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) 47426 (Completion Date 09/19/2024) and 45034 (Completion Date 08/09/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/19/2024 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-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b, WAC 388-78A-2210-1, WAC 388-78A-2210-1-a, WAC 388-78A-2210-1-b, WAC 388-78A-2210

The Department staff who did the on-site verification:
Cathy Prentice, Complaint Investigator

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

Sincerely,

Jamie Singer

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Greenlake Emerald City

Provider Type: Assisted Living Facility

License/Cert.#: 2696

Intake ID: 139269

Compliance Determination #: 45034

Region/Unit #: RCS Region 2 / Unit J

Investigator: Cathy Prentice

Investigation Date(s): 08/01/2024 through 08/09/2024

Complainant Contact Date(s): 07/29/2024, 08/09/2024

Allegation(s):

1. Multiple occurrences of miscommunication with facility causing delay in care: unsure if antibiotic was given for UTI for the named resident caused delay in treatment 2. Delayed assessment for 4-5 day abdominal pain caused delay for transfer to acute care as advised by MD 3. Diuretic medication not ordered by MD given to the named resident.

Investigation Methods:

Sample:	Total residents: 53 Resident sample size: 3 Closed records sample size: 0
Observations:	Named resident; delivery of care and services; staff interactions with residents; residents' appearance; environment
Interviews:	Named resident, other residents, staff, administration, collateral contacts.
Record Reviews:	Resident care records, Assessment, Negotiated Service Agreement (NSA), grievances, facility policies, other pertinent records.

Investigation Summary:

Observation, interview and record review showed: 1. The facility had a system for communication with the named resident's MD and had record of communication with the MD but no faxes from the MD. On 06/13/2024, an antibiotic was ordered that the named resident was allergic to, and a new antibiotic was ordered 06/28/24. The pharmacy delivered the antibiotic for the UTI on 06/28/2024, the facility failed to administer the medication to the named resident until 07/01/2024 which resulted in five missed doses plus an additional dose missed on 07/01/2024 evening for a total of 6 out of 10 doses ordered not given for infection. See Statement of Deficiencies dated 08/09/2024. 2. The facility assessed the named resident on 07/02/2024 when the named resident expressed pain, notified the physician, and transported the named resident to the emergency room on 07/02/2024 when the named resident agreed to go. No failed practice identified. 3. There was no

evidence of any diuretic medication given to the named resident until it was ordered by the physician after a hospitalization 07/22/2024. No failed practice identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Statement of Deficiencies	License #: 2696	Compliance Determination # 45034
Plan of Correction	Greenlake Emerald City	Completion Date
Page 1 of 3	Licensee: Greenlake Senior Services LLC	08/09/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 08/01/2024 and 08/01/2024 of:

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

This document references the following complaint number(s): 139269, 133833

The following sample was selected for review during the unannounced on-site visit: 3 of 53 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Cathy Prentice, Complaint Investigator

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

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.

Jeanie Seigen — Residential Care Services

8/12/2024 — Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

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Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

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

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

(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

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 sampled residents (Resident 1), who required medication assistance, received their medication as prescribed. This failure placed Resident 1 at risk for harm due to incomplete treatment of an infection.

Findings included...

NOTE- WebMD.com stated the medication Sulfa-Trimeth DS is a combination of two antibiotics used to treat bacterial infections including urinary infections. The medication dosage is based on the patient's medical condition and should be taken until the full prescribed amount is finished. Stopping the medication may result in a return of the infection.

Record review of a Face Sheet, showed the ALF admitted Resident 1 on [redacted]/2024. Review of an Assessment/Negotiated Service Agreement (NSA), dated [redacted]/2024, showed Resident 1 required ALF staff assistance with medications.

Review of a fax dated 06/25/2024 showed Staff A (Health Services Director) communicated to the physician for Resident 1 asking for results of a urine test and

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further plan as Resident 1 was complaining of pain with urination.

Record review of Resident 1's Medication Administration Record (MAR) dated June 2024, showed a physician's order, dated 06/28/2024, to start Sulfa-Trimeth DS 800-160mg, one tablet by mouth every 12 hours, for 5 days to treat a urinary tract infection (an infection in any part of the urinary system. The urinary system includes the kidneys, ureters, bladder and urethra). The MAR showed no documentation Resident 1 received the twice daily antibiotic on 06/28/2024, 06/29/2024, 06/30/2024. The MAR showed a dose was given in the morning of 07/01/2024, but not given in the evening due to "med not available." The MAR showed Resident 1 missed their first five as well as the seventh dose of their antibiotic.

In an interview, on 08/05/2024 at 11:30 AM Staff B (Medication technician), who gave Resident 1's medications on 06/28/2024 through 07/01/2024 stated he did not see Resident 1's antibiotic order or the medication. Staff B stated the antibiotic must not have been in the facility.

Review of the pharmacy's Packing Slip, dated and delivered 06/28/2024, showed the pharmacy delivered ten tablets of the antibiotic for Resident 1 that were signed as received by Staff C (Concierge) at 2:38 PM.

In an interview, on 08/05/2024 at 10:15 AM, Staff A stated the 07/01/2024 8:00 PM dose was charted not given and "med not available" but it was charted as given that morning so the staff must not have looked in the correct place for the medication at 8:00 PM. In interview, on 08/05/2024 at 4:38 PM, Staff A (Health Services Director) confirmed the pharmacy delivered the ordered antibiotic for Resident 1 to the ALF on 06/28/2024 at 2:38 PM. Staff A confirmed Resident 1 missed their first five as well as seventh dose of their antibiotic and did not receive the full treatment for the urinary tract infection.

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) 09/05/2024

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

Administrator ~~(or Representative)~~ 08/12/2024 Date

Plan of Correction (PoC) for Medication Services Compliance

1. Immediate Actions Taken

1. **Medication Audit and Reconciliation**
   - Conducted an immediate audit of all medication records and storage practices.
   - Reconciled discrepancies by verifying medication stock and reviewing all Medication Administration Records (MARs) from 6/28/2024 to the present date.
2. **Medication Storage Review**
   - Reviewed current medication storage protocols to ensure secure, accessible, and correct storage of medications received.
3. **Staff Training and Communication**
   - Briefed all medication technicians and relevant staff on immediate steps and the importance of accurate medication handling and record-keeping.
4. **Policy Update Implementation**
   - Established and communicated a new policy that the Concierge will no longer sign for medication deliveries. All Delivery of medication will be signed for by only Medication Technicians, Med Tech L.O.D.(Lead of Dept.), RCC, or HSD
5. **Set up a dedicated fax line specifically for Health/Care services**

2. Detailed Plan of Correction

A. Medication Management System Improvements

1. **Medication Receipt and Storage**
   - **Procedure:** The designated Medication Technician or a specific staff member will now sign for all medication deliveries and verify, before signing that all medications are according to the delivery sheet. The delivery log will include the name of the staff member who received the medication and the date of receipt.
   - **Implementation Date:** 8/30/2024
   - **Responsible Party:** Medication Technician, Med L.O.D., Resident Care Coordinator, or Health Services Director.
2. **Medication Distribution**
   - **Procedure:** Medication received will be immediately verified in the Medication Administration Record (MAR) in QuickMar by the staff member who receives the medication.
   - Check for **flags** in MAR Daily.
   - **Implementation Date:** 8/30/2024
   - **Responsible Party:** Medication Technician, Med L.O.D., RCC, or HSD

B. Training and Staff Education

1. **Medication Handling Training**
   - **Procedure:** Conduct mandatory training for all current and new medication technicians on medication handling procedures, including proper documentation and communication protocols.