STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

CREF3 Oxford Living Sherwood LLC
Sherwood Assisted Living
550 W HENDRICKSON RD
SEQUIM, WA 98382

RE: Sherwood Assisted Living # 2652

Dear Administrator:

This document references Compliance Determination 46572 (09/09/2024), which included complaint number(s) 142443, 142350.
The Department completed a complaint investigation of your Assisted Living Facility on 09/09/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Nikolas Jennings, Community Nurse Complaint Investigator

Consultation:

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

(4) Protect residents during the course of the investigation.

Facility did not complete their internal investigation when one resident eloped. All other sampled residents had investigations completed in a timely manner and education is being completed. Consultation provided.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

You May:

- Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  - o What specific deficiency or deficiencies you disagree with;
  - o Why you disagree with each deficiency; and
  - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

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: Sherwood Assisted Living
Provider Type: Assisted Living Facility

License/Cert.#: 2652
Intake ID: 142350
Compliance Determination #: 46572
Region/Unit #: RCS Region 3 / Unit E
Investigator: Nikolas Jennings
Investigation Date(s): 09/04/2024 through 09/09/2024
Complainant Contact Date(s):

Allegation(s):
1) Quality of care/treatment- Elopement.

Investigation Methods:

Sample:	Total residents: 78 Resident sample size: 5 Closed records sample size: 0
Observations:	Residents Activities Dining Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified staff Nursing staff Director of Nursing Administrator
Record Reviews:	Medical records Staff patterns Facility policies Incident investigation Progress notes Negotiated Service Agreements

Investigation Summary:
1) Quality of care/treatment- Elopement. Resident was AL resident who was allowed to go outside and facility was notified by sheriff that he was lost. Facility moved him to memory care unit the following day. Investigation was missing several required components. All other sampled residents record review revealed no concerns. Consultation written.

Conclusion / Action:

- ☐ Failed Provider Practice Identified / Citation(s) Written
- ☒ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A