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) 36836 (Completion Date 03/05/2024) and 28507 (Completion Date 09/01/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/05/2024 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-2210-1-a, WAC 388-78A-2210-1-b, WAC 388-78A-2210-1, WAC 388-78A-2210, WAC 388-78A-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b

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,

pp

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 #: 28507
Investigator: Celeste Vashey
Investigation Date(s): 08/28/2023 through 09/01/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 92205
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

Allegations of neglect -
1) Concern residents food is being withheld from them.
2) Concern resident is not receiving assistance with showers and hygiene.
3) Concern resident goes to multiple community clinics for narcotic pain medication.

Investigation Methods:

Sample:	Total residents: 54 Resident sample size: 12 Closed records sample size: 1
Observations:	Identified resident Residents Resident rooms
Interviews:	Identified resident Nursing staff
Record Reviews:	Facility policies Personnel files State reporting log

Investigation Summary:

Allegations of neglect -
1) Based on observation and interview this concern could not be substantiated. The resident was observed to have access to food in their room. The resident indicated they could go to the dining room for meals. The facility staff indicated if resident did not want to come down for meals a tray would be provided to the resident.
2) Based on observation, interview, and record review the facility will be cited for WAC 388-78A-2210(1)(a)(b)(2) due to not having safe medication systems in place for the resident. The resident had developed a rash and the facility was providing medication inconsistently and without a physician's order.
3) Based on observation, interview, and record review this concern could not be substantiated. The resident is their own responsible party and has the right to attempt to obtain pain medication. The facility currently is responsible for administering resident their medication.

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 #: 28507
Investigator: Celeste Vashey
Provider Type: Assisted Living Facility
Intake ID: 92593
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 08/28/2023 through 09/01/2023
Complainant Contact Date(s):

Allegation(s):

Allegations of neglect -
1) Concern resident is not getting fed.
2) Concern resident is not receiving assistance with showers and hygiene.
3) Concern resident helps roommate with care needs due to short staff.

Investigation Methods:

Sample:	Total residents: 54 Resident sample size: 12 Closed records sample size: 1
Observations:	Identified resident Residents Resident care equipment Resident rooms Staff to resident interactions
Interviews:	Identified resident Nursing staff Residents
Record Reviews:	State reporting log Personnel files Facility policies

Investigation Summary:

Allegations of neglect -
1) Based on observation and interview this concern could not be substantiated. The resident was observed to have access to food in their room. The resident indicated they could go to the dining room for meals. The facility staff indicated if resident did not want to come down for meals a tray would be provided to the resident.
2) Based on observation, interview, and record review the facility will be cited for WAC 388-78A-2210(1)(a)(b)(2) due to not having safe medication systems in place for the resident. The resident had developed a rash and the facility was providing medication inconsistently and without a physician's order.
3) Based on observation and interview this concern could not be substantiated. The

resident did not have a roommate.

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 # 28507
Plan of Correction	Ocean Shores Assisted Living	Completion Date
Page 1 of 4	Licensee: Greenlake Management Ocean Shores, LLC	09/01/2023

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 08/28/2023 and 09/01/2023 of:

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

This document references the following complaint number(s): 91991, 92205, 92624, 92593, 92750, 93086, 95869, 96122

The following sample was selected for review during the unannounced on-site visit: 12 of 54 current residents and 1 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
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

09/13/2023
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

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Residential Care Services _____ Date _____

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Debbie Smallwood
Administrator (or Representative)

10/4/23
Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

(b) Develop and implement systems that support and promote safe medication service for each resident.

(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 observation, interviews, and record reviews the Assisted Living Facility (ALF) failed to ensure safe medication systems were implemented for 1 of 3 sampled residents (Resident 1[R1]). This failure placed R1 at risk for harm due to medication being administered without a physician order to address their health conditions.

Findings included...

Record review of the facility's policy titled "Medication Services" dated 12/15/2021 showed "All medications that staff members handle, store, and assist with will be documented on the Medication Assistance Record (MAR)."

Record review of the facility's policy titled "Med Room Workflow" dated 08/10/2021 showed "Nurses/Med Techs [Medication Technicians] will follow a consistent workflow to ensure medication orders and MARS are up to date. All orders are reviewed by the Wellness Director or designee. Orders must be complete. If incomplete, contact the prescriber immediately. Place the new order on the MAR. Sign off the order with name, date, and signature."

Record review of R1's Needs and Services Plan undated showed "Staff administers all medication in med [medication] cup per doctors' orders and stays with resident until

Administrator (or Representative) Date

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Record review of R1's Needs and Services Plan undated showed "Staff administers all medication in med [medication] cup per doctors' orders and stays with resident until

medication are taken. Staff controls and secures all medications."

Record review of R1's May 2023 Medication Administration Record (MAR) showed there were no orders for Nystatin powder (a powder that treated fungal or yeast infections of the skin).

Record review of R1's June 2023 MAR showed there were no orders for Nystatin powder.

Record review of R1's July 2023 MAR showed there were no orders for Nystatin powder.

Record review of R1's August 2023 MAR showed there were no orders for Nystatin powder.

Record review of R1's Charting Notes dated 05/05/2023 at 12:00 PM showed Staff D, Medication Technician, wrote R1 had a rash under their breast that was red and moist. R1 had Nystatin powder for treatment.

Record review of R1's Charting Notes dated 05/07/2023 at 12:00 AM showed Staff C, Resident Care Coordinator, wrote R1 used PRN (as needed) medications on rash and will continue to monitor until cleared.

Record review of R1's Charting Notes dated 05/19/2023 at 12:00 AM showed Staff C wrote R1's rash under their breast was cleared.

Record review of R1's Charting Notes dated 05/22/2023 at 12:00 AM showed Staff C wrote R1 had a light redness under their breast.

Record review of R1's Charting Notes dated 05/23/2023 at 12:00 AM showed Staff C wrote R1's redness had cleared up after using medication.

Record review of R1's Charting Notes dated 05/26/2023 at 12:00 PM showed Staff D wrote R1's rash under their breast was still red and R1 continued to use their powder. Staff will continue to monitor.

Record review of R1's Charting Notes dated 05/31/2023 at 12:00 PM showed Staff D wrote R1's rash started to improve.

Record review of R1's Charting Notes dated 08/07/2023 at 7:42 AM showed Staff C wrote R1 had a red rash under both their breast. R1 had Nystatin powder for the recurring rash. R1 would be monitored until the rash healed.

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Statement of Deficiencies	License #: 2615	Compliance Determination # 28507
Plan of Correction	Ocean Shores Assisted Living	Completion Date
Page 4 of 4	Licensee: Greenlake Management Ocean Shores, LLC	09/01/2023

Record review of R1's Charting Notes dated 08/08/2023 at 12:00 AM showed Staff C wrote R1 was using Nystatin powder and the rash was clearing up.

Record review of R1's Charting Notes dated 08/12/2023 at 9:26 AM showed Staff C wrote R1's rash under their breast was clearing. Resident was applying Nystatin powder to the area.

In an interview and observation on 08/28/2023 at 10:41 AM, R1 stated they had a rash (area of irritated or swollen skin) under their breast. R1's underside of their left breast showed they had a yeast rash (fungal rash that caused patches on the skin that appear lighter or darker than a person's normal skin color). R1's rash appeared to be improving with darker areas that were on the edges of the rash and a smaller area that appeared red and yeasty. R1's right breast showed a resolved area from a previous rash. R1 stated the facility managed their medications for them. R1 stated the facility ordered a type of powder for treatment. R1 stated Staff B, Former Health Services Director, stole the powder from them but Staff C made Staff B return the powder to them. R1 stated the powder was applied between two and three times daily.

In an interview on 08/28/2023 at 12:01 PM, Staff A, Resident Care Director/Registered Nurse, stated they were aware R1 had a rash under their breasts, the facility staff treated it, and the rash had resolved. Staff A stated the treatment that was provided to R1 included Nystatin powder twice daily sometimes three times daily. Staff A stated the treatment started approximately two weeks ago. Staff A stated the facility had been responsible to administer R1 their medications.

In an interview on 08/28/2023 at 1:50 PM, Staff A stated they were not able to locate the physician orders for R1's Nystatin powder. Staff A stated the order should have been on R1's MAR.

This is a recurring deficiency previously cited on 12/22/2022 and 04/26/2023.

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) 10/15/23.

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

Debbie Smathers — Administrator (or Representative)

9/21/23 — Date

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In an interview on 08/28/2023 at 12:01 PM, Staff A, Resident Care Director/Registered Nurse, stated they were aware R1 had a rash under their breasts, the facility staff treated it, and the rash had resolved. Staff A stated the treatment that was provided to R1 included Nystatin powder twice daily sometimes three times daily. Staff A stated the treatment started approximately two weeks ago. Staff A stated the facility had been responsible to administer R1 their medications.

In an interview on 08/28/2023 at 1:50 PM, Staff A stated they were not able to locate the physician orders for R1's Nystatin powder. Staff A stated the order should have been on R1's MAR.

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Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date