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

01/13/2025

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) 53134 (Completion Date 01/13/2025) and 44436 (Completion Date 08/29/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/13/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

The Department staff who did the On Site verification:
Phan Pham, Nurse Surveyor

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: 138019
Compliance Determination #: 44436
Region/Unit #: RCS Region 3 / Unit E
Investigator: Pamela Horlick
Investigation Date(s): 07/22/2024 through 08/29/2024
Complainant Contact Date(s):

Allegation(s):
Report of residents being left wet in their brief and clothing for an extended period of time.

Investigation Methods:

Sample:	Total residents: 76 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents
Record Reviews:	State reporting log Facility policies Care Plan Face Sheet Investigation

Investigation Summary:
After observation and interview with residents, residents deny being left for extended periods of time. Unable to observe residents lying in wet brief/bedding. Unable to substantiate failed practice. Sampled residents care plan did not accurately reflect the toileting needs of the resident. Failed practice identified.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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Statement of Deficiencies	License #: 2652	Compliance Determination # 44436
Plan of Correction	Sherwood Assisted Living	Completion Date
Page 1 of 4	Licensee: CREF3 Oxford Living Sherwood LLC	08/29/2024

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 07/22/2024 and 09/03/2024 of:

Sherwood Assisted Living
550 W HENDRICKSON RD
SEQUIM, WA 98382

This document references the following complaint number(s): 138019

The following sample was selected for review during the unannounced on-site visit: 3 of 76 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Pamela Horlick, NCI RN Complaint Investigator

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

09/09/2024
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)

9-10-24
Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to update the Negotiated Service Agreement for 1 of 3 sampled residents (Resident 1 [R1]). This failure placed 76 of 76 residents at risk for unmet care needs by staff unaware of most updated care and services for the residents.

Findings included...

Record review of the facility policy, "Negotiated Service Agreement," dated 03/19/2018 stated, "All residents will develop and document a negotiated service agreement outlining the scope of care for the resident. Residents of their responsible party are signed when there is a change to the negotiated service agreement but at least annually as well as a representative of Sherwood Assisted Living." Under "procedure," it stated, "The negotiated service agreement will address the following at a minimum: (a) The plan to monitor the resident and address interventions for current risks to the residents health and safety that were identified in one or more of the following: (iii) on-going assessments of the resident: (b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility."

Record review of R1's face sheet, dated 07/22/2024, showed that R1 was admitted to the facility on [redacted]/2022.

Record review of R1's Care Plan (Negotiated Service Agreement), signed and dated 12/06/2023, showed "Toileting-Independent". Under "Toileting - Independent it showed:
-Current Status: Independent, no assistance required.
-Residents Desired Goals and Outcomes: Maintain Independence. Ongoing assessment from staff that resident maintains current status.
-Service Provider Responsibilities: Resident care team.

Record review on 08/15/2024 of R1's care plan, last modified on 06/11/2024, unsigned, showed under "Toileting", "Resident will maintain and/or maximize current level of functioning with toileting. Level of assistance-toileting: Independent Resident does not require assistance with toileting."

In an interview on 07/22/2024 at 2:31 PM, Staff C, Caregiver, was asked if R1 was independent with toileting, they stated, "no, last time I checked their care plan they were not independent with toileting."

In an interview on 07/22/2024 at 2:49 PM, Staff A, Executive Director, was asked how the caregivers are to know what kind of care to provide to the residents they care for, Staff A stated, they should be reading the care plans and signing them." Staff A was asked when do the caregivers check the care plans, they stated, when we do the initial, 14-day, annual and when there is a change in condition.

In an interview on 07/22/2024 at 2:39 PM, Staff D, Licensed Practical Nurse, was asked what R1's toileting needs are, they stated that the care plan says R1 is independent. Staff D was asked, if they were independent, they stated no, they use a Hoyer lift and no one back here in memory care is independent.

In an interview on 07/22/2024 at 4:16 PM, Staff B, Director of Nursing, was asked what the process is when completing care plans, they stated they do a preassessment, and initial assessment, a 14day assessment. Staff B stated if its memory care they do a care plan every six months and if it's an assisted living resident they will do an annual assessment. Staff B stated they will also do a care plan update on change of condition. Staff B was asked if R1 had a change in condition since his care plan was finalized, they stated, not that I know of. Staff B was asked if R1 is independent, Staff B stated he is a one person assist and a two person transfer if we are using a mechanical device. Staff B was shown R1's care plan and asked if it was accurate for R1's toileting needs. Staff B stated, it is not accurate because R1 requires at least one person, and he does not toilet independently. Staff B was asked if R1's care plan should have been updated by now. they stated, yes, they are not independent with toileting.

In an interview on 07/22/2024 at 3:11 PM, Staff A, was asked if R1 going from independent to a one-person assist is a change of condition, Staff A stated R1 went to the hospital in [redacted] and came back in [redacted]. They were a sit to stand when they came back, which is a two person. Staff A stated R1 then was a one person. Staff A stated I don't know how they did things prior to me being here. Staff A was asked, when did R1 have a change in condition, they stated they did in March of 2024. Staff A was asked if the care plan should have been updated, they stated, yes, it should have been updated in March.

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) 10/22/24 9/13 13

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

JBouchki

Administrator (or Representative)

9-10-24 9/23

Date