STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

02-22-2024

Lynden ALC LLC
Lynden Manor
905 Aaron Dr
Lynden, WA 98264

RE: Lynden Manor License # 2641

Dear Administrator:

This letter addresses Compliance Determination(s) 37213 (Completion Date 02/22/2024) and 33744 (Completion Date 01/24/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/22/2024 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-3100-2, WAC 388-78A-3100, WAC 388-78A-3100-1

The Department staff who did the on-site verification:
Judith Mellon, RN, Licensor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Lynden Manor
Provider Type: Assisted Living Facility
License/Cert.#: 2641
Compliance Determination #: 33744
Intake ID: 107320
Investigator: Helen Fisher
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 12/13/2023 through 01/24/2024
Complainant Contact Date(s):

Allegation(s):
Resident to Resident incident in memory care unit.

Investigation Methods:

Sample:	Total residents: 84 Resident sample size: 6 Closed records sample size: 6
Observations:	Residents involved and other residents in memory care unit, residents' behavior, hallways, living quarters, bathrooms, social interactions and general facility's cleanliness.
Interviews:	Named Residents, Sample Residents, Med Tech, Caregiver, Resident Care Coordinator, Operation Specialist.
Record Reviews:	Resident records. Abuse and neglect policy and procedure. Incident investigation.

Investigation Summary:
The staff intervened when the two named Residents had an altercation, assessed for injury, notified all parties including the Department. Care plans were updated. Observation showed 3 of 3 residents' had multiple bathroom products were sitting on the counter by the sink. No covered or cabinet with lock in 3 of 3 residents' bathroom in memory care unit. Failed practice. A citation was issued for noncompliance with WAC-388-78A-3100 Safe storage of supplies and equipment.

Conclusion / Action:

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

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3906-172nd St NE, Suite #100, Arlington, WA 98223

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 12/13/2023 and 12/13/2023 of:

Lynden Manor
905 Aaron Dr
Lynden, WA 98264

This document references the following complaint number(s): 107320, 107799, 109535, 109345, 108041, 110424

The following sample was selected for review during the unannounced on-site visit: 6 of 84 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Helen Fisher, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley
Residential Care Services

01/30/2024
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) Date

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure hazardous items were stored safely away for 3 of 3 memory care residents (Resident 1, 2, and 3). This failure resulted in hazardous items being accessible to all 30 memory care residents and placed all residents at risk of harm from exposure to hazardous supplies.

Findings included...

The ALF had a secured memory care unit that provided care and services for residents with various stages and types of cognitive impairment (loss of thinking, remembering, and reasoning to such an extent that it interferes with a person's daily life and activities).

Resident 1

Resident 1 was admitted to the ALF on [redacted]/2020 with multiple diagnoses including [redacted].

On 12/27/2023 at 10:02 AM, Resident 1's bathroom countertop had multiple bathroom product bottles including a 14.2 fluid (fl.) ounce (oz.) container of dandruff shampoo. The label on the back of the bottle showed warnings: "For external use only. When using this product avoid contact with eyes. If contact occurs, rinse eyes thoroughly with water. Keep out of reach of children. In case of accidental ingestion, get medical help or contact Poison Control Center immediately." There were no locked cabinets observed in the bathroom.

Resident 2

Resident 2 was admitted to the ALF on [redacted]/2023 with multiple medical diagnoses including [redacted].

On 12/27/2023 at 10:09 AM, on Resident 2's bathroom countertop there were several bathroom product bottles including a 14.2 fl. oz. container of body lotion. The safety data sheet showed: "If ingested to wash mouth with water, remove victim to fresh air and keep at rest in a position comfortable for breathing. If material has been swallowed and the

exposed person is conscious, give small quantities of water to drink. Do not induce vomiting unless directed to do so by medical personnel. Get medical attention if symptoms occur." A second 14.2 fl. oz. container of body lotion with a safety warning on the container showed: "Use only as directed. Avoid contact with eyes. If eye contact occurs, immediately rinse with water. If rash or irritation occurs, discontinue use."

Resident 3

Resident 3 was admitted in the ALF on [redacted]/2022 with multiple diagnoses including [redacted].

On 12/13/2023 at 10:27 AM, on Resident 3's bathroom countertop was an open 368 gram(g) container of absorbent body powder and a 425 g container of scented talcum powder. Review of the safety data sheet for the absorbent body powder showed: "If large quantities are accidentally ingested (greater than a tablespoon), get medical attention immediately." The scented talcum powder container showed: "For external use only. Do not apply to broken irritated skin. Keep powder away from child's face to avoid inhalation which can cause breathing problems. Keep out of reach of children. Closed tightly after use."

In an interview on 12/13/2023 at 1:15 PM, Staff A, Operation Specialist, stated that they did not realize that there were no built-in locking cabinets in the memory care unit residents' bathroom. Staff A stated that the residents bathroom products should have been locked.

In an interview on 12/13/2023 at 11:25, Staff B, Resident Care Coordinator, stated that they were not aware that the bathroom products needed to be locked in the bathroom in the memory care unit.

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, Lynden Manor 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