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

04/08/2025

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

RE: Greenlake Emerald City # 2696

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 57516 (Completion Date 04/08/2025) and 51554 (Completion Date 02/12/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/08/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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;

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

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: 159864
Compliance Determination #: 51554
Region/Unit #: RCS Region 2 / Unit J
Investigator: Cathy Prentice
Investigation Date(s): 12/11/2024 through 02/12/2025
Complainant Contact Date(s):

Allegation(s):

1. The Named Resident (NR) was found dead on the bathroom floor when breakfast was being delivered.
2. The staff did not know her care plan.

Investigation Methods:

Sample:	Total residents: 91 Resident sample size: 20 Closed records sample size: 6
Observations:	Named Resident (NR) was deceased; other residents; delivery of care and services; staff interactions with residents; residents' appearance; environment.
Interviews:	Named Resident deceased, other residents, staff, administration, collateral contacts.
Record Reviews:	Resident care records, Assessment, Negotiated Service Agreement (NSA), investigations, grievances, facility policies, other pertinent records.

Investigation Summary:

1. Record review and interview, showed the NR was assessed and care planned to be checked by care staff four times per shift. The ALF failed to implement the care plan when they did not conduct safety checks as required. See Statement of Deficiencies dated 02/12/2025.
2. Record review and interview showed the facility had completed a care plan and it was available for all care staff. No failed practice identified.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Greenlake Emerald City

Provider Type: Assisted Living Facility

License/Cert.#: 2696

Intake ID: 158573

Compliance Determination #: 51554

Region/Unit #: RCS Region 2 / Unit J

Investigator: Cathy Prentice

Investigation Date(s): 12/11/2024 through 02/12/2025

Complainant Contact Date(s):

Allegation(s):

1. The Assisted Living Facility (ALF) nurse neglected the Named Resident (NR) resulting in skin breakdown when he was left in bed for 1.5 months without treatment.
2. The ALF did not notify the family or physician of the NRs skin issues.

Investigation Methods:

Sample:	Total residents: 91 Resident sample size: 20 Closed records sample size: 6
Observations:	Named Resident (NR); 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), investigations, grievances, facility policies, other pertinent records.

Investigation Summary:

1. Record review and interview showed the NR had an assessment and care plan that was appropriate to care needs. The NR had a significant decline in condition, was admitted to and receiving care from home health/hospice. Interview, with home health/hospice representatives showed no concerns his decline and subsequent wounds were a result of neglect in the ALF. The ALF failed to implement the facility skin care management policy see Statement of Deficiencies dated 02/12/2025.
2. Record review and interview showed the family were aware of the NR’s decline, skin issues and changes in conditions. The NR’s physician was aware and ordering appropriate home health/hospice care due to end of life process. No failed practice identified.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Greenlake Emerald City

Provider Type: Assisted Living Facility

License/Cert.#: 2696

Intake ID: 158569

Compliance Determination #: 51554

Region/Unit #: RCS Region 2 / Unit J

Investigator: Cathy Prentice

Investigation Date(s): 12/11/2024 through 02/12/2025

Complainant Contact Date(s):

Allegation(s):

1. The Assisted Living Facility (ALF) nurse neglected the Named Resident (NR) resulting in skin breakdown when he was left in bed for 1.5 months without treatment. The nurse was not aware the NR had skin breakdown.
2. The ALF did not notify the family or physician of the NRs skin issues.

Investigation Methods:

Sample:	Total residents: 91 Resident sample size: 20 Closed records sample size: 6
Observations:	Named Resident (NR); 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), investigations, grievances, facility policies, other pertinent records.

Investigation Summary:

1. Record review and interview showed the NR had an assessment and care plan that was appropriate to care needs. The NR had a significant decline in condition, was admitted to and receiving care from home health/hospice. Interview, with home health/hospice representatives showed no concerns his decline and subsequent wounds were a result of neglect in the ALF. In interview, the ALF nurse stated she was newly employed and in training while the NR had skin breakdown and not aware of many of the care needs of the residents at the time. The ALF failed to implement the facility skin care management policy see Statement of Deficiencies dated 02/12/2025.
2. Record review and interview showed the family were aware of the NR’s decline, skin issues and changes in conditions. The NR’s physician was aware and ordering appropriate home health/hospice care due to end of life process. No failed practice identified.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Greenlake Emerald City
Provider Type: Assisted Living Facility

License/Cert.#: 2696
Intake ID: 159966
Compliance Determination #: 51554
Region/Unit #: RCS Region 2 / Unit J
Investigator: Cathy Prentice
Investigation Date(s): 12/11/2024 through 02/12/2025
Complainant Contact Date(s):

Allegation(s):

1. The residents are being abused and neglected.
2. An Unnamed Resident (UR) was found dead on the bathroom floor and had no care plan.
3. Staff are diverting narcotics and other medications, and residents are not getting their medications as ordered. The Named Resident 1 was not getting medications as ordered. Staff are not getting training to pass medications.
4. Staff are being told to lie to the Department.
5. No one cleans resident rooms.
6. The Named Resident 2 (NR2) was not getting showered and has feces in apartment.

Investigation Methods:

Sample:	Total residents: 91 Resident sample size: 20 Closed records sample size: 6
Observations:	2 Named Residents (NR); delivery of care and services; staff interactions with residents; residents' appearance; environment.
Interviews:	2 NR's, other residents, staff, administration, collateral contacts.
Record Reviews:	Resident care records, Assessment, Negotiated Service Agreement (NSA), investigations, grievances, facility policies, other pertinent records.

Investigation Summary:

1. Observation showed the residents were clean, comfortable and interacting easily with staff. Record review and interview showed the residents had appropriate care plans, appropriate staffing ratios, the ALF had an abuse and neglect policy in place and staff new how to identify abuse/neglect. In interview, sampled residents denied any issues with abuse and neglect and felt safe in the facility. No failed practice identified.
2. Record review and interview, showed the NR was assessed and care planned to

be checked by care staff four times per shift. The ALF failed to implement the care plan when they did not conduct safety checks as required. See Statement of Deficiencies dated 02/12/2025.
3. Observation and interview showed no concerns regarding medication diversion. The facility conducted an investigation and were unable to substantiate medication diversion. In interview, resident and the NR 1 denied any issues with receiving medications. Record review showed residents received medications as ordered. Record review showed staff were trained and had delegation in place to pass medications. No failed practice identified.
4. In interview, staff denied being told to lie to the department. No failed practice identified.
5. Observation showed resident apartments were clean. In interview, sampled residents denied any issues with environmental concerns. No failed practice identified.
6. Observation showed the NR2's room was clean without feces. Record showed the NR2 had a care plan to be showered. In interview, NR2 denied any issues with showers, environment, care or services. No failed practice identified.

Conclusion / Action:

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 12/11/2024 and 02/11/2025 of:

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

This document references the following complaint number(s): 158573, 158569, 158355, 159459, 159623, 159694, 159775, 159864, 159850, 159966, 160184, 160185, 160310, 162091, 162749, 162829, 164397, 164930, 165938, 166792, 167800

The following sample was selected for review during the unannounced on-site visit: 20 of 91 current residents and 6 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

Statement of Deficiencies	License #: 2696	Compliance Determination # 51554
Plan of Correction	Greenlake Emerald City	Completion Date
Page 2 of 5	Licensee: Greenlake Senior Services LLC	02/12/2025

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.

Jennie Singer
Residential Care Services

2/19/2025
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)

2/25/2025
Date

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, interview and record review, the Assisted Living Facility (ALF) failed to implement a skin care management policy for 2 of 2 residents (Resident 1 and 2) who had skin breakdown. This placed Resident 1 and 2 at risk of not receiving care and services necessary when skin breakdown was present.

Findings included...

Review of the facility's policy for Skin Care Management, dated 02/15/2024, showed that any red or open areas were to be documented in the resident health record and the Heath Services Director (HSD) was to ensure interventions, follow-up, care plan updates and progress notes were completed. Additionally, the HSD was to complete a skin assessment and documentation, at least weekly, until the problem was resolved.

RESIDENT 1

Review of a Face Sheet showed the ALF admitted Resident 1 on [redacted]/2024.

Review of Home Health (HH) notes, showed Resident 1 received care from HH nurses

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

2/19/2025
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-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, interview and record review, the Assisted Living Facility (ALF) failed to implement a skin care management policy for 2 of 2 residents (Resident 1 and 2) who had skin breakdown. This placed Resident 1 and 2 at risk of not receiving care and services necessary when skin breakdown was present.

Findings included...

Review of the facility's policy for Skin Care Management, dated 02/15/2024, showed that any red or open areas were to be documented in the resident health record and the Heath Services Director (HSD) was to ensure interventions, follow-up, care plan updates and progress notes were completed. Additionally, the HSD was to complete a skin assessment and documentation, at least weekly, until the problem was resolved.

RESIDENT 1

Review of a Face Sheet showed the ALF admitted Resident 1 on [redacted]/2024.

Review of Home Health (HH) notes, showed Resident 1 received care from HH nurses

that began on 10/01/2024. A HH note, dated 11/26/2024, showed Resident 1 had an open pressure ulcer staged two (the top layer of skin has opened creating a shallow wound) on the right buttocks. A HH note, dated 12/04/2024, showed the skin breakdown remained. A HH note, dated 12/09/2024, showed Resident 9 had two pressure ulcer wounds, one stage two and one unstageable (wound is covered with necrotic ((dead)) tissue) pressure ulcer on the buttocks areas.

In interview on 12/18/2024 at 11:30 AM, Collateral Contact 1 (Hospice Home Health Nurse), stated the skin breakdown was still present when Resident 1 passed away on [redacted]/2024.

Record review showed a Charting Note (CN), dated 12/06/2024, showed the ALF documented Resident 1 had "butt sores" that were painful. Record review showed the ALF had no documented interventions, follow-ups, care plan information or additional progress notes regarding Resident 1's skin issues and care needs. Record review showed the HSD had not completed a skin assessment or documentation, at least weekly, regarding Resident 1's skin issues.

In an interview, on 12/18/2024 at 2:05 PM, Staff D (HSD) confirmed she did not do any assessment or documentation about Resident 9's wounds and did not know about the policy for Skin Care Management until after Resident 9 passed away.

RESIDENT 2

Review of a Facesheet showed the ALF admitted Resident 2 on [redacted]/2024 with diagnoses including [redacted]

Review of the Negotiated Service Agreement, dated [redacted]/2024, showed Resident 2 had special care needs that included wound/skin issues and lymphedema.
Review of a CN, dated 08/22/2024, showed Resident 2 required first aide due to skin breakdown on his legs. A CN, dated [redacted]/2024, showed Resident 2 was admitted to the hospital for bleeding leg wounds and pain.

Record review showed the ALF had no documented interventions, follow-ups, care plan information or additional progress notes regarding Resident 2's skin issues and care needs. Record review showed the HSD had not completed a skin assessment or documentation, at least weekly, regarding Resident 2's skin issues.

In an interview, on 12/18/2024 at 2:05 PM, Staff D stated Resident 2 had weeping leg wounds. Staff D stated there were no weekly rounds or notes made about Resident 2's leg wounds per policy.

Statement of Deficiencies	License #: 2696	Compliance Determination # 51554
Plan of Correction	Greenlake Emerald City	Completion Date
Page 4 of 5	Licensee: Greenlake Senior Services LLC	02/12/2025

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) March 20th, 2025

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

Administrator (or Representative) — Date: 2/25/2025

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement the Negotiated Service Agreement (NSA) and complete safety checks for 1 of 20 residents (Resident 9) This failure prevented further assessment and may have prevented needed interventions during the night before Resident 9 was found deceased in the morning.

Findings included...

Review of a Facesheet, showed the ALF admitted Resident 9 on [redacted]/2024. The Facesheet showed Resident 9 had a full code status (wishes to receive all available medical interventions in the event of cardiac or respiratory arrest).

Review of the NSA, dated [redacted]/2024, showed Resident 9 was required to receive safety checks four times per shift (three shifts of day, evening, night per 24 hour day).

Review of the ALF Resident Business Office Roster, showed Resident 9 died on [redacted]/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-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement the Negotiated Service Agreement (NSA) and complete safety checks for 1 of 20 residents (Resident 9) This failure prevented further assessment and may have prevented needed interventions during the night before Resident 9 was found deceased in the morning.

Findings included...

Review of a Facesheet, showed the ALF admitted Resident 9 on [redacted]/2024. The Facesheet showed Resident 9 had a full code status (wishes to receive all available medical interventions in the event of cardiac or respiratory arrest).

Review of the NSA, dated [redacted]/2024, showed Resident 9 was required to receive safety checks four times per shift (three shifts of day, evening, night per 24 hour day).

Review of the ALF Resident Business Office Roster, showed Resident 9 died on [redacted]/2024.

Statement of Deficiencies	License #: 2696	Compliance Determination # 51554
Plan of Correction	Greenlake Emerald City	Completion Date
Page 5 of 5	Licensee: Greenlake Senior Services LLC	02/12/2025

Review of the ALF documented investigation details, showed Resident 9 was found by care staff at 8:30 AM.

In an interview, on 12/27/2024 at 10:29 AM, Staff A (Administrator 1) stated Resident 9 was found in their apartment bathroom deceased on [redacted]/2024. Staff A stated when she investigated Resident 9's death, care staff stated Resident 9 had not been seen or checked on since the day before when they delivered dinner to the apartment. Staff A confirmed four safety checks were not conducted during the rest of the evening or night shift.

In an interview, on 12/30/2024 at 3:20 PM, Staff B (Caregiver) on duty during the night shift of [redacted]/2024 through [redacted]/2024, confirmed he did not see Resident 9 the night before she was found deceased and did not do safety checks during the night as he did not know the care plan.

In an interview, on 12/31/2024 at 8:30 AM, Staff C (Medication Technician), on duty during the night shift of [redacted]/2024 through [redacted]/2024 stated he did not see Resident 9 the night shift before she was found on the floor deceased. Staff C stated they would have only checked Resident 9 if she had used her call light.

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) March 20th, 2025

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

Administrator (or Representative) 2/25/2025 Date

Review of the ALF documented investigation details, showed Resident 9 was found by care staff at 8:30 AM.

In an interview, on 12/27/2024 at 10:29 AM, Staff A (Administrator 1) stated Resident 9 was found in their apartment bathroom deceased on [redacted]/2024. Staff A stated when she investigated Resident 9's death, care staff stated Resident 9 had not been seen or checked on since the day before when they delivered dinner to the apartment. Staff A confirmed four safety checks were not conducted during the rest of the evening or night shift.

In an interview, on 12/30/2024 at 3:20 PM, Staff B (Caregiver) on duty during the night shift of [redacted]/2024 through [redacted]/2024, confirmed he did not see Resident 9 the night before she was found deceased and did not do safety checks during the night as he did not know the care plan.

In an interview, on 12/31/2024 at 8:30 AM, Staff C (Medication Technician), on duty during the night shift of [redacted]/2024 through [redacted]/2024 stated he did not see Resident 9 the night shift before she was found on the floor deceased. Staff C stated they would have only checked Resident 9 if she had used her call light.

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