had occurred involving abuse, neglect, abandonment, significant injuries of unknown source, or personal and/or financial exploitation.

Review of R1's face sheet showed that R1 was admitted to the facility on [redacted] 2021.

Record review of Residential Care Services Online Incident Report, dated 01/02/2024, showed a report was received to the Complaint Resolution Unit (CRU) regarding R1 missing money.

Record review of the Facility incident log entry for R1, dated 12/20/2023 at 8:00AM, showed the facility was made aware of R1's missing money.

In an interview on 01/26/2024 at 4:45 PM, Staff B, Resident Care Director, was asked when money goes missing, was that considered financial exploitation, and Staff B stated, yes. When asked was financial exploitation a form of abuse, Staff B stated yes. When asked how soon should abuse be reported to the departments CRU hotline, Staff B stated within 24 hours. Staff B was asked why it took so long to report, they stated because the person that found it didn't know they were to report it. When clarified that it took 12 days to report to the departments CRU hotline, Staff B stated, it was around the holidays and it didn't get done. Staff B stated it was miscommunication

In an interview on 01/26/2024 at 4:45 PM, Staff A, Executive Director, was asked if they believed the incident of R1's missing money should have been reported to the CRU hotline sooner, and Staff A stated, "I do. It should have been reported within 24 hours of it [money missing] happening."

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) 4/21/24.

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

Debbie Smathers — Administrator (or Representative)

3/14/24 — Date

Record review of Assisted Living Facility Guidebook, dated February 2018, showed to report to the department when there was reasonable cause to believe violations had occurred involving abuse, neglect, abandonment, significant injuries of unknown source, or personal and/or financial exploitation.

Review of R1's face sheet showed that R1 was admitted to the facility on [redacted]/2021.

Record review of Residential Care Services Online Incident Report, dated 01/02/2024, showed a report was received to the Complaint Resolution Unit (CRU) regarding R1 missing money.

Record review of the Facility incident log entry for R1, dated 12/20/2023 at 8:00AM, showed the facility was made aware of R1's missing money.

In an interview on 01/26/2024 at 4:45 PM, Staff B, Resident Care Director, was asked when money goes missing, was that considered financial exploitation, and Staff B stated, yes. When asked was financial exploitation a form of abuse, Staff B stated yes. When asked how soon should abuse be reported to the departments CRU hotline, Staff B stated within 24 hours. Staff B was asked why it took so long to report, they stated because the person that found it didn't know they were to report it. When clarified that it took 12 days to report to the departments CRU hotline, Staff B stated, it was around the holidays and it didn't get done. Staff B stated it was miscommunication.

In an interview on 01/26/2024 at 4:45 PM, Staff A, Executive Director, was asked if they believed the incident of R1's missing money should have been reported to the CRU hotline sooner, and Staff A stated, "I do. It should have been reported within 24 hours of it [money missing] happening."

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

**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:

(a) Related to suspected abandonment, abuse, neglect, exploitation, or financial exploitation of any resident;

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to implement their policies and procedures for alert charting after an incident occurred for 2 of 4 residents (Resident 1[R1], Resident 2[R2]) and the facility failed to implement their policy to notify the physician for 1 of 4 residents (Resident 1 [R1]) when an incident occurred. These failures placed Resident 1, Resident 2 and all other residents at risk for unidentified care needs, placed Resident 1 at risk for having their physician uninformed of their condition, and placed residents at risk for a decreased quality of life.

Findings included...

<Alert charting>

Review of the facility policy, titled, "Alert Charting", dated 08/10/2021, stated, "Alert charting will be implemented for residents who have had a recent change in their expected or customary function or other reason that initiates a need for closer monitoring. Alert charting procedures will be initiated if a resident: Any other reason deemed appropriate by the Wellness Director. The alert charting process includes: Each resident placed on alert charting will be monitored for at least 48 hours following the initiation of alert charting. The Wellness Director or designee will assign alert charting responsibilities and monitor the alert charting daily. There is to be an alert charting entry in the resident record each shift ... The Wellness Director will evaluate the resident prior to determining if the resident may be removed from alert charting.

<R1>

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

Record review of the facility incident log entry, dated 12/20/2023 at 8:00AM, showed it was reported that R1 was missing money.

Record review of R1's progress notes, date range 12/20/2023 through 01/08/2024, showed the following:

**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:

(a) Related to suspected abandonment, abuse, neglect, exploitation, or financial exploitation of any resident;

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to implement their policies and procedures for alert charging after an incident occurred for 2 of 4 residents (Resident 1[R1], Resident 2[R2]) and the facility failed to implement their policy to notify the physician for 1 of 4 residents (Resident 1 [R1]) when an incident occurred. These failures placed Resident 1, Resident 2 and all other residents at risk for unidentified care needs, placed Resident 1 at risk for having their physician uninformed of their condition, and placed residents at risk for a decreased quality of life.

Findings Included...

<Alert charting>

Review of the facility policy, titled, "Alert Charting", dated 08/10/2021, stated, "Alert charting will be implemented for residents who have had a recent change in their expected or customary function or other reason that initiates a need for closer monitoring. Alert charting procedures will be initiated if a resident: Any other reason deemed appropriate by the Wellness Director. The alert charting process includes: Each resident placed on alert charting will be monitored for at least 48 hours following the initiation of alert charting. The Wellness Director or designee will assign alert charting responsibilities and monitor the alert charting daily. There is to be an alert charting entry in the resident record each shift... The Wellness Director will evaluate the resident prior to determining if the resident may be removed from alert charting.

<R1>

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

Record review of the facility incident log entry, dated 12/20/2023 at 8:00AM, showed it was reported that R1 was missing money.

Record review of R1's progress notes, date range 12/20/2023 through 01/09/2024, showed the following:

-12/20/2023 at 8:00PM, showed that Resident had a fall and hit her face. Resident went to the hospital and returned with a broken nose. There was no mention of monitoring for money missing.

-12/21/2023 at 3:47AM and 11:13PM, R1 was monitored for bruising to her face. There is no mention of monitoring for missing money.

-There was no entry for 12/22/23.

-12/23/2023 at 12:30AM, resident was being monitored for the bruising to her face. No mention of money missing. Chart note states "Will continue to monitor."

-Between 12/24/2024 through 01/08/2024 there was no further entries to continue to monitor, no documentation that an evaluation was done to remove resident from alert charting, or documentation regarding missing money.

-01/09/2024 at 10:02PM that stated an officer entered the facility to inquire about R1's missing money. Information was given to the officer. Entry ended with "will continue to monitor."

<R2>

Record review of R2's face sheet showed that R2 was admitted to the facility on [redacted] 2024.

Record review of "Internal Incident Report," dated 01/31/2024, showed R2 reported that she was missing money and a bottle of cranberry pomegranate juice.

Record review of the incident log from 01/12/2024 through 02/27/2024, showed no entry of the incident with R2.

Record review of R2's progress notes, date range 01/31/2024 through 02/02/2024, showed the following:

-01/31/2024 at 3:26AM that stated resident slept throughout shift. No mention of money missing. Chart note states "Will continue to monitor."

-02/01/2024 at 1:52AM that stated resident stayed in her room and no issues with

-12/20/2023 at 8:00PM, showed that Resident had a fall and hit her face. Resident went to the hospital and returned with a broken nose. There was no mention of monitoring for money missing.

-12/21/2023 at 3:47AM and 11:13PM, R1 was monitored for bruising to her face. There is no mention of monitoring for missing money.

-There was no entry for 12/22/23.

-12/23/2023 at 12:30AM, resident was being monitored for the bruising to her face. No mention of money missing. Chart note states "Will continue to monitor."

-Between 12/24/2024 through 01/08/2024 there was no further entries to continue to monitor, no documentation that an evaluation was done to remove resident from alert charting, or documentation regarding missing money.

-01/09/2024 at 10:02PM that stated an officer entered the facility to inquire about R1's missing money. Information was given to the officer. Entry ended with "will continue to monitor."

<R2>

Record review of R2's face sheet showed that R2 was admitted to the facility on [redacted]/2024.

Record review of "Internal Incident Report," dated 01/31/2024, showed R2 reported that she was missing money and a bottle of cranberry pomegranate juice.

Record review of the incident log from 01/12/2024 through 02/27/2024, showed no entry of the incident with R2.

Record review of R2's progress notes, date range 01/31/2024 through 02/02/2024, showed the following:

-01/31/2024 at 3:26AM that stated resident slept throughout shift. No mention of money missing. Chart note states "Will continue to monitor."

-02/01/2024 at 1:52AM that stated resident stayed in her room and no issues with

medications. No mention of money missing. Chart note states "Will continue to monitor."

-02/02/2024 at 12:35AM and 5:28PM that stated resident had visitors and was happy. No mention of money missing.

There was no further entries to continue to monitor, no documentation that an evaluation was done to remove resident from alert charting, or documentation regarding missing money.

In an interview on 02/13/2024 at 2:15 PM, Staff C, Business Office Manager, was asked what kind of documentation was done when a resident had money go missing, Staff C stated, they were put on alert charting. When asked what being put on alert charting meant, Staff C stated, alert charting was for any incident that had happened, and to monitor for consistency in the residents story or if they forgot what had happened. Staff C stated they monitor for a change in behavior.

In an interview on 02/13/2024 at 2:26PM, Staff D, Medication Technician, was asked if they would monitor a resident after they [the resident] had something go missing, they stated they would. Staff D stated they would monitor the resident for anxiety or depression, every shift, until the investigation was complete.

In an interview on 02/13/2024 at 12:19 PM, Staff A, Executive Director, was asked if a resident had money go missing if they would be put on alert. They stated, "of course." When asked Staff A, what that means, they stated, "we would monitor them, it is to let the staff know about the missing money. It should be in the alert charting daily, per shift, for three days or until resolved. The missing money would be mentioned in the alert charting to let staff be aware of the incident. We monitor if the money comes up, or if it's a continual missing of items. We always monitor for behaviors."

In an interview on 02/13/2024 at 10:05AM, R2 was asked if they felt safe living in the community, they stated, "I did when I first got here, but now I feel violated."

<Notification to Provider>

Review of the facility policy, titled, "Incidents and Unusual Occurrences," undated, stated, "Use the PHYSICIAN NOTIFICATION FORM and fax the notification of incident to Physician. Staple a copy of the fax confirmation to the incident report. This is your proof the notification was completed. You can call families for notification. You must complete notifications."

In an interview on 01/26/2024 at 2:35 PM, Staff B, Resident Care Director, was asked for the incident report for R1 related to R1's missing money. Staff B stated what was in the folder was all they had. There was no incident report in the folder to indicate if the

medications. No mention of money missing. Chart note states "Will continue to monitor."

-02/02/2024 at 12:35AM and 5:28PM that stated resident had visitors and was happy. No mention of money missing.

There was no further entries to continue to monitor, no documentation that an evaluation was done to remove resident from alert charting, or documentation regarding missing money.

In an interview on 02/13/2024 at 2:15 PM, Staff C, Business Office Manager, was asked what kind of documentation was done when a resident had money go missing, Staff C stated, they were put on alert charting. When asked what being put on alert charting meant, Staff C stated, alert charting was for any incident that had happened, and to monitor for consistency in the residents story or if they forgot what had happened. Staff C stated they monitor for a change in behavior.

In an interview on 02/13/2024 at 2:26PM, Staff D, Medication Technician, was asked if they would monitor a resident after they [the resident] had something go missing, they stated they would. Staff D stated they would monitor the resident for anxiety or depression, every shift, until the investigation was complete.

In an interview on 02/13/2024 at 12:19 PM, Staff A, Executive Director, was asked if a resident had money go missing if they would be put on alert. They stated, "of course." When asked Staff A, what that means, they stated, "we would monitor them, it is to let the staff know about the missing money. It should be in the alert charting daily, per shift, for three days or until resolved. The missing money would be mentioned in the alert charting to let staff be aware of the incident. We monitor if the money comes up, or if it's a continual missing of items. We always monitor for behaviors."

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| Statement of Deficiencies | License #: 2615 | Compliance Determination # 35865 |
|---|---|---|
| Plan of Correction | Ocean Shores Assisted Living | Completion Date |
| Page 7 of 7 | Licensee: Greenlake Management Ocean Shores, LLC | 03/07/2024 |

physician was notified of the incident.

In an interview on 02/28/2024 at 1:35 PM, Staff A, Executive Director, was asked if R1's physician was notified, they stated they did not see that they were notified. When asked when they would notify the physician, Staff A stated, they would notify them when they were going down the list of people that need to be contacted. Staff A stated they let them know in case their dementia was getting worse.

In an interview on 02/28/2024 at 2:20 PM, Staff B was asked, if it is considered an unusual occurrence when a resident had money go missing, Staff B stated it was. When asked if the residents physician should have been notified, Staff B stated, they should have been.

**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) 4/21/24 .

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

Debbie Smothers — Administrator (or Representative)

3/14/24 — Date

physician was notified of the incident.

In an interview on 02/28/2024 at 1:35 PM, Staff A, Executive Director, was asked if R1's physician was notified, they stated they did not see that they were notified. When asked when they would notify the physician, Staff A stated, they would notify them when they were going down the list of people that need to be contacted. Staff A stated they let them know in case their dementia was getting worse.

In an interview on 02/28/2024 at 2:20 PM, Staff B was asked, if it is considered an unusual occurrence when a resident had money go missing, Staff B stated it was. When asked if the residents physician should have been notified, Staff B stated, they should have been.

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Administrator (or Representative) Date