STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***20425 72nd Avenue S, Suite 400, Kent, WA 98032***

Bear Creek Senior Living, Inc
Redmond Heights Senior Living
7950 Willows Rd NE
Redmond, WA 98052

RE: Redmond Heights Senior Living License # 2628

Dear Administrator:

This letter addresses Compliance Determination(s) 61885 (Completion Date 06/30/2025) and 57459 (Completion Date 05/02/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/30/2025 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, WAC 388-78A-2210-1-a, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2-a

The Department staff who did the on-site verification:
Harrison Udoye, Community Complaint Investigator

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** Redmond Heights Senior Living
**Provider Type:** Assisted Living Facility
**License/Cert.#:** 2628
**Intake ID:** 172265
**Compliance Determination #:** 57459
**Region/Unit #:** RCS Region 2 / Unit D
**Investigator:** Harrison Udoye
**Investigation Date(s):** 04/03/2025 through 05/02/2025
**Complainant Contact Date(s):** 04/03/2025

**Allegation(s):**
Medication services

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 65<br>Resident sample size: 2<br>Closed records sample size: 0 |
| **Observations:** | Residents<br>Activities<br>Resident care equipment<br>Resident rooms<br>Staff to resident interactions<br>Resident to resident interactions<br>Medication administration |
| **Interviews:** | Identified staff<br>Nursing staff<br>Residents<br>Family members<br>Human resources<br>Staff development coordinator |
| **Record Reviews:** | Medical records<br>Hospital records<br>State reporting log<br>Incident investigation<br>Facility policies |

**Investigation Summary:**
Report of alleged medication error in the memory care of the Assisted Living Facility (ALF). Interview and record review showed that Named Resident was on hospice care. Named Resident was prescribed three medications by the hospice Primary Care Provider (PCP). Apixaban (blood thinner), levothyroxine (low thyroid) and torsemide (water pill) were ordered and sent to pharmacy on 03/07/2025. Facility failed to

follow-up with pharmacy for receipt of the medications. On 03/21/2025, the facility nurse discovered the medication discrepancy when they conducted a medication review for all residents. Named Resident went without medications for two weeks before error was discovered. Facility failed practice identified. Citation issued for medication services under WAC 388-78A-2210. Statement of Deficiency sent on 05/06/2025.

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**Conclusion / Action:**

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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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 04/03/2025 of:

Redmond Heights Senior Living
7950 Willows Rd NE
Redmond, WA 98052

This document references the following complaint number(s): 172265

The following sample was selected for review during the unannounced on-site visit: 2 of 65 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Harrison Udoye, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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Harrison Udoye, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson — Residential Care Services

05/06/2025 — 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)

5/7/2025 — 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

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

Based on interview and record review, the facility failed to implement and provide safe medication service for 1 of 1 sampled resident (Resident 1). This failure placed Resident 1 at risk for compromised health related to medication errors and harm.

Findings included...

Review of the facility's undated Characteristic Roster showed that the facility provided medication management assistance for 50 residents. The roster showed the assistance provided included: clarification of physician's orders, ordering of medications, medication administration, and accurate documentation in the residents' electronic medication administration records (eMAR).

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.

Administrator (or Representative) _____ Date _____

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Review of the facility's undated Characteristic Roster showed that the facility provided medication management assistance for 50 residents. The roster showed the assistance provided included: clarification of physician's orders, ordering of medications, medication administration, and accurate documentation in the residents' electronic medication administration records (eMAR).

Review of the facility's undated policy titled, "Ordering and Receiving Non-Controlled Medications from the Dispensing Pharmacy", showed that medication and related products were received from the pharmacy on a timely basis. The policy showed the facility maintained accurate records of the medication order and receipt.

Review of the facility's undated policy titled, "Medication Error Reporting and Follow Up" showed that medication errors must be reported to the resident's attending physician and a detailed account of the incident must be recorded on an incident report. The policy showed that staff were expected to document any follow-up of the resident's condition in the medical record. The documentation may include any adverse effects noted, and other information deemed necessary or appropriate.

During an interview on 04/03/2025 at 9:30 AM, Collateral Contact 1 (CC1, hospice nurse) stated that Resident 1 received hospice care. CC1 stated that on 03/07/2025, CC1 provided the facility with a prescription order for the Apixaban (a blood thinner), Torsemide (water pill) and Levothyroxine (low thyroid level) medications.

Review of Resident 1's March 2025 electronic Medication Administration Record (eMAR) showed that only one medication, Apixaban medication, was written on the eMAR. There was no documentation for an order of Torsemide (water pill) and Levothyroxine (low thyroid level) on Resident 1's eMAR. The eMAR showed no documentation that the facility med techs provided Resident 1 with the ordered medication from 03/07/2025 to 03/21/2025. The eMAR showed documentation for two weeks, from every med tech on shift, that the medications were "pending pharmacy".

During an interview on 04/03/2025 at 10:14 AM, Staff A, Director of nursing, stated that the Apixaban, Torsemide and Levothyroxine medications were ordered by hospice on 03/07/2025 and sent to pharmacy on the same day. Staff A stated that they were unaware that the medications were not delivered by the pharmacy, as ordered. Staff A stated that the Apixaban (blood thinner), Torsemide (water pill), and Levothyroxine (low thyroid level) were not given to Resident 1 for two weeks. Staff A stated that they became aware of the error on 03/21/2025 as they updated and reviewed all residents' medications. Staff A stated that the facility staff failed to follow up on the medication orders to ensure the medications were available. Staff A stated that they did not know the incident needed to be reported to the department.

Review of the facility's undated policy titled, "Ordering and Receiving Non-Controlled Medications from the Dispensing Pharmacy", showed that medication and related products were received from the pharmacy on a timely basis. The policy showed the facility maintained accurate records of the medication order and receipt.

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**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, Redmond Heights Senior Living is or will be in compliance with this law and / or regulation on (Date) 5/13/25.

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

Administrator (or Representative) — Date: 5/7/25

**Plan/Attestation Statement**

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_____ _____

Administrator (or Representative) Date