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) 53402 (Completion Date 01/22/2025) and 50369 (Completion Date 11/26/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/22/2025 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-2730-1-b, WAC 388-78A-2240

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

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 #: 2596	Compliance Determination #:50368
Plan of Correction	Greenlake Emerald City	Completion Date
Page 1 of 5	Licensee: Greenlake Senior Services LLC	11/26/2024

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 follow-up on 11/18/2024 and 11/18/2024 of:
Greenlake Emerald City
9001 Lake City Way NE
Seattle, WA 98115

This document references the following SOD dated: 11/26/2024

The following sample was selected for review during the unannounced on-site visit: 2 of 82 current residents and 0 former residents.

The department staff that inspected 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.

Jamie Singer
Residential Care Services

12/04/2024
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.

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

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Greenlake Emerald City
9001 Lake City Way NE
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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.

Residential Care Services _____ 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.

Yvonne McKenzie 12/05/24
Administrator (or Representative) Date

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement federal and state regulated standards of a Respiratory Protection Program (RPP) including implementing a written RPP, ensuring 3 of 4 staff (Staff C, D, and F) had medical evaluations and 4 of 4 (Staff C, D, E, and F) had respirator mask fit-testing. This placed 82 of 82 residents, ALF staff, and visitors at risk for exposure to SARS-CoV-2, the virus responsible for COVID-19.

Findings included ...

NOTE: Washington Administrative Code (WAC) 296-842-12005 stated develop a complete work-site specific written respiratory protection program; 296-842-12010 Keep respirator program records; 296-842-14005 Provide medical evaluations; 296-842-15005 Conduct fit testing at least every twelve months after initial testing; 296-842-16005 Provide effective training on use of respirators initially and within twelve months of the previous training; 296-842-22005 Conduct medical evaluations with a medical questionnaire reviewed by a LHCP (Licensed Health Care Professional); 296-842-11010 Keep records of the current written respirator program and the LHCP recommendations.

NOTE: A "Dear Administrator" letter, dated 04/30/2021, showed the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined by DOH as a "federal and state OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards."

Review of records showed the ALF's written RPP, dated 11/30/2024, stated that all staff who use a respirator mask must have a medical evaluation first. In addition, the RPP stated it was mandatory that all staff be fit-tested for the respirators before use.

Review of RPP records showed Staff C (Caregiver) did not have a medical evaluation for a respirator mask completed. Records showed Staff D (Caregiver) did not have a medical evaluation for a respirator mask completed. Records showed Staff F (Caregiver) did not have a medical evaluation for a respirator mask completed

Administrator (or Representative) Date

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Review of RPP records showed Staff C (Caregiver) did not have a medical evaluation for a respirator mask completed. Records showed Staff D (Caregiver) did not have a medical evaluation for a respirator mask completed. Records showed Staff F (Caregiver) did not have a medical evaluation for a respirator mask completed

Review of RPP records showed Staff C did not have a respirator mask fit-test completed. Records showed Staff D did not have a respirator mask fit-test completed. Records showed Staff E (Caregiver) did not have a respirator mask fit-test completed. Records showed Staff F did not have a respirator mask fit-test completed.

During an interview, on 11/19/2024 at 11:50 AM, Staff A (Acting Administrator) confirmed that Staff C, D, and F had not had a respirator mask medical evaluation and Staff C, D, E and F had not been fit-tested for a respirator mask.

This is an uncorrected deficiency previously cited on 09/24/2024.

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) ~~01/19/2025~~ 1/10/2025

SB confirmed ammended POC date with provider on 12/18/2024.

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

Administrator (or Representative) — Date: 12/05/2024

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 physician's ordered medication was available for 1 of 2 residents (Resident 1). This failure resulted in Resident 1 missing doses of three physician's ordered medications, and placed Resident 1 at risk of harm.

Findings included...

NOTE- Medlineplus.gov stated the medication Amlodipine is used alone or in combination with other medications to treat high blood pressure in adults. Take amlodipine exactly as directed. Do not take more or less of it or take it more often than prescribed by your doctor.

Review of RPP records showed Staff C did not have a respirator mask fit-test completed. Records showed Staff D did not have a respirator mask fit-test completed. Records showed Staff E (Caregiver) did not have a respirator mask fit-test completed. Records showed Staff F did not have a respirator mask fit-test completed.

During an interview, on 11/19/2024 at 11:50 AM, Staff A (Acting Administrator) confirmed that Staff C, D, and F had not had a respirator mask medical evaluation and Staff C, D, E and F had not been fit-tested for a respirator mask.

This is an uncorrected deficiency previously cited on 09/24/2024.

Plan/Attestation Statement

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Administrator (or Representative) Date

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Findings included…

NOTE- Medlineplus.gov stated the medication Amlodipine is used alone or in combination with other medications to treat high blood pressure in adults. Take amlodipine exactly as directed. Do not take more or less of it or take it more often than prescribed by your doctor.

NOTE- Medlineplus.gov stated the medication Eliquis is used to help prevent strokes or blood clots in people who have atrial fibrillation (a condition in which the heart beats irregularly, increasing the chance of clots forming in the body and possibly causing strokes). It works by blocking the action of a certain natural substance that helps blood clots to form. Do not take more or less of it or take it more often than prescribed by your doctor.

NOTE: Medlineplus.gov stated Duloxetine is used to treat depression in adults and generalized anxiety disorder (GAD; excessive worry and tension that disrupts daily life and lasts for 6 months or longer) in adults and children 7 years of age and older. Duloxetine is also used to treat pain and tingling caused by diabetic neuropathy (damage to nerves that can develop in people who have diabetes) in adults and fibromyalgia (a long-lasting condition that may cause pain, muscle stiffness and tenderness, tiredness, and difficulty falling asleep or staying asleep) in adults. Take duloxetine exactly as directed. Do not take more or less of it, take it more often, or take it for a longer time than prescribed by your doctor.

Review of the ALF's Plan Of Correction, submitted to the Department for unavailable medications, from citation dated 09/24/2024, showed the facility would conduct audits of all residents' medication supplies, and monitor bi-weekly for compliance of medication availability on medication administration records. The facility alleged compliance by 11/08/2024.

Record review of a Face Sheet, showed the ALF admitted Resident 1 on [redacted]/2024 with a diagnosis of [redacted] and [redacted] and [redacted]. Review of an Assessment, dated 08/02/2024, showed Resident 1 received total assistance with medications from staff. Review of a Negotiated Service Agreement (NSA), dated 02/22/2024, showed Resident 1 required total assistance with medication management.

Record review of a November 2024 Medication Administration Record (MAR) showed Resident 1 had physician's orders, dated 07/12/2024, for amlodipine 10 milligram (mg) once a day; Eliquis 2.5 mg twice a day; and an order dated 09/30/2024 for duloxetine 30 mg twice daily. Review of the MAR showed Resident 1 missed nine Amlodipine doses from 11/10/2024 through 11/19/2024; missed 20 Eliquis doses from 11/09/2024 through 11/19/2024; and missed 19 doses of duloxetine from 11/09/2024 to 11/19/2024 due to, "medication not on hand."

Record review showed no documentation the ALF contacted the pharmacy or Resident 1's physician regarding any missing medications in November 2024.

In an interview, on 11/25/2024 at 11:30 AM, Staff B (Health Services Director) confirmed the above missed medications due to unavailability and stated she was not aware

Statement of Deficiencies	License # 2696	Compliance Determination # 50369
Plan of Correction	Greenlake Emerald City	Completion Date
Page 5 of 5	Licensee: Greenlake Senior Services LLC	11/26/2024

Resident 1 did not have medications available in November 2024. Staff B stated the facility had issues with medication availability and they were in process for correcting but corrections were not completed yet.

This is an uncorrected deficiency previously cited on 09/24/2024.

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) ~~01/19/2025~~ 1/10/2025

SB confirmed ammended POC date with provider on 12/18/2024.

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

Yvonne M Kinyon
Administrator (or Representative)

12/06/2024
Date

Resident 1 did not have medications available in November 2024. Staff B stated the facility had issues with medication availability and they were in process for correcting but corrections were not completed yet.

This is an uncorrected deficiency previously cited on 09/24/2024.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

Residential Care Services
Investigation Summary Report

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

License/Cert.#: 2696
Intake ID: 144044
Compliance Determination #: 46361
Region/Unit #: RCS Region 2 / Unit J
Investigator: Cathy Prentice
Investigation Date(s): 08/28/2024 through 09/24/2024
Complainant Contact Date(s): 08/27/2024, 10/01/2024

Allegation(s):

1. The Named Resident (NR) was verbally abused by the Named Staff (NS).
2. The NS accused the NR of having sexual relationships with other residents.
3. The NR had complaints about her medication/not having the right medication
4. The Administrator witnessed the NS call the NR a bad name and did not stop the verbal abuse.

Investigation Methods:

Sample:	Total residents: 80 Resident sample size: 9 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
Record Reviews:	Resident care records, Assessment, Negotiated Service Agreement (NSA), investigations, grievances, facility policies, other pertinent records.

Investigation Summary:

According to observation, interview and record review, 1. The facility completed an Assessment and Negotiated Service Agreement that was being implemented at the time of the allegation. The facility completed a thorough investigation to rule out abuse/neglect that was unsubstantiated. The NR and other residents interviewed stated they felt safe at the facility. No failed practice identified. 2. The facility completed a thorough investigation to rule out abuse/neglect that was unsubstantiated. The NR and other residents interviewed stated they felt safe at the facility. The facility completed staff counseling for customer service issues. No failed practice identified. 3. The facility investigation showed the NR's medications had a short delay from the pharmacy and an order that needed clarification however the resident had no outcome. The failed to ensure the NR had physician's ordered medications. See Statement of Deficiencies dated 09/24/2024. 4. The facility completed a thorough investigation to rule out abuse/neglect that was

unsubstantiated. The facility responded to the NR's grievances as required. The NR and other residents interviewed stated they felt safe at the facility. No failed practice identified.

Conclusion / Action:

- ☐ 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: 143961
Compliance Determination #: 46361
Region/Unit #: RCS Region 2 / Unit J
Investigator: Cathy Prentice
Investigation Date(s): 08/28/2024 through 09/24/2024
Complainant Contact Date(s): 08/27/2024, 10/01/2024

Allegation(s):

1. It was stated the Named Resident (NR) was verbally abused at the facility.
2. The NR moved into the facility on [redacted]/2024 and was not told the facility was under quarantine for Covid. Residents were not wearing masks.
3. The NR did not meet the facility Administrator until August.
4. The NR does not know when she gets a shower, there is no schedule.
5. The caregivers do not knock on the door or introduce themselves they just enter.
6. A caregiver rinsed the NR's face off with a shower head and was told to wipe private parts with her hands.
7. A caregiver asked the NR if she was having a baby.
8. The caregiver left to help another resident before helping the NR get dressed after a shower.
9. A caregiver said she would be there every day to check on the NR and has not been.
10. The NR received a notice about rent on her door. Not sure why paying $1200 and owes over $3000, may be an eviction notice.
11. Facility tried to take charges out of checking but paperwork had savings number on it.

Investigation Methods:

Sample:	Total residents: 80 Resident sample size: 9 Closed records sample size: 0
Observations:	Named resident; delivery of care and services; staff interactions with residents; residents' appearance; environment, Infection Control practices.
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. Infection Control (IC) investigation: IC line list reports, Respiratory Protection Program (RPP), and facility policies, resident records.

Investigation Summary:

According to observation, interview and record review: 1. The facility completed an Assessment and Negotiated Service Agreement that was being implemented at the time of the allegations. The facility completed a thorough investigation to rule out abuse/neglect that was unsubstantiated. The NR and legal rep stated it was not verbal abuse however they felt unwelcomed at admission in [redacted] 2024 by a staff member. The facility re-trained staff for customer service. The NR and other residents interviewed stated they felt safe at the facility. No failed practice identified. 2. The facility had a COVID19 outbreak in July 2024. Residents are not required to wear masks. The facility failed to have a written Respiratory Protection Program as required. The facility failed to have current fit tests current for four staff. See Statement of Deficiencies dated 09/24/2024. 3. The facility had a new Administrator begin end of June 2024. The Administrator is not required to meet all residents on move in day. No failed practice identified. 4. The facility had a shower schedule for the NR for Tuesday and Fridays in the evening. The record showed the NR received the assistance for showers as care planned except when she refused on multiple dates since move in. No failed practice identified.5. The facility completed a grievance for this concern: The NR often has the TV very loud or headphones on and does not hear the staff knock so they enter to check on her and introduce themselves. The NR confirmed she often does not hear them knock. No failed practice identified.6. According to interview and facility investigation, the caregiver has washcloths available for the NR for the shower and follows the NRs preferences for showers. The facility investigation showed no neglect or abuse by the caregiver during the shower. The caregiver stated she stepped away for more washcloths and the NR was washing with her hands when she stepped back in. No failed practice identified. 7. The facility investigation did not substantiate this allegation and did customer service training with staff. No failed practice identified.8. The care plan for the NR said standby assist for grooming and dressing twice a day and as needed. The staff stated on one occasion they had to help a resident nearby and the NR proceeded to put her robe on independently until the staff returned. The facility did not find neglect in the investigation of this grievance. No failed practice identified. 9. The care plan for the NR showed she is independent for most ADL's and does not have added checks. The named resident NR has a pendant and is able to call for assistance. No failed practice identified.10. The NR was not given a notice to discharge. The billing and payment for rent has been updated and is current. No failed practice identified.11. The facility obtained the correct information for billing and it has been corrected. 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: 147784
Compliance Determination #: 46361
Region/Unit #: RCS Region 2 / Unit J
Investigator: Cathy Prentice
Investigation Date(s): 08/28/2024 through 09/24/2024
Complainant Contact Date(s): 10/01/2024

Allegation(s):
It was stated the Named Resident (NR) missed multiple doses of three ordered medications during September 2024.

Investigation Methods:

Sample:	Total residents: 80 Resident sample size: 9 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), investigations, grievances, facility policies, other pertinent records.

Investigation Summary:
Observation, interview and record review showed the facility completed an Assessment and Negotiated Service Agreement that included the ALF obtained medications and assisted the NR with medication administration. The facility failed to have three medications available during September 2024 which caused the named resident to miss multiple doses of ordered medications: missed 31 Carvedilol doses from 09/01/2024 through 09/24/2024; missed nine Amlodipine doses from 09/15/2024 through 09/24/2024; missed 15 Eliquis doses from 09/15/2024 through 09/24/2024 due to, “medication not on hand.” See Statement of Deficiencies dated 09/24/2024.

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

Statement of Deficiencies	License #: 2696	Compliance Determination # 46361
Plan of Correction	Greenlake Emerald City	Completion Date
Page 1 of 5	Licensee: Greenlake Senior Services LLC	09/24/2024

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 08/28/2024 and 09/19/2024 of:

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

This document references the following complaint number(s): 144044, 143961, 143166, 141538, 145169, 145731, 146569, 147784

The following sample was selected for review during the unannounced on-site visit: 9 of 80 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.

Jamie Singer
Residential Care Services

10/7/2024
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.

Statement of Deficiencies	License #: 2696	Compliance Determination # 46361
Plan of Correction	Greenlake Emerald City	Completion Date
Page 2 of 5	Licensee: Greenlake Senior Services LLC	09/24/2024

Administrator (or Representative)

10/8/24
Date

WAC 388-78A-2730 Licensee's responsibilities.

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Findings included...

NOTE: Washington Administrative Code (WAC) 296-842-12005 stated develop a complete work-site specific written respiratory protection program; 296-842-12010 Keep respirator program records; 296-842-14005 Provide medical evaluations; 296-842-15005 Conduct fit testing at least every twelve months after initial testing; 296-842-16005 Provide effective training on use of respirators initially and within twelve months of the previous training; 296-842-22005 Conduct medical evaluations with a medical questionnaire reviewed by a LHCP (Licensed Health Care Professional); 296-842-11010 Keep records of the current written respirator program and the LHCP recommendations.

NOTE: A "Dear Administrator" letter, dated 04/30/2021, showed the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined by DOH as a "federal and state OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards."

Review of records showed the ALF did not have any written RPP.

During an interview, on 08/28/2024 at 2:45 PM, Staff A (Administrator) was asked if the ALF had a written RPP and Staff A stated he was not sure what an RPP was. Staff A said he contacted the corporate office and they did not have an RPP either. Staff A stated the facility had a COVID-19 outbreak in late June/early July of this year.

Administrator (or Representative) Date

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Review of records showed the ALF did not have any written RPP.

During an interview, on 08/28/2024 at 2:45 PM, Staff A (Administrator) was asked if the ALF had a written RPP and Staff A stated he was not sure what an RPP was. Staff A said he contacted the corporate office and they did not have an RPP either. Staff A stated the facility had a COVID-19 outbreak in late June/early July of this year.

Statement of Deficiencies	License #: 2696	Compliance Determination # 46361
Plan of Correction	Greenlake Emerald City	Completion Date
Page 3 of 5	Licensee: Greenlake Senior Services LLC	09/24/2024

Record review of staff records showed Staff F (Caregiver), hired 05/15/2024, had no medical evaluation or fit-test for a respirator mask. Staff C (Caregiver), hired on 05/15/2024, had a respirator mask fit test that expired on 09/23/2024. Staff D (Caregiver), hired 05/26/2024 had no medical evaluation or fit-test for a respirator mask. Staff E (Caregiver) hired on 05/15/2024, had a respirator mask fit test that expired on 07/31/2024.

In an interview, on 08/28/2024 at 2:50 PM, Staff B (Business Office Manager) stated she kept the staff records. Staff B did not know respirator mask fit tests were required to be updated annually. Staff B stated there were also no training records for staff on the use of respirators.

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) [illegible], 11/08/2024

SB confirmed ammended POC date with provider on 10/17/2024.

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

Administrator (or Representative) 10/8/24 Date

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 physician's ordered medication was available for 1 of 2 residents (Resident 1). This failure caused Resident 1 to miss doses of three physician's ordered medications and placed them at risk of harm.

Findings included...

NOTE- Medlineplus.gov stated the medication Carvedilol is used alone or in combination with other medications to treat heart failure (a condition in which the heart cannot

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NOTE- Medlineplus.gov stated the medication Carvedilol is used alone or in combination with other medications to treat heart failure (a condition in which the heart cannot

pump enough blood to all parts of the body) and high blood pressure. High blood pressure is a common condition and when not treated, can cause damage to the brain, heart, blood vessels, kidneys and other parts of the body. Damage to these organs may cause heart disease, a heart attack, heart failure, stroke, kidney failure, loss of vision, and other problems. Take carvedilol exactly as directed. Do not take more or less of it or take it more often than prescribed by your doctor. Do not stop taking carvedilol without talking to your doctor. If you suddenly stop taking carvedilol, you may experience serious heart problems such as severe chest pain, a heart attack, or an irregular heartbeat.

NOTE- Medlineplus.gov stated the medication Amlodipine is used alone or in combination with other medications to treat high blood pressure in adults. Take amlodipine exactly as directed. Do not take more or less of it or take it more often than prescribed by your doctor.

NOTE- Medlineplus.gov stated the medication Eliquis is used to help prevent strokes or blood clots in people who have atrial fibrillation (a condition in which the heart beats irregularly, increasing the chance of clots forming in the body and possibly causing strokes). It works by blocking the action of a certain natural substance that helps blood clots to form. Do not take more or less of it or take it more often than prescribed by your doctor.
Review of the ALF's policy, Medication Non-Availability, dated 02/15/2024, showed a refill for a medication would be requested from the pharmacy when there was a 10-day supply of the medication remaining. The staff member providing the medication assistance would be responsible for requesting the refill.

Record review of a Face Sheet, showed the ALF admitted Resident 1 on [redacted]/2024 with a diagnosis of [redacted]. Review of an Assessment, dated 08/02/2024, showed Resident 1 received total assistance with medications from staff. Review of a Negotiated Service Agreement (NSA), dated 02/22/2024, showed Resident 1 required ALF staff total assistance with medication management.

Record review of a September 2024 Medication Administration Record (MAR) showed Resident 1 had physician's orders, dated 07/12/2024, for Carvedilol 6.25 milligrams (mg) twice a day, amlodipine 10 mg once a day and Eliquis 2.5 mg twice a day. Review of the MAR showed Resident 1 missed 31 Carvedilol doses from 09/01/2024 through 09/24/2024; missed nine Amlodipine doses from 09/15/2024 through 09/24/2024; missed 15 Eliquis doses from 09/15/2024 through 09/24/2024 due to, "medication not on hand."

Record review showed no documentation the ALF contacted the pharmacy or Resident 1's physician regarding the missing medication.

In an interview, on 09/19/2024 at 11:50 AM, Staff H (Medication Technician) stated he recalled calling the pharmacy about the missing medications for Resident 1 but did not

Statement of Deficiencies	License #: 2696	Compliance Determination # 46361
Plan of Correction	Greenlake Emerald City	Completion Date
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document it and did not remember when he called. Staff H stated he called the pharmacy when the medication ran out. Staff H stated he did not call the doctor.

In an interview, on 09/23/2024 at 2:00 PM, Staff G (Resident Care Coordinator) stated she did not know the medication had run out for Resident 1. Staff G stated normally she would call and fax the doctor if medications ran out and were unavailable. Staff G stated there were no fax confirmations or documented communications to the pharmacy or doctor in the record for Resident 1's unavailable medications.

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