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

07/02/2025

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

RE: Sherwood Assisted Living # 2652

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 62027 (Completion Date 07/02/2025) and 59203 (Completion Date 05/09/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/02/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

The Department staff who did the On Site verification:
Anissa Bearden, Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home Nurse 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: 177729
Compliance Determination #: 59203
Region/Unit #: RCS Region 3 / Unit E
Investigator: Anissa Bearden
Investigation Date(s): 05/01/2025 through 05/09/2025
Complainant Contact Date(s):

Allegation(s):

1) allegation the resident was not receiving showers since they admitted to the facility per the service agreement

Investigation Methods:

Sample:	Total residents: 71 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Resident rooms Staff to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Administrative staff Residents Family members
Record Reviews:	Medical records Facility policies Staff training records

Investigation Summary:

1) After interview and record review the resident did not have an initial service plan completed upon admit and was completed 7 days after admission. The care givers did not have a service plan to know what care and services the resident required including what days and times the residents shower was to be. this is failed practice.

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

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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 05/01/2025 of:

Sherwood Assisted Living
550 W HENDRICKSON RD
SEQUIM, WA 98382

This document references the following complaint number(s): 177729

The following sample was selected for review during the unannounced on-site visit: 3 of 71 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anissa Bearden, 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

Statement of Deficiencies	License #: 2652	Compliance Determination # 59203
Plan of Correction	Sherwood Assisted Living	Completion Date
Page 2 of 4	Licensee: CREF3 Oxford Living Sherwood LLC	05/09/2025

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

05/13/2025
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)

05/16/2025
Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to develop a service plan completed upon admission for 1 of 2 sampled residents (Resident 2 [R2]). This failure resulted in the R2 not receiving their scheduled showers and at risk of decreased qualify of life.

Findings included...

Record review of the facility's policy titled, "negotiated service agreement", dated 10/16/2024, showed all residents would develop and document at negotiated service agreement outlining the scope of care for the resident. The residents negotiated service agreement would address the plan to monitor the resident and address interventions for current risks to the resident's health and safety, the residents preferences for how services would be provided, supported, and accommodated, clearly define respective roles and responsibilities of the resident, the assisted living facility staff, and the

residents family or representative. The times services would be delivered or provided that included frequency and approximate time of day. Residents or their responsible party were to sign when there was a change to the negotiated service agreement. The facility would provide care as addressed in the negotiated service agreement unless deviation to the negotiated service agreement was mutually agreed upon by the resident or their representative and the facility.

Record review of the facility policy titled, "Negotiated Service Agreements", undated, showed it was the policy for the facility to develop a negotiated service agreement (NSA) for each resident upon admission, annually, and as necessitated by a change of condition. Agreements would be based on assessed needs and would be developed with the input, participation and agreement of the resident, responsibly parties, facility staff and others as appropriate. The initial residents service plan was based on discussions with the resident and the information gathered by the qualified assessor prior to admission. The initial service plan would include immediate identified needs until NSA could be developed, identify the resident's wants and needs for services, plan for delivery for the services and care that was agreed upon initially until the NSA was completed, and provide direction to the caregiving staff on residents capabilities, needs, and preferences.

Record review of R2's Resident Information, dated 05/02/2025, showed R2 moved into the facility on [redacted]/2025 with multiple medical diagnoses that included [redacted].

Record review of R2's Resident Assessment, dated 03/25/2025, that was provided as R2's pre-admission assessment, showed R2 required total assistance from staff with use of shower chair for their bathing needs.

On 05/02/2025 at 10:56 AM, R2's initial service plan and all documentation of showers provided since admission into the facility were requested for review.

Record review of an email sent on 05/02/2025 at 12:39 PM, showed Staff A, Marketing Administrator, provided R2's initial service plan that was dated 04/15/2025. The email showed R2's family was to sign R2's service plan the day R2 was sent out to the hospital on 04/25/2025 but did not. R2's family was scheduled to sign and review R2's service plan on Monday 05/05/2025. The initial service plan was completed seven days after R2 moved into the facility.

Record review of R2's Washington Health and Service Evaluation Results, dated 04/15/2025, showed R2 was able to communicate effectively without any cognitive deficits. R2 was dependent on staff to provide and complete showers one to two times weekly with use of a shower chair.

Record review of R2's Service Plan (facility's version of the negotiated service agreement), dated 04/15/2025, that was provided as the initial service plan showed R2 had no cognitive, memory, or communication impairment. R2 did not have any behavioral impairments. R2 required total assistance for showers on Wednesday and Saturday's.

Record review of R2's untitled and undated document that had multiple little slips that

were photocopied, showed on 04/14/2025 R2 was listed to have a shower. Next to R2's computer printed room number, "done" was handwritten. On 04/28/2025 R2 was listed to have a shower. Next to R2's computer printed room number showed, "just came back from OMC [local hospital medical center]". On 04/30/2025, showed R2 was listed to have a shower. Next to R2's computer printed room number showed, "priority". Next to the other room numbers that were listed had a check mark, but there was no check mark, done, or initials that indicated it was completed beside R2's room number. There were no provided documentation that showed R2's showers were provided from [redacted]2025 through 04/14/2025 that should have been on 04/09/2025 and 04/12/2025 per R2's service plan.

In an interview on 05/01/2025 at 12:29 PM, R2 stated they hadn't had a shower until 04/20/2025 when their niece asked for them to get a shower for the holiday as they were going out of the facility. R2 stated that was the first time they received a shower. R2 stated they were to get a shower every Monday and Thursday that was agreed on when they first moved into the facility.

In an interview on 05/08/2025 at 7:17 PM, Staff B, Resident Care Assistant, stated there was a schedule for each resident. Staff B stated the dates and times that were listed were the residents preferences. Staff B would write a check mark or their initials when a shower was given. Staff B stated on 04/28/2025 R2 was not given a shower as they came back to the facility late from the hospital. Staff B stated on 04/30/2025 R2 was not given a shower as their scheduled shower day was the next day on 05/01/2025 in the evening time. Staff B stated R2's shower days were Mondays and Thursdays, not Wednesdays and Saturdays as the residents service plan showed.

In an interview on 05/09/2025 at 10:37 AM, Staff A, Marketing/ Administrator, stated the facility tried to get the initial service plan completed as soon as possible after the resident had moved into the facility. Staff A stated there was no facility policy as to when the initial service plan was to be completed. Staff A stated the resident shower slips were to match the residents service plan and how the caregivers know when the resident was to get a shower on what day and time.

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, Sherwood Assisted Living is or will be in compliance with this law and / or regulation on (Date) 06/20/2025.

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

Administrator (or Representative) — Administrator — 05/16/2025 — Date