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) 53135 (Completion Date 01/13/2025) and 45687 (Completion Date 09/13/2024).

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-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

(3) Any public or private case manager for the resident, if available.

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: 139719
Compliance Determination #: 45687
Region/Unit #: RCS Region 3 / Unit E
Investigator: Pamela Horlick
Investigation Date(s): 08/15/2024 through 09/13/2024
Complainant Contact Date(s):

Allegation(s):

1. Quality of Care/Treatment: Resident sitting in soiled clothes, dirty clothes piled up and unmade bed.
2. Administration Personnel: Report of facility having insufficient staff.

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 Housekeeping staff
Record Reviews:	State reporting log Facility policies Care Plan Progress Notes

Investigation Summary:

1. Through observation and interview, facility had sufficient staff to perform the care and services that were required for the residents.
2. Residents interviewed had no complaints of being left soiled for extended periods of time. Residents rooms observed, appeared clean and orderly and beds observed to be made. No failed practice.
Residents care plans not signed or dated by appropriate parties. Failed practice identified.

Conclusion / Action:

- [x] 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 # 45687
Plan of Correction	Sherwood Assisted Living	Completion Date
Page 1 of 3	Licensee: CREF3 Oxford Living Sherwood LLC	09/13/2024

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 08/15/2024 and 09/13/2024 of:

Sherwood Assisted Living
550 W HENDRICKSON RD
SEQUIM, WA 98382

This document references the following complaint number(s): 141307, 139719

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

09/19/2024
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: 9-20-24

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

(3) Any public or private case manager for the resident, if available.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure the negotiated service agreement (NSA) was signed by the resident, or the resident representative and signed by the representative of the assisted living facility after a new NSA was completed for 2 of 3 residents (Resident 1[R1] and Resident 2 [2]). This failure placed R1 and R2 at risk of not receiving agreed upon services and unmet care needs.

Findings included...

Review of the facility policy, titled, "Negotiated Service Agreement", last reviewed 03/19/2018, stated, "All residents will develop and document a negotiated service agreement outlining the scope of care for the resident. Residents are encouraged to participate. Residents or 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."

Review of R1's face sheet, dated 08/15/2024, showed that R1 was admitted to the facility on [redacted]/2022.

Record review of R1's NSA, effective date 12/18/2023, showed it was not signed or dated by R1 or their representative. There was no signature from the facility representative to indicate who completed it or a date to indicate when it was completed by the facility representative.

Review of R2's face sheet, dated 08/15/2024, showed that R2 was admitted to the facility on [redacted]/2019.

Record review of R2's NSA, effective date 06/20/2024, showed it was not signed or dated by R2 or their representative. There was no signature from the facility representative to indicate who completed it or a date to indicate when it was completed by the facility representative.

In an interview on 09/11/2024 at 1:51 PM, Staff B, Director of Nursing, was asked what was the process for completing care plans, they stated care plans were initiated upon admission, when there was a change of condition and annually. Staff B stated once it was completed, we will get it signed by the resident or by the residents representative. Staff B stated that they will sign it or the Resident Care Manager (RCM) will sign it. Staff B was asked how soon they would get the signatures on the care plan, they stated as soon as they could, within three days. Staff B was asked why R1 and R2's care plans were not signed, they stated they didn't know.

In an interview on 09/13/2024 at 11:18 AM, Staff A, Executive Director, was asked what the process was for completing care plans, they stated the care plans would be completed by the nurse or the RCM, keeping them up to date. Once they were up to date, the nurse would make an appointment with the families or Power of Attorney (POA) to come to the facility and review it. Once it was approved, the family or POA would sign it along with the nurse and the Executive Director. Staff A stated they would like to have it signed within a week of it being completed. Staff A was asked why R1's care plan was not signed, they stated they could not explain why. Staff A stated there was no follow through. Staff A was asked why R2's care plan wasn't signed, they stated they didn't audit it to make sure it was signed.

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) 10/28/24 .

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

Boschke
Administrator (or Representative)

9-20-24
Date