



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Greenlake Senior Services LLC
Greenlake Emerald City
9001 Lake City Way NE
Seattle, WA 98115

RE: Greenlake Emerald City License # 2696

Dear Administrator:

This letter addresses Compliance Determination(s) 65905 (Completion Date 09/23/2025) and 63313 (Completion Date 08/07/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/23/2025 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-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2474-3, WAC 388-78A-3100-1, WAC 388-78A-3100-2, WAC 388-78A-2260-1, WAC 388-78A-2260-2-d, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2-a, WAC 388-78A-3090-1-a, WAC 388-78A-3090-1-b, WAC 388-78A-3090-1-c, WAC 388-78A-3090-1-d, WAC 388-78A-3090-1, WAC 388-78A-3090-2-c-ii

The Department staff who did the on-site verification:

Faith Le, NCI

Erin Steinbrenner, Nursing Consultant Institutional

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2696	Compliance Determination # 63313
Plan of Correction	Greenlake Emerald City	Completion Date
Page 1 of 12	Licensee: Greenlake Senior Services LLC	08/07/2025

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 follow-up on 07/31/2025 of:

Greenlake Emerald City
9001 Lake City Way NE
Seattle, WA 98115

This document references the following SOD dated: 08/07/2025

The following sample was selected for review during the unannounced on-site visit: 19 of 90 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Erin Steinbrenner, Nursing Consultant Institutional
Faith Le, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License # 2886	Compliance Determination # 63313
Plan of Correction	Greenlake Emerald City	Completion Date
Page 2 of 12	Licensee: Greenlake Senior Services LLC	08/07/2025

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.

Jamie Singer
Residential Care Services

08/19/2025

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.

Jamie Singer
Administrator (or Representative)

8-19-25

Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff B and C) completed the required facility orientation. This placed the ALF's 90 residents at risk of harm and injury from care staff who were unfamiliar with the facility.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-112A-0200 - What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in Revised Code of Washington 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and

This document was prepared by Residential Care Services for the Locator website.

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.

Jamie Singer
Residential Care Services

08/19/2025

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)

Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff B and C) completed the required facility orientation. This placed the ALF's 90 residents at risk of harm and injury from care staff who were unfamiliar with the facility.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-112A-0200 - What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in Revised Code of Washington 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and

Statement of Deficiencies	License #: 2696	Compliance Determination # 63313
Plan of Correction	Greenlake Emerald City	Completion Date
Page 3 of 12	Licensee: Greenlake Senior Services LLC	08/07/2025

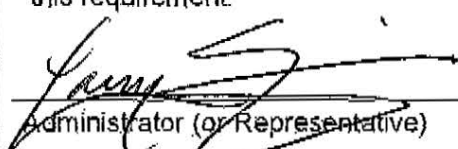
population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

Review of staff records showed the ALF hired Staff B (Caregiver) on 01/10/2025. Record review of Staff B's record showed no facility orientation training.

Review of staff records showed the ALF hired Staff C (Caregiver) on 05/26/2024. Record review of Staff C's record showed no facility orientation training.

In an interview, on 07/31/2025 at 3:30 PM, Staff J (Business Office Manager) confirmed Staff B and Staff C were still employed and had not completed facility orientation. Staff J stated they are working on new systems for onboarding.

This is an uncorrected deficiency under subsection (3) previously cited on 06/05/2025.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) <u>9-15-25</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 _____ Administrator (or Representative)	<u>8-19-25</u> _____ 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:

population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

Review of staff records showed the ALF hired Staff B (Caregiver) on 01/10/2025. Record review of Staff B's record showed no facility orientation training.

Review of staff records showed the ALF hired Staff C (Caregiver) on 05/26/2024. Record review of Staff C's record showed no facility orientation training.

In an interview, on 07/31/2025 at 3:30 PM, Staff J (Business Office Manager) confirmed Staff B and Staff C were still employed and had not completed facility orientation. Staff J stated they are working on new systems for onboarding.

This is an uncorrected deficiency under subsection (3) previously cited on 06/05/2025.

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, Greenlake Emerald City 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

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:

This document was prepared by Residential Care Services for the Locator website.

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to identify and secure hazardous chemicals in a housekeeping cart, common bathroom and a resident room in the Memory Care Unit (MCU). This failure placed 15 of 15 residents living in the MCU at risk of harm and poisoning.

Findings included...

Record Review of a Resident Characteristic Roster (undated) provided on 07/31/2025, showed 15 residents living in the MCU with various [REDACTED] diagnoses.

Observation, on 07/31/2025 at 10:17 AM, showed a housekeeping cart on the secured MCU floor in Tower A to be unlocked and unattended. Observation of an upper storage cabinet inside the cart showed a spray bottle of Windex glass cleaner, Clorox disinfectant wipes, ZEP upholstery cleaner, stainless steel polish, disinfectant acid and a spray bottle with a handwritten label of air freshening spray. Observation showed the cleaners to have warning labels not to ingest and to avoid contact with eyes.

In an interview, on 07/31/2025 at 10:16 AM, Staff L (Housekeeper) stated she did not have keys to the cart.

In an interview, on 07/31/2025 at 10:17 AM, Staff G (Maintenance Director) confirmed the carts should always be locked and bottles of chemicals needed to be marked with manufacturer labels. Staff G stated he had "just purchased new keys [for the carts] this morning."

Observation, on 07/31/2025 at 10:35 AM, showed an unsecured bottle of Mckesson shampoo and body wash in a MCU common bathroom near room 205.

Observation of Resident 1's unlocked apartment in MCU, on 07/31/2025 at 12:52 PM, showed unsecured hygiene items to include Biotene mouthwash, a bottle of antiseptic mouthwash, Remedy cleanser and Biotin Boost hair product. All items included precautionary statements of "do not swallow or use if allergic, call poison control center right away or medical help right away if accidentally swallowed or avoid contact with eyes, rinse immediately."

In an interview, on 07/31/2025 at 4:44 PM, Staff A (Administrator) agreed hygiene items should be secured in the MCU and stated cabinets with locks and keys had been ordered for every apartment to be installed above the toilets.

This is an uncorrected deficiency previously cited on 06/05/2025.

Statement of Deficiencies	License #: 2696	Compliance Determination # 63313
Plan of Correction	Greenlake Emerald City	Completion Date
Page 5 of 12	Licensee: Greenlake Senior Services LLC	08/07/2025

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 9-15-25.

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


Administrator (or Representative)

8-19-25

Date

WAC 388-78A-2260 Storing, securing, and accounting for medications.

- (1) The assisted living facility must secure medications for residents who are not capable of safely storing their own medications.
- (2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:
- (d) In a locked compartment that is accessible only to designated responsible staff persons; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Assisted Living Facility (ALF) failed to ensure 2 of 3 resident's (Resident 14 and 15) medications were securely and safely stored. This failure placed Resident 14 and Resident 15 at risk for ingesting unprescribed medications and Resident 14 at risk for missed/incorrect doses of prescribed medications and increased health issues.

Findings included...

Resident 14

Record review of a Face Sheet showed the ALF admitted showed Resident 14 on [REDACTED]/2023 with multiple medical diagnoses including [REDACTED] and [REDACTED].

Record review of Resident 14's Service Plan (SP – equivalent to a Negotiated Service

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, Greenlake Emerald City 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

WAC 388-78A-2260 Storing, securing, and accounting for medications.

- (1) The assisted living facility must secure medications for residents who are not capable of safely storing their own medications.
- (2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:
- (d) In a locked compartment that is accessible only to designated responsible staff persons; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Assisted Living Facility (ALF) failed to ensure 2 of 3 resident's (Resident 14 and 15) medications were securely and safely stored. This failure placed Resident 14 and Resident 15 at risk for ingesting unprescribed medications and Resident 14 at risk for missed/incorrect doses of prescribed medications and increased health issues.

Findings included...

Resident 14

Record review of a Face Sheet showed the ALF admitted showed Resident 14 on [REDACTED]/2023 with multiple medical diagnoses including [REDACTED] and [REDACTED].

Record review of Resident 14's Service Plan (SP – equivalent to a Negotiated Service

Agreement), dated 04/06/2025, showed Resident 14 required total assistance with medication administration and was unable to take medication without assistance.

Observation, on 07/31/2025 at 10:48 AM, of Resident 14's apartment with Staff G (Maintenance Director) showed medications were left unsecured. On the kitchen table was a bottle of acetaminophen (used to relieve pain and reduce fever), a bottle of ibuprofen (used to relieve pain and reduce fever), a tube of hydrocortisone cream (used to treat skin conditions like swelling, redness, and itching), geri-kot (used to treat constipation), and a bottle of gas relief. On the kitchenette counter was Gentlax (used to treat constipation), a bottle of Akkermansia (used to maintain gut health), and a bottle of chlorhexidine gluconase oral rinse (prescription mouthwash used to reduce bacteria in the mouth).

Review of July of 2025 electronic Medication Administration Record (eMAR), showed none of the medications observed in Resident 14's apartment were transcribed with the medication name, dose, time, or route.

Resident 15

Record review of a Face Sheet showed the ALF admitted Resident 15 on [REDACTED]/2024 with multiple medical diagnoses including [REDACTED] and [REDACTED].

Record review of Resident 15's SP, dated 04/06/2025, showed Resident 15 required total assistance with medication administration and was unable to take medication without assistance.

Record review of Resident 15's July 2025 eMAR showed a physician's order for Diclofenac sodium, 1%, four times daily.

Observation, on 07/31/2025 at 1:49 PM, of Resident 15's apartment showed medications were unsecured and observed throughout his apartment. On the dining table was a bottle of Tylenol (pain reliever and fever reducer), a bottle of Nyquil (used to treat the common cold and flu), and a bottle of Safetussin (cough syrup). On the kitchen counter were three tubes of Voltaren (pain reliever), and a tube of prescribed Diclofenac Sodium, 1% (used to treat arthritis pain).

In interview, on 07/31/2025 at 1:54 PM, Staff M (Medication Technician) reported she was aware that Resident 15 had unsecured medications in his room but did not report it to Staff I (Health Service Director).

Statement of Deficiencies	License #: 2696	Compliance Determination # 63313
Plan of Correction	Greenlake Emerald City	Completion Date
Page 7 of 12	Licensee: Greenlake Senior Services LLC	08/07/2025

In interview, on 07/31/2025 at 4:45 PM, Staff A (Administrator) reported Resident 14 and Resident 15 should not have any medications in their room.

This is an uncorrected deficiency previously cited on 06/05/2025.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) <u>9-15-25</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
	<u>8-19-25</u>
Administrator (or Representative)	Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure safe medication systems were maintained when 2 of 2 narcotic books (Tower A's Assisted Living (AL) and Memory Care Unit (MCU) Narcotic Books) were without change of shift signatures to account for controlled medications. These failures placed 15 MCU residents and 17 AL residents at risk of incorrect narcotic management.

Findings included...

Record review of the ALF's policy and procedures for managing controlled medications dated 02/15/2024 showed under a section titled, "Controlled Drug Count" that "all controlled substances will be counted at the change of each shift. The outgoing Shift

In interview, on 07/31/2025 at 4:45 PM, Staff A (Administrator) reported Resident 14 and Resident 15 should not have any medications in their room.

This is an uncorrected deficiency previously cited on 06/05/2025.

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, Greenlake Emerald City 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

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure safe medication systems were maintained when 2 of 2 narcotic books (Tower A's Assisted Living (AL) and Memory Care Unit (MCU) Narcotic Books) were without change of shift signatures to account for controlled medications. These failures placed 15 MCU residents and 17 AL residents at risk of incorrect narcotic management.

Findings included...

Record review of the ALF's policy and procedures for managing controlled medications dated 02/15/2024 showed under a section titled, "Controlled Drug Count" that "all controlled substances will be counted at the change of each shift. The outgoing Shift

Supervisor or Medication Aide will count, with the oncoming shift supervisor or Medication Aide as a witness and once verified, both the person counting and the person witnessing the count will sign the Controlled Substance Daily Count Record.”

Record Review of a Resident Characteristic Roster (undated) provided on 07/31/2025, showed 15 residents living in the MCU and 17 AL residents living in Tower A on medication assisted services.

Observation and record review, on 07/31/2025 at 12:13 PM, showed the medication cart in the Memory Care Unit (MCU) to contain one narcotic book. Several signature pages where the staff sign to verify the medications were all accounted for, were not signed at the beginning and ends of shifts for day, evening and night shifts.

Record review of the MCU narcotic book signature pages, showed on 07/20/2025 and 07/27/2025, day, evening and night shifts did not sign; on 07/21/2025 and 07/24/2025 day shift did not sign; on 07/25/2025 and 07/26/2025 evening and night shift did not sign; on 07/29/2025 evening shift did not sign; on 07/30/2025 day and evening shift did not sign.

In an interview, on 07/31/2025 at 12:13 PM, Staff K (Medication Technician) acknowledged there were gaps in staff signatures to document narcotic counts between shifts. Staff K stated, “sometimes I count by myself and if there is something I want the manager to address, I let him know.”

Observation and record review, on 07/31/2025 at 12:27 PM, showed the medication cart in the Tower A, AL neighborhood to contain one narcotic book. Several signature pages where the staff signed to verify the medications were all accounted for, were not signed at the beginning and ends of shifts for day, evening and night shifts.

Record review of the Tower A narcotic book signature pages showed on 07/20/2025 day, evening and night shift did not sign; on 07/25/2025 and 07/26/2025 evening and night shift did not sign; on 07/29/2025 and 07/30/2025 day and night shift did not sign.

In an interview, on 07/31/2025 at 12:27 PM, regarding the unsigned narcotic book for Tower A, Staff K stated, “sometimes they [night staff] get distracted and forget to sign after we count together.”

In an interview, on 08/07/2025 at 11:23 AM, Staff I (Health Services Director) confirmed that both staff leaving and starting their shift needed to count and sign the narcotic book together. Staff I stated she, “was surprised to hear about the gaps [in signatures]” and would continue to will work on this with the staff.

This is an uncorrected deficiency under subsection (1)(b) previously cited on 06/05/2025

Statement of Deficiencies	License #: 2086	Compliance Determination # 63313
Plan of Correction	Greenlake Emerald City	Completion Date
Page 9 of 12	Licensee: Greenlake Senior Services LLC	08/07/2025

and a recurring deficiency previously cited on 02/21/2025 and 08/09/2024.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) <u>9.15.25</u>.	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>8.19.25</u> Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

- (a) Provide a safe, sanitary and well-maintained environment for residents;
- (b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;
- (c) Keep facilities, equipment and furnishings clean and in good repair; and
- (d) Ensure each resident or staff person maintains the resident's quarters in a safe and sanitary condition consistent with the negotiated service agreement.

(2) The assisted living facility must provide housekeeping supply room(s):

(c) Equipped with:

- (ii) Storage for wet mops;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure the building and 2 of 8 residents' apartments (Resident 10 and 14) were sanitary, safe and in good repair. These failures placed residents at risk for harm and a decreased quality of life.

Findings included...

This document was prepared by Residential Care Services for the Locator website.

and a recurring deficiency previously cited on 02/21/2025 and 08/09/2024.

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, Greenlake Emerald City 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

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

- (a) Provide a safe, sanitary and well-maintained environment for residents;
- (b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;
- (c) Keep facilities, equipment and furnishings clean and in good repair; and
- (d) Ensure each resident or staff person maintains the resident's quarters in a safe and sanitary condition consistent with the negotiated service agreement.

(2) The assisted living facility must provide housekeeping supply room(s):

(c) Equipped with:

- (ii) Storage for wet mops;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure the building and 2 of 8 residents' apartments (Resident 10 and 14) were sanitary, safe and in good repair. These failures placed residents at risk for harm and a decreased quality of life.

Findings included...

Review of a Resident Characteristic Roster showed the ALF provided care and services to 90 residents, 15 of the residents resided on the Memory Care Unit (MCU).

ODORS

Observation and interview, on 07/31/2025 at 10:13 AM, showed the MCU located on the second floor in tower A, to contain a strong urine odor upon entrance from the elevator to the living room. Staff G (Maintenance Director) confirmed the urine odor was present.

Observation, on 07/31/2025 at 10:42 AM, showed the fourth floor Trash and Recycle room in tower A to contain a foul odor.

Observation, on 07/31/2025 at 10:59 AM, showed a strong cigarette smoke odor throughout Resident 3's apartment and bathroom areas.

Observation, on 07/31/2025 at 11:10 AM, showed the fourth floor Trash and Recycle room in tower B to contain a foul odor.

Observation, on 07/31/2025 at 11:12 AM, showed the third floor Trash and Recycle room in tower C to contain a cigarette smoke odor.

Observation, on 07/31/2025 at 1:49 PM, showed a strong urine odor throughout Resident 15's apartment and bathroom areas.

In interview, on 07/31/2025 at 5:01 PM, stated the facility is "looking to have [an outside vendor] provide a service for the heating, ventilation, and air conditioning system to make the air smell better."

GARBAGE

Observation and interview, on 07/31/2025 at 10:42 AM, of a Trash and Recycle room on the fourth floor in Tower A, showed overflowing garbage in the garbage cans. Staff G reported the trash was supposed to be emptied.

Observation, on 07/31/2025 at 11:10 AM, of a Trash and Recycle room on the fourth floor in Tower B, showed overflowing garbage in the garbage cans. A layer of dust was observed covering the vent cover.

Observation, on 07/31/2025 at 11:14 AM, of a Trash and Recycle room on the third floor in Tower C, showed overflowing garbage in the garbage cans.

INSECTS

Observation and interview, on 07/31/2025 at 10:42 AM, showed a Trash and Recycle room on the fourth floor in Tower A, with numerous fruit flies. Staff G reported there was no staff assigned to clean the common areas, and he planned to hire another housekeeping staff and restructure the housekeeping assignments.

Observation of Resident 3's apartment, on 07/31/2025 at 10:59 AM, showed three cigarette butts inside a coffee cup and ants crawling on the dining table. Ants were also observed on Resident 3's bathroom counter, crawling on his toothbrush.

Observation, on 07/31/2025 at 11:10 AM, showed a Trash and Recycle room on the fourth floor in Tower B, with numerous fruit flies.

In interview, on 07/31/2025 at 5:08 PM, Staff A (Administrator) reported the ALF received weekly pest control services through an outside vendor and would inform them to treat Resident 3's apartment.

GENERAL MAINTANANCE AND HOUSEKEEPING

Observation, on 07/31/2025 at 10:52 AM, on right lower side of the steps that connect the Bistro to the Activity room, showed baseboards with peeled paint and bare wood.

Observation, on 07/31/2025 at 10:18 AM, of the walls in Resident 10's apartment showed peeling paint, and walls and door trim showed black scuff marks.

Observation, on 07/31/2025 at 10:19 AM, of a common bathroom, across from Resident 10's apartment, showed no soap.

Observation, on 07/31/2025 at 10:35 AM, of a common bathroom, next to apartment 205, showed no soap or paper towels.

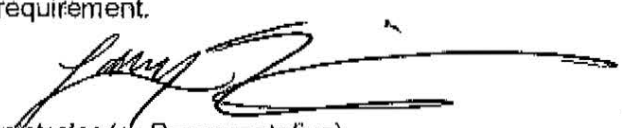
Observation, on 07/31/2025 at 10:42 AM, of Resident 14's apartment, showed the carpet had visible, dark black stains next to the bed that extended into the middle of the room and dining room table areas.

Observation, on 07/31/2025 at 11:30 AM, of the third floor in tower B, showed a long trail of dark stain on the carpet, with additional carpet stains throughout the hallway.

Statement of Deficiencies	License #: 2696	Compliance Determination # 63313
Plan of Correction	Greenlake Emerald City	Completion Date
Page 12 of 12	Licensee: Greenlake Senior Services LLC	08/07/2025

Observation, on 07/31/2025 at 11:30 AM, of the third floor in tower C, showed a long trail of dried dark liquid on the floor leading to the Trash and Recycle room.

This is an uncorrected deficiency previously cited on 06/05/2025.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) <u>9-15-25</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>8.19.25</u> Date

This document was prepared by Residential Care Services for the Locator website.

Observation, on 07/31/2025 at 11:30 AM, of the third floor in tower C, showed a long trail of dried dark liquid on the floor leading to the Trash and Recycle room.

This is an uncorrected deficiency previously cited on 06/05/2025.

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, Greenlake Emerald City 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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2696	Compliance Determination # 59473
Plan of Correction	Greenlake Emerald City	Completion Date
Page 1 of 45	Licensee: Greenlake Senior Services LLC	06/05/2025

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 the unannounced on-site full inspection on 05/14/2025 and 05/19/2025 of:

Greenlake Emerald City
9001 Lake City Way NE
Seattle, WA 98115

The following sample was selected for review during the unannounced on-site visit: 12 of 109 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Erin Steinbrenner, Nursing Consultant Institutional
Judith Mellon, RN, Licenser
Faith Le, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

This document was prepared by Residential Care Services for the Locator website.

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.

Jamie Singer
Residential Care Services

06/18/2025
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.

[Signature]
Administrator (or Representative)

6/23/2025
Date

WAC 388-78A-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to protect the confidentiality of 3 of 3 current and former residents (Resident 3, 17 and 18) by displaying a confidential list of resident names in a public location. This resulted in a violation of Resident's 3, 17 and 18 privacy and confidentiality.

Findings included...

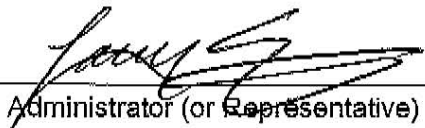
NOTE: Revised Code of Washington (RCW) 70.129.050 - Privacy and confidentiality of personal and medical records. The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

During the environment observation of the ALF, on 05/14/2025 at 10:00 AM, the Department's Representatives observed a binder titled "Annual Survey" on a bookshelf in the lobby.

Review of the binder showed a Statement of Deficiencies (SODs), dated 08/01/2024, with a confidential list (a key to the residents listed in the SOD) of three past and current Residents (Residents 3, 17 and 18). The list showed, "CONFIDENTIAL, Do Not Post This List In The Facility."

This document was prepared by Residential Care Services for the Locator website.

In an interview, on 05/14/2025 at 2:15 PM, Staff A (Administrator) stated the resident identifier list should not be in there and removed it.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) <u>7/20/25</u>.	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>6/23/2025</u> Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 6 staff members (Staff B, C and D) completed the required two-step tuberculin skin test (TST). This placed 109 residents at risk of exposure to a communicable disease.

Findings included...

Review of records showed the ALF hired Staff B (Caregiver) on 01/10/2025. Record review showed Staff B did not have the two-step TST completed.

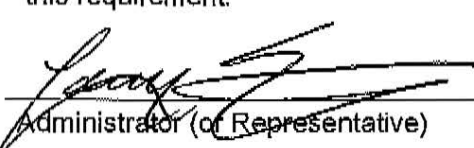
Review of records showed the ALF hired Staff C (Caregiver) on 05/26/2024. Record review showed Staff C did not have the two-step TST completed.

Review of records showed the ALF hired Staff D (Caregiver) on 03/07/2024. Record

This document was prepared by Residential Care Services for the Locator website.

review showed Staff D did not have the two-step TST completed.

In an interview, on 05/15/2025 at 10:10 AM, Staff J (Business Office Manager) confirmed they were in the process of catching up on tuberculosis testing and were unable to provide two-step TST results for Staff B, C or D.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) <u>7-20-25</u>.	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>6-23-25</u> Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a national fingerprint background check (NFBC) for 1 of 6 sampled staff (Staff A) was completed. This placed 109 residents at risk of receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff A (Administrator), hired on 06/12/2024, did not show a completed NFBC.

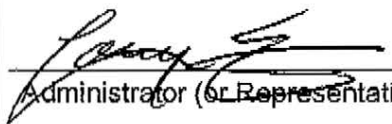
In an interview, on 05/15/2025 at 9:45 AM, Staff J (Business Office Director) confirmed Staff A had not completed an NFBC. Staff J stated fingerprint testing for Staff A had been missed and would get it scheduled.

This document was prepared by Residential Care Services for the Locator website.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 7-20-25.

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


Administrator (or Representative)

6-23-25
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff B and C) completed the required Cardiopulmonary resuscitation (CPR) training to fulfill their expected responsibilities, 2 of 2 staff (Staff E and F) whose positions required continuing education hours (CE) completed the required 12 hours for 2024, and 2 of 6 staff (Staff B and C) completed the required facility orientation. This placed the ALF's 109 residents at risk of harm and injury from care staff due to improper CPR technique in the event of an emergency, whose CE hours were not up to date, and who were unfamiliar with the facility.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2450- Staff (1) Each assisted living facility must provide sufficient, trained staff persons to: (a) Furnish the services and care needed by each resident consistent with his or her negotiated service agreement; (e) Ensure all resident care and services are provided only by staff persons

This document was prepared by Residential Care Services for the Locator website.

who have the training, credentials, experience and other qualifications necessary to provide the care and services;

CPR

NOTE: WAC 388-112A-0700 - What is CPR training? Cardiopulmonary resuscitation (CPR) training is training provided by an authorized CPR instructor. Trainees must successfully complete the written and skills demonstration tests.

Review of staff records showed the ALF hired Staff B (Caregiver) on 01/10/2025. Record review of Staff B's record showed no current CPR certification.

Review of staff records showed the ALF hired Staff C (Caregiver) on 05/26/2024. Record review of Staff C's record showed no current CPR certification.

In an interview, on 05/15/2025 at 9:45 AM Staff J (Business Office Director) stated, "we will have to get current ones, I don't have current CPR cards for them."

CONTINUING EDUCATION

Review of a staff list showed the ALF hired Staff E on 12/13/2023 as a Caregiver. Staff E held an unexpired Nurse Assistant Registered (NAR) credential. The credential required Staff E to complete 12 hours of CE annually, before their birth date of September 13. Review of records showed Staff E had completed one hour of CE requirements.

Review of a staff list showed the ALF hired Staff F on 12/13/2023 as a Caregiver. Staff F held an unexpired NAR credential. The credential required Staff F to complete 12 hours of CE annually, before their birth date of January 16. Review of records showed Staff F had completed two hours of CE requirements.

In an interview, on 05/15/2025 at 9:45 AM, Staff J stated, "continuing education trainings are assigned to staff through the Relias Program. I let them go at their own pace, I tell them they need to get 12 hours for the license renewal. Staff E and F haven't done 12 hours."

FACILITY ORIENTATION

There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

This document was prepared by Residential Care Services for the Locator website.

Review of staff records showed the ALF hired Staff B (Caregiver) on 01/10/2025. Record review of Staff B's record showed no facility orientation training.

Review of staff records showed the ALF hired Staff C (Caregiver) on 05/26/2024. Record review of Staff C's record showed no facility orientation training.

In an interview, on 5/15/25 at 9:45 AM, Staff J confirmed Staff B and Staff C had not completed facility orientation.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 7-20-25.

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


Administrator (or Representative)

10-23-25
Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

- (1) The care and services necessary to meet the resident's needs, including:
 - (a) The plan to monitor the resident and address interventions for current risks to the resident's 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;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to identify and document in the Service Plan (SP- equivalent to the Negotiated Service Agreement) interventions that supported the care needs of 5 of 12 sampled residents (Residents 3, 5, 6, 7 and 12). These failures placed Residents 3 and 5 at risk

for care needs not met related to an assessed history of behaviors, Resident 6 at risk for complications related to diabetes mellitus (a disorder in which the body has high sugar levels for prolonged periods of time), Resident 7 at risk of health complications or injury related to the use of anti-coagulant medication (medication that thins the blood to prevent clots) and use of a mechanical transfer lift and Resident 12 at risk for care needs not met related to use of a private caregiver.

Findings included...

Resident 3

Record review of Resident 3's Face Sheet (undated) showed Resident 3 was admitted to the ALF on /2023 with multiple medical diagnoses including [REDACTED] and [REDACTED].

Record review of an Assessment, dated 04/02/2025, in the section "special care behaviors" showed Resident 3 had "no" or "none apply" for responses for any specific behaviors or symptoms that cause concern or require special care. In the section "housekeeping and laundry" the assessment showed "housekeeping level of assistance" as independent- Resident does not require assistance with housekeeping.

Record review of a Service Plan (SP) dated 04/04/2025 showed Resident 3 "did not require assistance with housekeeping but will ask if he needs help." The SP showed Resident 3 had occasional hallucinations and delusions, had bipolar disorder and no information on what staff should do if an incident occurs.

Observation of Resident 3's apartment, on 05/19/2025 at 11:05 AM, showed Resident 3's apartment was not clean, had multiple clothing and personal items strewn about the apartment covering all surface areas and all floor areas. Garbage was observed overfull with fruit flies and ants, the toilet was not clean and had urine and debris around the toilet, the sink had debris, and the metal drain appeared dried out and not used for washing, a fish tank had thick green algae with fish and a frog in it.

In an interview, on 05/19/2025 at 12:15 PM, Resident 3 stated, "they come, and they sweep my carpet" and "I try to reach down inside the fish tank and scrape it off, but it doesn't really want to come out, I do the best I can." Resident 3 stated, "they sweep in here but not with the vacuum."

In an interview, on 05/19/2025 at 10:21 AM, Staff I (Health Service Director) stated, "We provide light housekeeping here and the responsibility is the residents when it comes to pets."

This document was prepared by Residential Care Services for the Locator website.

In an interview, on 05/19/2025 at 11:05 AM, Staff A (Executive Director) stated, "the apartment wasn't this bad before, it's worse, it's not clean. I don't know how they swept anything in here, everything is on the floor."

Resident 5

Record review of a Face Sheet (undated) showed the ALF admitted Resident 5 on [REDACTED]/2022 with a primary diagnosis of [REDACTED].

Record review of an Assessment, dated 01/25/2025, under the "special care- behaviors" section showed Resident 5 to have behaviors or symptoms that caused concern or required intervention related to dementia. The behaviors listed in Resident 5's assessment showed agitation, resistance to care and aggression.

Record Review of Resident 5's SP, dated 04/01/2025, showed no information or care interventions to instruct staff on how to care for Resident 5 during expression of listed behaviors. Review of the psychosocial category of the SP, section 5, showed Resident 5 did not have current or history of disruption, aggression or socially inappropriate behavior.

In an interview, on 05/16/2025 at 2:10 PM, Staff I confirmed if a resident is assessed for certain behaviors that information should be included in the SP. Staff I stated information the caregivers obtained about a resident is often received through verbal communication and stated the interventions should also be documented in the SP.

Resident 6

Record review of a Face Sheet, undated, showed the ALF admitted Resident 6 on [REDACTED]/2025 with a diagnosis of [REDACTED] and [REDACTED]. Review of an Assessment, dated 04/01/2025, showed Resident 6 was insulin (hormone that regulates the level of sugar in the blood) dependent for management of his diabetes and required staff assistance with administration of once daily injections.

Review of Resident 6's SP, dated 04/01/2025, showed no mention of signs to monitor for low or high blood sugar levels. Review of the SP showed no mention of Resident 6's dependence on insulin or a [REDACTED] diagnosis. Review of the Diagnoses category in the SP showed only that Resident 6's, "diagnosis will be monitored and reviewed as needed" with no additional information.

Resident 7

This document was prepared by Residential Care Services for the Locator website.

Record review of a Face Sheet, undated, showed the ALF admitted Resident 7 on [REDACTED]/2024 with multiple diagnoses to include [REDACTED]. Review of an Assessment, dated 02/17/2025, showed Resident 7 required maximum assistance with a mechanical lift for transfers.

Record review of Resident 7's May 2025 Medication Administration Record (MAR) showed a physician's order for twice daily Eliquis (a medication that blocks the activity of certain clotting substances in the blood).

In an observation and interview, on 05/16/2025 at 1:05 PM, Resident 7 stated he required two staff to assist him to transfer in and out of bed with the use of a mechanical lift. Observation showed a mechanical lift in Resident 5's room.

Review of a SP, dated 02/17/2025, showed no information or interventions on how to monitor for the increased risk of bleeding or bruising related to Eliquis medication. Resident 7's SP did not include signs or symptoms to alert staff to changes in the resident's condition related to risk of bleeding or bruises related to the medication. Review of Resident 7's SP made no mention of the required use of a mechanical lift for transfers to and from the bed and wheelchair.

In an interview on 05/16/2025 at 2:10 PM, Staff I stated, "if somebody falls, they [care staff] contact me usually, if [the resident] is on a blood thinner they are sent out." Staff I confirmed that if a resident is at risk for bleeding, the information should be in the SP.

Resident 12

Record review of Resident 12's SP, dated 04/03/2025, showed Resident 12 had a routine private duty caregiver (PDC). Resident 12's SP did not identify the tasks provided by the PDC.

Record review of Resident 12's medical records labeled "Outside Agency Documentation", dated 05/21/2024, showed Resident 12 was receiving physical therapy (PT).

Record review of Resident 12's SP, dated 04/03/2025, showed no information and did not identify Resident 12 was receiving PT.

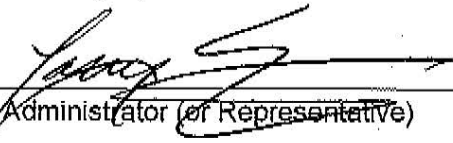
In interview, on 05/16/2025 at 1:56 PM, Staff I stated Resident 12's PDC's responsibilities and PT services should be documented in the SP.

This document was prepared by Residential Care Services for the Locator website.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 7-20-25.

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


Administrator (or Representative)

6-23-25
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, record review and interview, the Assisted Living Facility (ALF) failed to identify and secure hazardous chemicals, disconnect a stove top appliance in the Memory Care Unit (MCU) and secure a housekeeping cart on the second floor of Tower C in the ALF. This failure placed 15 of 15 residents living in the MCU and 8 of 8 residents with [REDACTED] or [REDACTED] diagnoses living in the ALF, at risk for harm and poisoning.

Findings included...

Record Review of a Resident Characteristic Roster (undated) provided on 05/14/2025, showed eight residents with [REDACTED] and [REDACTED] diagnoses living in the general ALF apartments and 15 residents living in the MCU with various [REDACTED] diagnoses.

MEMORY CARE

This document was prepared by Residential Care Services for the Locator website.

Observation and interview, on 05/15/2025 at 9:40 AM, showed a cupboard next to a medication cart on the MCU just next to the dining room and kitchenette areas. The cupboard had no locking mechanism. Observation showed the cupboard to include a container of liquid alcohol antiseptic solution 80% (with a warning that the solution is highly flammable, if swallowed get medical help or contact a Poison Control Center immediately and to avoid contact with eyes ears and mouth), bottles of fragrance oils that could cause skin irritation and an unlabeled bottle that contained a whitish-yellow liquid. In interview Staff P (Resident Care Coordinator) was unable to state what the liquid was or its purpose.

Observation, on 05/14/2025 at 11:00 AM, during the environmental tour with Staff G (Maintenance Director) showed an oven in the MCU kitchen to become hot to the touch when a stove top dial was turned to the on position. Observation showed no barrier or secured gate to prevent resident access to the kitchen.

In an interview, on 05/16/2025 at 3:07 PM, Staff A (Administrator) stated he was unaware the stove in the MCU's kitchenette had not been disconnected.

On 05/15/2025 at 9:10 AM, on the MCU, observation of Resident 1's unlocked apartment showed the following items unsecured in the bathroom; Biotene mouthwash, a bottle of blue mint mouthwash, and biotin thickening condition for hair all showed precautionary statements to include, "do not swallow or use if allergic, call poison control center right away or medical help right away if accidentally swallowed, avoid contact with eyes, rinse immediately."

In an interview, on 05/15/2025 at 9:20 AM, Staff N (Caregiver) stated, "No the stuff is not locked up, it's just here on the sink."

SECOND FLOOR TOWER C

Observation, on 05/14/2025 at 11:41 AM, showed a housekeeping cart on the second floor in Tower C to be unlocked and unattended. Observation of an upper storage cabinet inside the cart showed a spray bottle of ammonia glass cleaner and a second spray bottle with "disinfecting cleaner" handwritten on the label. Observation showed the ammonia glass cleaner to have a warning label not to ingest and to keep out of eyes.

In an interview, on 05/14/2025 at 11:41 AM, Staff G confirmed the housekeeping cart should be locked and went in search of a housekeeper.

This document was prepared by Residential Care Services for the Locator website.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 7-20-25.

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


Administrator (or Representative)

6-23-25
Date

WAC 388-78A-2260 Storing, securing, and accounting for medications.

- (1) The assisted living facility must secure medications for residents who are not capable of safely storing their own medications.
- (2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:
- (d) In a locked compartment that is accessible only to designated responsible staff persons; and

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews the Assisted Living Facility (ALF) failed to ensure 3 of 3 residents (Resident 3, 14 and 15) medications were securely and safely stored. This failure place Resident 3 with a diagnosis with a diagnosis of [REDACTED] at risk for ingesting unprescribed medications and increased health issues and Resident 14 and 15 at risk for missed/incorrect doses of medications.

Findings included...

Record review of a Resident Characteristic Roster, undated, showed the ALF had 23 residents identified with some type of cognitive disorder.

Resident 3

Record review of a face sheet showed Resident 3 moved into the ALF on [REDACTED]/2023 with multiple medical diagnoses including [REDACTED] and [REDACTED].

Record review of Resident 3's Service Plan (SP) -equivalent to a Negotiated Service Agreement, dated 04/04/2025, showed Resident 3 required total assistance with medication administration and was unable to take medication without assistance.

On 05/16/2025 at 12:15 PM, an initial observation of Resident 3's unlocked apartment during a medication pass showed there were unsecured medications in Resident 3's apartment. Two bottles of Tums (an antacid), a bottle of COQ10 (supplement to help with migraines, heart failure and high blood pressure) daily, Visine (used to relieve eye redness, irritation and itching) eye drops, a large size bottle of Tylenol (pain reliever, fever reducer) and a bottle of Benadryl (used to treat allergy symptoms).

In an interview on, 05/16/2025 at 12:15 PM, Staff R (Medication Technician) stated, "We do Resident 3's medications for him, he doesn't do them. I don't know who left those medications in his room, maybe he got them?"

Observation, on 05/19/2025 at 11:05 AM, of Resident 3's apartment with Staff A (Administrator), showed unsecured medications were in several places around the apartment; one bottle of Tums was on the floor in the living room and one bottle of Tums was on a coffee table; COQ10 daily, and Visine eye drops were on a desk in living room area; and a large size bottle of Tylenol was behind a picture on the desk. Vitamin D3 (helps maintain calcium levels) was on coffee table sitting in a lid of a box along with a bottle of Benadryl, an insulin pen was found in the apartment refrigerator and two bottles of Pepto Bismol (helps treat symptoms of the digestive tract) chews/tablets were observed on a nightstand next to the bed.

In an interview, on 05/19/2025 at 11:05 AM, Staff A stated, "they can't leave the medications in here, we do the medications."

In an interview on 05/19/2025 at 11:25 AM, Staff S (Medication Technician) stated, "I've done Resident 3's meds before. We are doing his medications; he's not doing them we do. He doesn't keep insulin in his room it's kept downstairs on the first floor in the refrigerator."

Resident 14

Record review of a Face Sheet the ALF admitted showed Resident 14 on [REDACTED]/2023 with multiple medical diagnoses including [REDACTED] and [REDACTED].

Record review of Resident 14's SP, dated 04/06/2025, showed Resident 14 required total assistance with medication administration and was unable to take medication

without assistance.

Observation on 05/16/2025 at 9:47 AM of Resident 14's unlocked apartment with Staff Q (Medication Technician) showed medications were left unsecured. On the dining room table was a large bottle of Tylenol 500mg and a bottle of A26 Urinary Pain Relief (used to relieve pain, burning and discomfort caused by infection or irritation of the urinary tract). On the kitchenette counter was a large bottle of Phillips milk of magnesia (laxative used to treat constipation), chlorhexidine gluconase oral rinse (prescription mouthwash used to reduce bacteria in the mouth, tx gingivitis and other gum conditions) and Vit Eyes Areds 2 (dietary supplement to support macular health and vision for individuals at risk of or with age-related macular degeneration).

In an interview, on 05/16/2025 at 9:47 AM, Staff Q (Medication Technician) stated, "We do all of Resident 14's medication. I'm not sure why those medications are in here."

Resident 15

Record review of a Face Sheet showed the ALF admitted Resident 15 on [REDACTED]/2024 with multiple medical diagnoses including [REDACTED] and [REDACTED].

Record review of Resident 15's SP, dated 04/06/2025, showed Resident 15 required total assistance with medication administration and was unable to take medication without assistance.

Observation, on 05/16/2025 at 12:00 PM, of Resident 15's unlocked apartment with Staff R showed medications were unsecured and scattered in Resident 15's apartment. Observation showed a bottle of Tylenol, a bottle of cough syrup DM (contains dextromethorphan as the active ingredient, which is a cough suppressant) and Diclofenac gel (a gel that is absorbed into the skin to help block inflammation and pain).

In an interview, on 05/16/2025 at 12:00 PM, Staff R stated, "I don't know why those are left in here, Resident 15 is on a med program. We administer his medications; he doesn't do his own."

This document was prepared by Residential Care Services for the Locator website.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 7-20-25.

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


Administrator (or Representative)

6/23/25
Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(d) Provide all resident care and services according to current acceptable standards for infection control;

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure 2 of 2 Medication Technicians (Staff O and Q) practiced infection control while passing medications. This failure placed all residents at risk for illness.

Findings included...

Note: Centers for Disease Control recommends the following steps for hand washing with soap and water: wet hands with clean, running water (warm or cold), turn off the tap, and apply soap. Lather hands by rubbing them together with the soap. Lather the backs of hands, between fingers, and under nails. Scrub hands for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol to clean hands not visibly soiled.

Record review of the ALF's policy and procedure dated 02/15/2025, titled, "Medication Assistance and Administration" showed under the procedures section to "Wash or sanitize hands before starting assistance and between residents."

An observation, on 05/15/2025 at 9:50 AM, showed Staff O (Medication Technician) did not perform hand hygiene prior to the start of medication pass or during administration of medication. Staff O was observed to crush medications for Resident 16. After the

medications were crushed Staff O used bare hand contact to open a capsule of medication to mix into the crushed medications. No hand hygiene was used during the preparation of the medication.

An observation, on 05/16/2025 at 9:30 AM, showed Staff Q (Medication Technician) did not perform hand hygiene prior to the start of medication pass or during the administration of medications to residents. Staff Q was observed providing medications for a resident that included crushing medications, provided an inhaler (portable device for administering a drug which is to be breathed in, is used for relieving asthma and other bronchial or nasal congestion), and a glass of water for a resident to rinse their mouth into the glass after the inhaler use. Staff Q was observed to wash the used glass and equipment without soap and place them in the kitchenette dishrack to dry. Staff Q dried his hands with a paper towel, continued the medication pass and did not complete hand hygiene or use hand sanitizer.

In an interview, on 05/19/2025 at 11:47 AM, Staff S (Medication Technician) stated, "We must wash our hands or we can use hand sanitizer in between residents when we are passing meds, but we still must wash our hands every couple of residents. If we are doing crushed medications and we do a capsule we need to make sure we are wearing gloves, we are not allowed to open the capsule with bare hands."

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 7-20-25.

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



Administrator (or Representative)

6/23/25

Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure safe medication systems were implemented when medications were not administered in a timely manner and as prescribed by the physician for 1 of 1 resident (Resident 5), a narcotic log was without narcotic count verification signatures, and medications were administered without the necessary identifications for safe medication administration, and 4 of 4 residents (Resident 5, 6, 9, and 10) did not get their medications as prescribed. These failures resulted in Resident 5, 6, 9 and 10 not receiving medications as prescribed, placed resident's narcotic medications at risk of error, and placed all residents receiving medication management or administration at risk for medication errors.

Findings included...**LATE MEDICATIONS**

Record review of the ALF's policy and procedure dated 02/15/2024 and titled, "Medications Incidents and Errors" showed "medication incidents or errors are defined as – wrong time – any dose of medication that is delivered more than 60 minutes before or after the designated time."

Review of a Face Sheet showed the ALF admitted Resident 5 into the ALF on [REDACTED]/2022 with a medical diagnosis of [REDACTED].

[REDACTED]. Review of an Assessment, dated 01/02/2025, showed Resident 5 required total medication assistance.

In an interview and observation, on 05/15/2025 at 10:05 AM, Staff O (Medication Technician) stated, "I am doing 7:00 AM & 8:00 AM meds just now for Resident 5 and the time is 10:05 AM, I'm already late with the meds." Staff O stated that the medications should be given an hour before or an hour after their scheduled time.

NARCOTIC LOG

Record review of the ALF's policy and procedures for managing controlled narcotic medications, dated 02/15/2024, showed under a section titled, "Controlled Drug Count" that "all controlled substances will be counted at the change of each shift. The outgoing Shift Supervisor or Medication Aide will count, with the oncoming shift supervisor or Medication Aide as a witness and once verified, both the person counting and the person witnessing the count will sign the Controlled Substance Daily Count Record."

Observation and interview on 05/16/2025 at 12:11 PM, showed the medication cart on Tower B on the third floor, had two narcotic books. Staff R (Medication Technician) stated, "We count narcotics with two people every shift then we have to sign the

narcotic book." Staff R stated, "We have two narcotic books, we use both of them."

Record review of the narcotic log, in the medication cart in Tower B, showed signature pages designated to document the two staff who were to conduct narcotic counts. The narcotic book showed missing signatures on 05/09/2025 on both evening and night shifts; missing signatures on 05/10/2025 and 05/11/2025 for day, evening and night shifts; missing signatures on 05/13/2025 for evening shift; missing signatures on 05/15/2025 for evening and night shift.

In an interview, on 05/16/2025 at 12:13 PM, Staff R stated, "that's my fault, I didn't sign it, I worked the other days and didn't sign, and I should have."

In an interview on 05/15/2025 at 2:30 PM, Staff P (Resident Care Coordinator) stated, "I check once a week to make sure the Medication Technicians are signing the narcotic books, they are counting narcotics every shift with two staff."

PRE-POURED MEDICATIONS

Observation, on 05/16/2025 at 9:43 AM, showed inside the medication cart drawer there were two plastic medication cups filled with medications that had been taken out of their labeled packaging that described the medication name, dose, time, and route. The medication had been pre-poured into medication cups without the receiving resident present. One of the medication cups were labeled "room 403" for Resident 28 and the other was labeled "room 305" for Resident 29. The medication cups were not labeled with the resident's full name, medication name, dose, time, or administration route.

In an interview on 05/16/2025 at 3:06 PM, Staff A (Administrator) stated, "Medication Technicians can't pre-pour meds."

MISSED MEDICATIONS

Resident 5

Review of a Face Sheet showed the ALF admitted Resident 5 on [REDACTED]/2022 with a primary diagnosis of [REDACTED]. Review of an Assessment, dated 01/02/2025, showed Resident 5 required total medication assistance.

Review of Resident 5's March 2025 electronic Medication Administration Record (eMAR) showed no staff signature indicating Resident 5 received

- calcium carbonate / vitamin D (supplement) on 03/07/2025 at 8:00 PM and 03/9/2025 at 8:00 AM.

- dicyclomine (used to treat irritable bowel syndrome-IBS) on 03/04/2025 at 12:00 PM, 03/07/2025 at 5:00 PM and 8:00 PM and on 03/09/2025 at 8:00 AM and 12:00 PM.
- duloxetine (used to treat depression) on 03/09/2025 at 8:00 AM.
- fexofenadine (used to treat allergies) on 03/07/2025 at 8:00 PM and 03/09/2025 at 8:00 AM.
- gabapentin (used to treat chronic pain syndrome) on 03/04/2025 at 2:00 PM, 03/07/2025 at 8:00 PM, 03/09/2025 and 03/10/2025 at 8:00 AM and 2:00 PM.
- metoprolol (used to treat heart disease) on 03/07/2025 at 8:00 PM, 03/09/2025 and 03/10/2025 at 8:00 AM.
- pramipexole (used to treat restless leg syndrome) on 03/07/2025 at 8:00 PM.
- tiotropium bromide (used to treat Asthma) on 03/09/2025 and 03/10/2025 at 9:00AM.
- vitamin B-12 (supplement) on 03/09/2025 and 03/10/2025 at 8:00 AM.
- omeprazole (used to treat gastro-esophageal reflux disease-GERD) on 03/09/2025 and 03/10/2025 at 7:00 AM.
- Serevent Diskus (used to treat asthma) on 03/07/2025 at 8:00 PM, 03/09/2025 and 03/10/2025 at 8:00 AM.

Review of Resident 5's April 2025 eMAR, showed no staff signature indicating Resident 5 received

- calcium carbonate / vitamin D on 04/03/2025 and 04/22/2025 at 8:00 AM and 04/11/2025 at 8:00 PM.
- dicyclomine on 04/03/2025 and 04/22/2025 at 8:00 AM and 12:00 PM, 04/11/2025 at 5:00 PM and 8:00 PM, and 04/23/2025 at 12:00 PM.
- duloxetine on 04/03/2025 and 04/22/2025 at 8:00 AM.
- fexofenadine on 04/03/2025 and 04/22/2025 at 8:00 AM and 04/11/2025 at 8:00 PM.
- gabapentin on 04/03/2025 and 04/22/2025 at 8:00 AM and 2:00 PM, 04/06/2025, 04/19/2025, 04/23/2025 and 04/24/2025 at 2:00 PM, 04/11/2025 at 8:00 PM.
- metoprolol on 04/03/2025 and 04/22/2025 at 8:00 AM, 04/11/2025 at 8:00 PM.
- pramipexole on 04/11/2025 at 8:00 PM.
- tiotropium bromide on 04/22/2025 at 9:00 AM.
- vitamin B-12 on 04/19/2025 at 8:00 AM.
- omeprazole on 04/03/2025 and 04/22/2025 at 7:00 AM.
- Serevent Diskus on 04/03/2025 and 04/22/2025 at 8:00 AM, 04/11/2025 at 8:00 PM.

Review of Resident 5's May 2025 eMAR, showed no staff signature indicating Resident 5 received

- dicyclomine on 05/01/2025 at 12:00 PM.
- gabapentin on 05/01/2025 at 2:00 PM.

Resident 6

Review of a Face Sheet showed the ALF admitted Resident 6 on [REDACTED]/2025 with multiple diagnoses to include [REDACTED] and [REDACTED]. Review of an Assessment, dated 04/01/2025, showed Resident 6 required total assistance with medication

This document was prepared by Residential Care Services for the Locator website.

administration.

Review of Resident 6's April 2025 eMAR, showed no staff signature indicating Resident 6 received

- propranolol (used to treat Essential Hypertension) on 04/03/2025 at 8:00 AM.

Review of Resident 6's May 2025 eMAR, showed no staff signature indicating Resident 6 received

- metformin (used to treat diabetes mellitus) on 05/01/2025 at 7:00 AM.
- propranolol (used to treat essential hypertension) on 05/01/2025 at 8:00 AM.

Resident 9

Record review showed Resident 9 was admitted into the ALF on [REDACTED]/2025 with a medical diagnosis of [REDACTED]

[REDACTED] and [REDACTED]. Review of a Negotiated Service Agreement (NSA), dated 04/03/2025, showed Resident 9 needed total medication assistance.

Review of Resident 9's March 2025 eMAR, showed no staff signature indicating Resident 9 received

- carbidopa/levodopa (used to treat Parkinson's disease) on 03/07/2025 at 8:00 PM, 03/09/2025 and 03/10/2025 at 8:00 AM and 2:00 PM.

Review of Resident 9's April 2025 eMAR, showed no staff signature indicating Resident 9 received

- carbidopa/levodopa on 04/15/2025 at 8:00 PM, 04/16/2025 at 8:00 AM and 2:00 PM, 04/19/2025, 04/22/2025, 04/23/2025 and 04/24/2025 at 2:00 PM.

Review of Resident 9's May 2025 eMAR, showed no staff signature indicating Resident 9 received

- carbidopa/levodopa on 05/01/2025 at 2:00 PM and 8:00 PM, 05/05/2025 at 2:00 PM.

Resident 10

Record review showed Resident 10 was admitted into the ALF on [REDACTED]/2023 with multiple diagnoses to include [REDACTED] and [REDACTED]

[REDACTED]. Review of an NSA, dated 04/01/2025, showed Resident 10 needed total medication assistance.

Review of Resident 10's March 2025 eMAR, showed no staff signature indicating

This document was prepared by Residential Care Services for the Locator website.

Resident 10 received

- amantadine (used to treat Parkinson's disease) on 03/03/2025 and 03/09/2025 at 8:00 AM and 2:00 PM, 03/04/2025 and 03/21/2025 at 2:00 PM, 03/07/2025 at 8:00 PM.
- aspirin (used to prevent heart disease) on 03/03/2025 and 03/09/2025 at 9:00AM.
- atorvastatin (used to treat high cholesterol) on 03/03/2025 and 03/09/2025 at 9:00AM.
- metoprolol succinate (used to treat high blood pressure) on 03/03/2025 and 03/09/2025 at 8:00 AM.

This is a recurring deficiency previously cited on 02/21/2025 and 08/09/2024.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 7-20-25.

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


Administrator (or Representative)

10-23-25
Date

WAC 388-78A-2320 Intermittent nursing services systems.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(b) Nurse delegation, if provided;

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(e) Chapter 246-888 WAC, Medication assistance.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure consent for nurse delegation (ND) were completed for 13 of 13 residents (Resident 1, 3, 4, 15, 19, 20, 21, 22, 23, 24, 25, 26 and 27) that received skilled medication administration services under the delegation of a Registered Nurse Delegator (RND). This failure resulted in Resident 1, 3, 4, 15, 19, 20, 21, 22, 23, 24, 25, 26 and 27 to receive medication administration from non-skilled staff without their consent.

Findings included...

Reference: Washington Administrative Code 246-840-930 Criteria for Delegation shows in subsections (10)(a)(b) (10) If the registered nurse delegator determines delegation is appropriate, the nurse:(a) Discusses the delegation process with the patient or authorized representative, including the level of training of the nursing assistant or home care aide delivering care.(b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter 7.70 Revised Code of Washington. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process.

Review of a resident characteristics roster, undated, showed 38 residents received ND medication administration in the ALF.

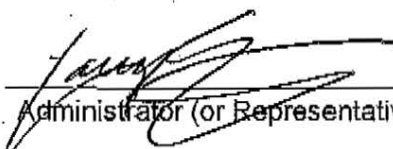
Record review of ND documentation showed on the ND Consent Forms, under the signature section for the resident or their representative, for Resident 1, 3, 4, 15, 19, 20, 21, 22, 23, 24, 25, 26 and 27, had no signatures for consent. The Consent Forms were pre-dated for where the resident or their representative would sign.

In an interview, on 05/23/2025 at 9:37 AM, Staff T (RND) stated, "yes, that is correct, the consents for delegation are unsigned." Staff T stated, "When I first got there at the ALF, they didn't have a process for getting the consents, it was an issue trying to find them." Staff T stated, "I got some of the verbal consents when I call the representatives, it should be signed where it says "verbal consent. I didn't go back and sign them, no I didn't document that anywhere, that's my fault I should have went back and did it, that's my error."

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 7-20-25.

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


Administrator (or Representative)

6/23/25
Date

This document was prepared by Residential Care Services for the Locator website.

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(b) Provide the necessary care and services for residents, including those with special needs;

This requirement was not met as evidenced by:

Based on observation, interviews and record reviews the Assisted Living Facility (ALF) failed to implement their policy and procedure for smoking for 1 of 1 resident (Resident 3). This failure placed Resident 3 and all residents safety at risk.

Findings included...

Record review of the ALF's policy and procedure, dated 02/15/2024, titled, "Smoking by Residents, Staff or Visitors" showed "Smoking is never permitted inside the community, Resident may only smoke in the designated outdoor area at least 25 feet away from entrances, windows and air intakes."

Record review of a Face Sheet showed the ALF admitted Resident 3 on [REDACTED]/2023 with multiple medical diagnoses including [REDACTED] and [REDACTED].

Review of a quarterly Assessment, dated 04/02/2025, showed Resident 3 was a cigarette smoker.

Observation of Resident 3's apartment, on 05/19/2025 at 11:05 AM, showed a nightstand against the bed had a plastic container with two smoked cigarette butts and cigarette ashes.

In an interview, on 05/19/2025 at 11:05 AM, Staff A (Administrator) stated they had issued a letter to Resident 3 stating smoking inside the ALF was prohibited. Staff A stated he was not aware Resident 3 was still smoking in his apartment. Staff A stated smoking in an apartment is, "dangerous."

This document was prepared by Residential Care Services for the Locator website.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 7-20-25.

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


Administrator (or Representative)

6-23-25
Date

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;

This requirement was not met as evidenced by:

Based on interview and record reviews, the Assisted Living Facility (ALF) failed to ensure the resident or their representatives signed the Negotiated Service Agreement (NSA) at least annually for 5 of 12 sampled residents (Resident 2, 3, 8, 9, and 11). This placed Resident 2, 3, 8, 9, and 11 at risk for not receiving care and services that had been agreed upon.

Findings included...

Review of a Face Sheet showed the ALF admitted Resident 2 on [REDACTED]/2023. Review of Resident 2's Service Plan (SP – equivalent to an NSA), dated 04/02/2025, showed no signature from the resident or the resident representative.

Review of a Face Sheet showed the ALF admitted Resident 3 on [REDACTED]/2023. Review of Resident 3's SP, dated 04/04/2025, showed no signature from the resident or the resident representative.

Review of a Face Sheet showed the ALF admitted Resident 8 on [REDACTED]/2024. Review of Resident 8's SP, dated 04/03/2025, showed no signature from the resident or the resident representative.

Review of a Face Sheet showed the ALF admitted Resident 9 on [REDACTED]/2025. Review of Resident 9's SP, 04/03/2025, showed no signature from the resident or the resident

This document was prepared by Residential Care Services for the Locator website.

representative.

Review of a Face Sheet showed the ALF admitted Resident 11 on [REDACTED]/2023. Review of Resident 11's SP, dated 04/01/2025, showed no signature from the resident or the resident representative.

In an interview, on 05/16/2025 at 1:40PM, Staff I (Health Services Director) stated they were not able to provide SP signature pages for Resident 2, 3, 8, 9, and 11.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 7.20.25.

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


Administrator (or Representative)

6/22/25
Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

- (a) Provide a safe, sanitary and well-maintained environment for residents;
- (b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;
- (c) Keep facilities, equipment and furnishings clean and in good repair; and
- (d) Ensure each resident or staff person maintains the resident's quarters in a safe and sanitary condition consistent with the negotiated service agreement.

(2) The assisted living facility must provide housekeeping supply room(s):

(c) Equipped with:

(ii) Storage for wet mops;

This requirement was not met as evidenced by:

Based on observations, interview and record review, the Assisted Living Facility (ALF) failed to ensure the building and 7 of 12 residents' apartments (Resident 1, 2, 3, 8, 10, 11, and 14) were sanitary, safe and in good repair and a wet mop was stored in an acceptable manner to prevent bacterial growth. These failures placed residents at risk

for disease and a decreased quality of life.

Findings included...

Review of a Resident Characteristic Roster showed the ALF provided care and services to 109 residents, 15 of the residents resided on the Memory Care Unit (MCU).

ODORS

Observation, on 05/14/2025 at 10:51 AM, showed the Trash and Recycle room on the fourth floor in tower A to contain a foul odor.

Observation, on 05/14/2025 at 11:00 AM, showed the MCU located on the second floor in tower A, to contain a strong urine odor upon entrance from the elevator to the living room.

Observation, on 05/14/2025 at 11:27 AM, of the fourth floor Trash and Recycle room in tower B, showed a full garbage can with an overpowering odor of old discarded food.

Observation, on 05/14/2025 at 11:30 AM, showed the third floor hallway in tower B to contain an overpowering urine odor.

Observation, on 05/14/2025 at 12:00 PM, showed the main lobby and elevator leading to the first floor upper-level dining room to contain a strong urine odor.

Observation, on 05/15/2025 at 9:10 AM, of the MCU, a strong urine odor was noted throughout Resident 1's apartment and bathroom.

Observation, on 05/15/2025 at 9:20 AM, on the MCU, showed a strong urine odor throughout Resident 2's apartment and bathroom areas.

Observation, on 05/16/2025 at 1:42 PM, showed Resident 11's refrigerator and apartment had a strong, foul odor.

Observation, on 05/14/2025 at 11:30 AM of the third floor in tower B, showed an overpowering urine odor in the hallway.

In interview, on 05/15/2025 at 3:25 PM, Staff A (Administrator) stated, "we have a couple residents with odors actually, we have one resident on our radar to see how to

better get rid of the urine odors and the other is incontinent and has an odor."

GARBAGE

Observation, on 05/14/2025 at 10:51 AM, of a Trash and Recycle room on the fourth floor in Tower A, showed overflowing garbage in the garbage cans.

Observation, on 05/14/2025 at 11:18 AM, of the first floor Club Room, showed an unlocked cabinet with three dirty, dried rags stuck to floor of the cabinet.

Observation, on 05/14/2025 at 11:19 AM, of the first floor Lobby area living room, showed a banana peel in a drinking glass on top of a bookcase.

Observation and interview, on 05/14/2025 at 11:21 AM, of a cabinet under the first floor Bistro sink showed a garbage can overflowing with trash. Staff G (Maintenance Director) stated, "that should have been emptied in the morning."

Observation, on 05/19/2025 at 11:05 AM, showed Resident 3's apartment kitchen surfaces to be covered with dirty dishes, empty wrappers, used coffee pods. Resident 3's bathroom had an overfull garbage can without a liner.

INSECTS

Observation, on 05/14/2025 at 10:51 AM, showed a Trash and Recycle room on the fourth floor in Tower A, with numerous flies and a floor covered in garbage debris and sticky substances.

Observation, on 05/15/2025 at 9:35 AM, showed a common bathroom, across from Resident 10's apartment to have fruit flies.

Observation, on 05/16/2025 at 10:45 AM, showed a pile of food and dishes on Resident 8's kitchen counter with numerous fruit flies in the kitchen and living room.

Observation, on 05/19/2025 at 11:05 AM, showed fruit flies were flying through Resident 3's apartment and ants were climbing onto the trash can.

GENERAL MAINTANANCE AND HOUSEKEEPING

Observation, on 05/14/2025 at 10:50 AM, showed brown stains on the wall of the first

floor, next to the tower A elevator.

Observation, on 05/14/2025 at 11:18 AM, showed a cupboard to the left of the sink had a door with a broken hinge.

Observation, on 05/14/2025 at 11:22 AM, on right lower side of the steps that connect the Bistro to the Activity room, showed baseboards with peeled paint and bare wood.

Observation, on 05/14/2025 at 11:30 AM, of the third floor in tower B, showed a long trail of dark stain on the carpet, with additional carpet stains throughout the hallway.

In interview, on 05/14/2025 at 11:32 AM, Staff G stated, "we try to shampoo the carpet once a month, it's been difficult without my helper."

Observation and interview, on 05/15/2025 at 9:20 AM, of Resident 2's apartment on the memory care unit showed several slats of a window blind that were broken. Dust was noted on top a nightstand in the room. Dirty clothes were observed on the floor, lying on top of a bag, in the resident clothes closet. Staff N (Caregiver) stated, "I'm not sure why those clothes are like that, I will put them in the bag."

Observation, on 05/15/2025 at 9:35 AM, of the walls in Resident 10's apartment showed peeling paint, and walls and door trim showed black scuff marks.

Observation, on 05/15/2025 at 9:35 AM, of a common bathroom, across from Resident 10's apartment, showed no soap or paper towels.

Observation, on 05/15/2025 at 12:20 PM, showed a window screen leaning against wall in Resident 9's bathroom.

Observation, on 05/16/2025 at 9:47 AM, of Resident 14's apartment, showed the carpet had visible, dark black stains next to the bed that extended into the middle of the room and dining room table areas. A flat carpet type of mat next to the bed also had dirty black stains on it.

Observation, on 05/19/2025 at 11:05 AM, of Resident 3's apartment, showed the apartment was not clean with multiple clothing and personal items strewn about the apartment covering all surfaces and all floor areas. The walkways into Resident 3's bedroom was cluttered and difficult to navigate. A bicycle was pushed halfway inside a closet, and boards were leaning against the wall. The toilet had urine in the bowl with the porcelain dirty. Dirty clothes were on the floor in front of the toilet.

Observation, on 05/14/2025 at 11:13 AM, of the first floor in tower A, showed a janitor closet sink to contain a wet mop.

In interview, on 05/14/2025 at 11:14 AM, Staff G stated the wet mop shouldn't be in the sink and should be hung up to dry.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) <u>7-20-25</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 _____ Administrator (or Representative)	<u>6-13-25</u> _____ Date

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(v) Provisions for essential resident needs, supplies and equipment including water, food, and medications; and

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure they maintained an emergency supply of food in preparedness for internal or external disasters. This failure placed 109 residents at risk of danger and being without essential provisions in the event of emergency or disaster.

Findings included...

Review of a Resident Characteristic Roster showed the ALF provided care and services to 109 residents, 15 of the residents resided on the Memory Care Unit.

In interview during the environmental tour, on 05/14/2025 at 11:35 AM, when asked about emergency food for residents, Staff G (Maintenance Director) reported the Food Services department oversaw the maintaining of emergency food.

This document was prepared by Residential Care Services for the Locator website.

Observation and interview during the kitchen tour, at 05/15/2025 at 10:29 AM, showed no emergency food supply. Staff H (Food Service Director) reported the facility did not have provisions for emergency food at this 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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 7.20.25.

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


Administrator (or Representative)

8.23.25
Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

- (1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;
- (2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to have a system in place to ensure the juice machine was cleaned, handwashing sink dishwashing area was free of debris, ready-to-eat food was labeled, dated, and safe for residents to consume, and 3 of 8 sampled staff (Staff F, Staff M and Staff N) had valid food worker card (FWC) on file with the facility. These failures placed 109 of 109 residents at risk for food borne illnesses.

Findings included...

NOTE: Washington Administrative Code (WAC) 246-215-05270 Operation and maintenance--Using a handwashing sink (Food and Drug Administration (FDA) Food Code 5-205.11). (1) A HANDWASHING SINK must be maintained so that it is accessible at all times for EMPLOYEE use. (2) A HANDWASHING SINK may not be used for purposes other than handwashing. (3) An automatic handwashing facility must be used in accordance with manufacturer's instructions.

NOTE: WAC 246-215-04605 Objective--Equipment food-contact surfaces and utensils

(FDA Food Code 4-602.11). (1) Equipment food-contact surfaces and utensils must be cleaned: (a) Except as specified in subsection (2) of this section, before each use with a different type of raw animal FOOD such as beef, FISH, lamb, pork, or POULTRY; (b) Each time there is a change from working with raw FOODS to working with READY-TO-EAT FOODS; (c) Between uses with raw fruits and vegetables and with TIME/TEMPERATURE CONTROL FOR SAFETY FOOD; (d) Before using or storing a FOOD TEMPERATURE MEASURING DEVICE; and (e) At any time during the operation when contamination might have occurred.

Review of a Resident Characteristic Roster showed the ALF provided care and services to 109 residents, 15 of the residents resided on the Memory Care Unit.

Observation and interview during the food service and kitchen tour with Staff H (Food Service Director), on 05/15/2025 at 10:19 AM, showed a four-flavor juice dispenser in the main kitchen. On the walls and nozzles of the juice dispenser showed buildup of juice residue. Staff H stated the juice dispenser was supposed to be cleaned daily but had not been.

Observation and interview, on 05/15/2025 at 10:21 AM, showed a handwashing sink near the dishwashing area. Inside the sink showed brown residue. Staff H stated the sink was for handwashing only, but someone poured coffee down the sink.

Observation and interview, on 05/15/2025 at 10:24 AM, showed a dishwashing area with a commercial high temperature dishwasher. Along the walls near the dishwasher showed brown wet residue. Staff H stated the residue could be mold or dirt and should be cleaned off. Staff H stated the walls should be kept cleaned.

NOTE: WAC 246-215-03526 Temperature and time control—Ready-to-eat, time/temperature control for safety food, date marking (Food and Drug Administration (FDA) Food Code 3-501.17). (1) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under 03540, and except as specified in subsections (5) and (6) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than twenty-four hours must be clearly marked to indicate the date or day by which the FOOD must be consumed on the PREMISES, sold, or discarded when held at a temperature of 41°F (5°C) or less for a maximum of seven days. The day of preparation must be counted as day one. (2) Except as specified in subsections (5) through (7) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT must be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than twenty-four hours, to indicate the date or day by which the FOOD must be consumed on the PREMISES, sold, or discarded, based on the temperature and time requirements specified in subsection (1) of this section and: (a) The day the original container is opened in the FOOD ESTABLISHMENT is counted as day one; and (b) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety.

Observation and interview during the food service and kitchen tour, on 05/15/2025 at 10:29 AM, showed a main refrigerator in the kitchen. Observation of the contents of the refrigerator, showed an opened tub of cottage cheese with no opened or use-by date; an opened carton of whipping cream with no or use-by date; two one gallons of milk, both with half remaining, with no opened or use-by date; an opened container of tartar sauce with no opened or use-by date; an opened bottle of blue cheese dressing with no opened or use-by date; and salad stored in a clear plastic bag with no label or date. Staff H stated he did not know ready-to-eat food that had been opened needed to be labeled and dated.

NOTE: WAC 246-215-03235 Specifications for receiving - Temperature (FDA Food Code 3-202.11). (5) TIME/TEMPERATURE CONTROL FOR SAFETY FOOD that is cooked to a temperature and for a time specified under 03400 through 03410 and received hot must be at a temperature of 135°Fahrenheit (F) (57°C) or above.

Observation and interview during lunch service in the kitchen, on 05/15/2025 at 12:38 PM, showed a kitchen staff plating and serving chicken and beans. Staff H was observed taking the temperature of chicken. The temperature of the chicken was 110 degrees F. Staff H stated hot food should be kept at around 141 degrees F and above, and the chicken should not be served to residents.

NOTE: WAC 246-217-015 – Applicability - (1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment

Review of staff record showed the facility hired Staff K on 12/13/2023 as a dietary aide. Staff K did not have a FWC on file. Review of the staff schedule, from 04/18/2025 through 05/15/2025, showed Staff K worked 13 shifts.

Review of staff record showed the facility hired Staff L on 03/07/2025 as a dietary aide. Staff L did not have a valid FWC on file. Review of the staff schedule, from 04/18/2025 through 05/15/2025, showed Staff L worked 24 shifts.

Review of staff record showed the facility hired Staff M on 12/13/2023 as a dietary aide. Staff M did not have a valid FWC on file. Review of the staff schedule, from 04/18/2025 through 05/15/2025, showed Staff M worked 19 shifts.

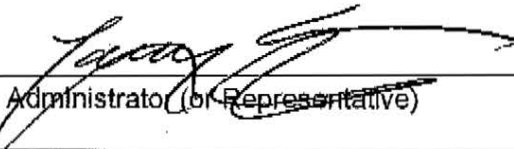
In interview, on 05/16/2025 at 11:56 AM, Staff H confirmed Staff K, L, and M did not have valid FWC on file.

This document was prepared by Residential Care Services for the Locator website.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 7-20-25.

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


Administrator (or Representative)

6-23-25
Date

WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.

(A) If the resident requests the assisted living facility to conduct audio or video monitoring of his or her apartment or sleeping area, before any electronic monitoring occurs, the assisted living facility must ensure:

(a) That the electronic monitoring does not violate chapter 9.73 RCW;

(c) The resident and the assisted living facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.

(7) The assisted living facility must:

(a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing, signed and dated by the resident.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to ensure they completed an evaluation and obtained consent for 2 of 2 residents (Resident 11 and 13) who had a video camera their apartments. This failure placed Resident 11 and 13 at risk of violation of privacy.

Findings included...**Resident 11**

Record review showed Resident 11 was admitted into the ALF on [REDACTED]/2023 with multiple diagnoses to include [REDACTED] and [REDACTED].

This document was prepared by Residential Care Services for the Locator website.

In interview, on 05/14/2025 at 1:00 PM, during the resident group meeting, Resident 11 reported her family installed a camera in her apartment.

Observation and interview, on 05/16/2025 at 1:42 PM, showed an electronic video camera mounted to Resident 11's bookshelf, pointing towards the front door of her apartment. Resident 11 reported her son installed the video camera.

A review Resident 11's records showed no evaluation that documented the need for, the duration of, or consent of electronic monitoring.

Resident 13

Observation during the environmental tour, on 05/16/2025 at 12:05 PM, showed a signage posted on Resident 13's front door. Observation of the signage showed, "This room is monitored by a surveillance camera."

In interview, on 05/16/2025 at 12:05 PM, Resident 13 reported she purchased the video camera and set it up herself about 2-3 months ago. Resident 13 stated the video camera makes her feel safe since many staff have a key to her apartment.

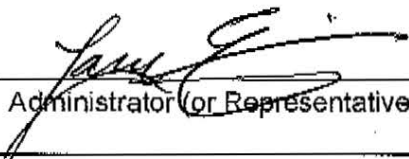
A review Resident 13's records showed no evaluation that documented the need for, the duration of, or consent of electronic monitoring.

In interview, on 05/16/2025 at 12:40 PM, Staff A (Administrator) reported he was unaware Resident 11 and Resident 13 had video cameras in their apartments and unable to provide an evaluation and signed consent for electronic monitoring.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 7-20-25.

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


Administrator (or Representative)

6-26-25
Date

This document was prepared by Residential Care Services for the Locator website.

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure medications were available for 6 of 12 sampled residents (Resident 5, 6, 9, 10, 11, and 12). This failure resulted in Residents 5, 6, 9, 10, 11, and 12 not receiving medications as prescribed and placed them at risk for medical complications.

Findings included...

Record review of the electronic Medication Administration Record (eMAR) showed that the documented abbreviation "DNA" was used and interpreted as "Drug Not Available".

Resident 5

Review of a Face Sheet showed the ALF admitted Resident 5 on [REDACTED] /2022 with a primary diagnosis of [REDACTED].

Review of an Assessment, dated 01/02/2025, showed Resident 5 required total medication assistance.

Record review of Resident 5's March 2025 eMAR showed the prescribed medication calcium carbonate / vitamin D (a dietary supplement used for bone problems or low calcium and vitamin D levels), twice daily, was not administered and documented as DNA on 43 occasions. The medication dicyclomine (used to treat symptoms of an irritable bowel), four times daily, was not administered and documented as DNA on 35 occasions. The medication duloxetine (used to treat depression/anxiety), given once daily was not administered and documented as DNA on 22 occasions. The medication fexofenadine (relieves allergy symptoms), given twice daily was not administered and documented as DNA on 41 occasions. The medication gabapentin (used to treat seizures and nerve pain), given three times daily was not administered and documented as DNA on 55 occasions. The medication metoprolol (used to treat high blood pressure and certain types of heart failure), given twice daily was not administered and documented as DNA on 40 occasions. The medication pramipexole (used to treat Parkinson's disease that affects movement, muscle control and balance), given once daily was not administered and documented as DNA on 20 occasions. The medication tiotropium bromide (relaxes the muscles around the airways in the lungs making it easier to breathe), given once daily was not administered and documented as DNA on 20 occasions. The supplement vitamin B-12 (supplement used to treat a vitamin deficiency), given once daily was not administered and documented as DNA on four occasions. The medication omeprazole (used to treat acid reflux), given once daily, was not administered and documented as DNA on 21 occasions. The medication Serevent

(relaxes the muscles around the airways in the lungs making it easier to breathe), given twice daily, was not administered and documented as DNA on 36 occasions.

Record review of Resident 5's April 2025 eMAR showed the prescribed medication calcium carbonate/ vitamin D, twice daily, was not administered and documented as DNA on 49 occasions. The medication dicyclomine, four times daily, was not administered and documented as DNA on 80 occasions. The medication duloxetine, given once daily was not administered and documented as DNA on 20 occasions. The medication fexofenadine, given twice daily was not administered and documented as DNA on 39 occasions. The medication gabapentin, given three times daily was not administered and documented as DNA on 57 occasions. The medication metoprolol, given twice daily was not administered and documented as DNA on 40 occasions. The medication pramipexole, given once daily was not administered and documented as DNA on 20 occasions. The medication tiotropium bromide, given once daily was not administered and documented as DNA on 16 occasions. The medication vitamin B-12, given once daily was not administered and documented as DNA on two occasions. The medication omeprazole, given once daily, was not administered and documented as DNA on 20 occasions. The medication Serevent, given twice daily, was not administered and documented as DNA on 44 occasions.

Record review of Resident 5's May 1 through May 14 of 2025 eMAR showed the prescribed medication calcium carbonate/ vitamin D, twice daily, was not administered and documented as DNA on two occasions. The medication dicyclomine, four times daily, was not administered and documented as DNA on four occasions. The medication duloxetine, given once daily was not administered and documented as DNA on six occasions. The medication fexofenadine, given twice daily was not administered and documented as DNA on one occasion. The medication gabapentin, given three times daily was not administered and documented as DNA on four occasions. The medication metoprolol, given twice daily was not administered and documented as DNA on five occasions. The medication omeprazole, given once daily, was not administered and documented as DNA on one occasion. The medication Serevent, given twice daily, was not administered and documented as DNA on 13 occasions. The medication tiotropium bromide, given once daily was not administered and documented as DNA on 12 occasions. The medication vitamin B-12, given once daily was not administered and documented as DNA on one occasion.

Resident 6

Review of a Face Sheet showed the ALF admitted Resident 6 on [REDACTED]/2025 with multiple diagnoses to include [REDACTED] and [REDACTED].

Review of an Assessment, dated 04/01/2025, showed Resident 6 required total assistance with medication administration.

Record review of Resident 6's April 2025 eMAR showed the prescribed medication Lantus insulin (used to improve blood sugar control), once daily, was not administered and documented as DNA on one occasion. The medication lovastatin (lowers cholesterol levels and triglyceride ((type of fat)), levels in the blood), once daily, was not administered and documented as DNA on one occasion. The medication propranolol (used to treat high blood pressure), twice daily, was not administered and documented

This document was prepared by Residential Care Services for the Locator website.

as DNA on four occasions.

Record review of Resident 6's May 2025 eMAR showed the prescribed medication lovastatin, once daily, was not administered and documented as DNA on two occasions. The medication propranolol, twice daily, was not administered and documented as DNA on seven occasions.

Resident 9

Record review showed Resident 9 was admitted into the ALF on [REDACTED]/2025 with a medical diagnosis of [REDACTED] and [REDACTED].

Review of Resident 9's Service Plan (SP – equivalent to a Negotiated Service Agreement), dated 04/03/2025 showed Resident 9 needed total medication assistance.

Record review of Resident 9's March of 2025 eMAR showed the prescribed medication carbidopa/levodopa (used to treat Parkinson's disease that affects movement, muscle control and balance), three times daily, was not administered and documented as DNA on four occasions.

Record review of Resident 9's April of 2025 eMAR showed the prescribed medication olanzapine (used to treat mental disorders), once daily, was not administered and documented as DNA on eight occasions.

Record review of Resident 9's May 1 through May 14 of 2025 eMAR showed the prescribed medication olanzapine, once daily, was not administered and documented as DNA on five occasions. The medication trazodone (used to treat depression), once daily, was not administered and documented as DNA on one occasion.

Resident 10

Record review showed Resident 10 was admitted into the ALF on [REDACTED]/2023 with multiple diagnoses to include [REDACTED] and [REDACTED].

Review of Resident 10's SP, dated 04/01/2025 showed Resident 10 needed total medication assistance.

Record review of Resident 10's March of 2025 eMAR showed the prescribed medication amantadine (used to treat infections or symptoms of Parkinson's disease or Parkinson-like symptoms caused by certain medications), three times daily, was not administered and documented as DNA on 42 occasions. The medication aspirin (used to treat pain, fever and reduce the risk of heart attack), once daily, was not administered and

documented as DNA on one occasion. The medication metoprolol succinate (slows down the heart rate to improve blood flow), once daily, was not administered and documented as DNA on 18 occasions. The medication trazodone (used to treat depression), once daily, was not administered and documented as DNA on 15 occasions. The vitamin D supplement (used to treat bone health), once daily, was not administered and documented as DNA on 12 occasions.

Record review of Resident 10's April of 2025 eMAR showed the prescribed medication amantadine, three times daily, was not administered and documented as DNA on 17 occasions. The medication metoprolol succinate, once daily, was not administered and documented as DNA on 10 occasions. The medication trazodone, once daily, was not administered and documented as DNA on five occasions. The vitamin D supplement, once daily, was not administered and documented as DNA on two occasions.

Record review of Resident 10's May 1 through May 14 of 2025 eMAR showed the prescribed medication atorvastatin calcium (lowers cholesterol levels and triglyceride (type of fats), levels in the blood), once daily, was not administered and documented as DNA on one occasion. The medication metoprolol succinate (slows down the heart rate making it easier for the heart to pump blood), once daily, was not administered and documented as DNA on one occasion.

Resident 11

Record review showed Resident 11 was admitted into the ALF on [REDACTED]/2023 with multiple diagnoses to include [REDACTED] and [REDACTED].

Review of Resident 11's SP, dated 04/01/2025 showed Resident 11 needed total medication assistance.

Record review of Resident 11's March of 2025 eMAR showed the prescribed medication amlodipine (used to treat high blood pressure), once daily, was not administered and documented as DNA on one occasion. The medication duloxetine (used to treat depression, anxiety and type of nerve damage with diabetes), once daily, was not administered and documented as DNA on one occasion. The medication losartan (used to treat high blood pressure), once daily, was not administered and documented as DNA on three occasions. The medication methenamine (used to treat bladder and kidney functions), twice daily, was not administered and documented as DNA on one occasion. The medication metoprolol succinate, once daily, was not administered and documented as DNA on one occasion. The medication potassium chloride (a mineral supplement to treat low potassium levels), once daily, was not administered and documented as DNA on one occasion. The medication pravastatin (used to treat high cholesterol and triglyceride ((type of fats)) levels), twice daily, was not administered and documented as DNA on four occasions.

Resident 12

Record review showed Resident 12 was admitted into the ALF on [REDACTED]/2023 with multiple diagnoses to include [REDACTED] and [REDACTED].

This document was prepared by Residential Care Services for the Locator website.

Review of Resident 12's SP, dated 04/01/2025 showed Resident 12 needed total medication assistance.

Record review of Resident 12's March of 2025 eMAR showed the prescribed medication modafinil (used to treat excessive sleepiness and sleep apnea ((condition of pauses/shallow breathing during sleep)), once daily, was not administered and documented as DNA on 10 occasions. The prescribed medication fexofenadine (used to treat allergy symptoms), once daily, was not administered and documented as DNA on one occasion.

Record review of Resident 12's April of 2025 eMAR showed the prescribed medication AZO D-Mannose (supplement to help maintain a healthy urinary tract), twice daily, was not administered and documented as DNA on one occasion. The prescribed medication fluticasone (used to treat conditions involving inflammation and allergic responses), once daily, was not administered and documented as DNA on one occasion. The prescribed medication losartan (used to treat high blood pressure), once daily, was not administered and documented as DNA on one occasion. The prescribed medication modafinil, once daily, was not administered and documented as DNA on 16 occasions. The prescribed medication Reguloid (used to treat constipation), once daily, was not administered and documented as DNA on one occasion. The prescribed medication tiroprium (used to treat an overactive bladder), twice daily, was not administered and documented as DNA on one occasion.

Record review of Resident 12's May1 through May 14 of 2025 eMAR showed the prescribed medication fexofenadine, once daily, was not administered and documented as DNA on seven occasions. The prescribed medication modafinil, once daily, was not administered and documented as DNA on six occasions.

In interview, on 05/16/2025 at 2:00 PM, Staff I (Health Services Director) stated that staff are not documenting medication charts correctly; staff should document the reason why a medication was not available and notify her or the Resident Care Coordinator to resolve it.

In a follow-up interview, on 05/16/2025 at 3:05 PM, Staff A (Administrator) stated staff should have retrieved medications from their overflow cabinet if the medications were not available in the medication cart.

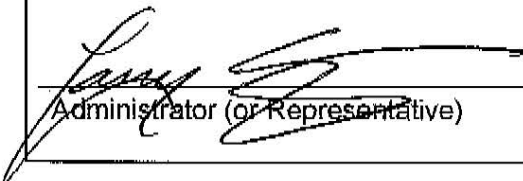
This is a recurring deficiency previously cited on 09/24/2024 and 11/26/2024.

This document was prepared by Residential Care Services for the Locator website.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 7-20-25.

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


Administrator (or Representative)

6-23-25
Date

WAC 388-78A-2060 Preadmission assessment. The assisted living facility must conduct a preadmission assessment for each prospective resident that includes the following information, unless unavailable despite the best efforts of the assisted living facility:

- (1) Medical history;
- (2) Necessary and contraindicated medications;
- (3) A licensed medical or health professional's diagnosis, unless the prospective resident objects for religious reasons;
- (4) Significant known behaviors or symptoms that may cause concern or require special care;
- (5) Mental illness diagnosis, except where protected by confidentiality laws;
- (6) Level of personal care needs;
- (7) Activities and service preferences; and
- (8) Preferences regarding other issues important to the prospective resident, such as food and daily routine.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a Pre-Admission Assessment (PA) for 1 of 2 sampled residents (Resident 9). This placed Resident 9 at risk for not receiving a level of care appropriate for his needs.

Findings included...

Record review showed Resident 9 was admitted into the ALF on [REDACTED] /2025 with a medical diagnosis of [REDACTED] and [REDACTED]

This document was prepared by Residential Care Services for the Locator website.

Review of records showed no PA was conducted for Resident 9 prior to his date of moved-in, /2025.

In interview, on 05/16/2025 at 1:51 PM, Staff I (Health Services Director) reported Resident 9's PA could be in his medical binder and the facility could retrieve it.

In a follow-up interview, on 05/19/2025 at 12:58 PM, Staff I reported the ALF did not have a PA for Resident 9.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 7-20-25.

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


Administrator (or Representative)

6-23-25
Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

- (a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;
- (b) Chronic, current, and potential skin conditions; or
- (c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

- (a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;
- (b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and
- (c) Any prescribed medications, and over-the-counter medications commonly taken by

the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure a system was in place to complete a Full Assessment, within 14 days of moving into the ALF, for 1 of 2 sampled residents (Resident 9). This failure placed Resident 9 at risk for unmet needs and a decreased quality of life.

Findings included...

Record review showed Resident 9 was admitted into the ALF on [REDACTED]/2025 with a medical diagnosis of [REDACTED] and [REDACTED] and received services to include medication management and Activities of Daily Living (a term used in healthcare to refer to people's daily self-care activities such as bathing, grooming, ambulation, etc.).

Record review showed a Full Assessment was completed on [REDACTED]/2025, thirty-five days after Resident 9's admission.

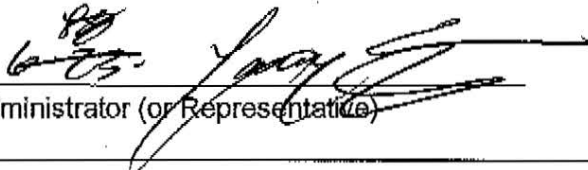
In a follow-up interview, on 05/19/2025 at 12:58 PM, Staff I confirmed the ALF did not have a Full Assessment completed within 14 days of admission for Resident 9.

This document was prepared by Residential Care Services for the Locator website.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 7-20-25.

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


Administrator (or Representative)

6.23.25
Date

This document was prepared by Residential Care Services for the Locator website.