STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

04/21/2025

Sequim AL, LLC
Trustwell Living at Sinclair Place
680 W Prairie St
Sequim, WA 98382

RE: Trustwell Living at Sinclair Place # 2728

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 58123 (Completion Date 04/21/2025) and 55901 (Completion Date 03/11/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/21/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(b) Verify staff persons' work references prior to hiring;

The Department staff who did the On Site verification:
Phan Pham, Nurse Surveyor

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 03/04/2025 of:

Trustwell Living at Sinclair Place
680 W Prairie St
Sequim, WA 98382

This document references the following SOD dated: 03/11/2025

The following sample was selected for review during the unannounced on-site visit: 3 of 40 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Phan Pham, Nurse Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

Statement of Deficiencies	License #: 2728	Compliance Determination # 55901
Plan of Correction	Trustwell Living at Sinclair Place	Completion Date
Page 2 of 3	Licensee: Sequim AL, LLC	03/11/2025

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.

Jody Jeast
Residential Care Services

03/21/2025
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)

3/28/25
Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(b) Verify staff persons' work references prior to hiring;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure employees had three positive references prior to employment for 3 of 3 staff members (Staff X, Staff Y and Staff Z) reviewed. This failure placed the residents at risk for receiving care and services from unsuitable staff.

Findings included...

RCW 18.20.125 "Inspections—Enforcement remedies—Screening— Limitations on unsupervised access to vulnerable adults. (3)(a) To the extent funding is available, the licensee, administrator, and their staff should be screened through background checks in a uniform and timely manner to ensure that they do not have a criminal history that would disqualify them from working with vulnerable adults. Employees may be provisionally hired pending the results of the background check if they have been given three positive references."

Review of the Department's record revealed the Assisted Living Facility was cited on 11/18/2024 for failure to complete references check for two prospective employees under WAC 388-78A-2450.

The Assisted Living Facility submitted a plan of correction for WAC 388-78A-2450, dated 12/03/2024, showed the Executive Director and Business Office Manager were

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.

Jody Just
Residential Care Services

03/21/2025
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-2450 Staff.

(2) The assisted living facility must:

(b) Verify staff persons' work references prior to hiring;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure employees had three positive references prior to employment for 3 of 3 staff members (Staff X, Staff Y and Staff Z) reviewed. This failure placed the residents at risk for receiving care and services from unsuitable staff.

Findings included...

RCW 18.20.125 "Inspections—Enforcement remedies—Screening— Limitations on unsupervised access to vulnerable adults. (3)(a) To the extent funding is available, the licensee, administrator, and their staff should be screened through background checks in a uniform and timely manner to ensure that they do not have a criminal history that would disqualify them from working with vulnerable adults. Employees may be provisionally hired pending the results of the background check if they have been given three positive references."

Review of the Department's record revealed the Assisted Living Facility was cited on 11/18/2024 for failure to complete references check for two prospective employees under WAC 388-78A-2450.

The Assisted Living Facility submitted a plan of correction for WAC 388-78A-2450, dated 12/03/2024, showed the Executive Director and Business Office Manager were

responsible for ensuring references were verified for all prospective employees prior to extending any employment offers. References were to be recorded and stored in the staff member's personnel files as part of the hiring documentation. Staff members were to periodically conduct personal file review to ensure compliance with regulations.

On 03/04/2025 review of Staff X, Medication Tech, personnel record showed Staff X was hired on 12/12/2024 and no references were completed.

On 03/04/2025 review of Staff Y, Medication Tech, personnel record showed Staff Y was hired on 02/10/2025 and no references were completed.

On 03/04/2025 review of Staff Z, Caregiver, personnel record showed Staff Z was hired on 01/28/2025 and no references were completed.

In an interview on 03/04/2025 at 3:40 PM, Staff A, Executive Director, stated the Business Office Manager was responsible for checking the prospective employees' references prior to being hired.

In an interview at 3:50 PM, Staff B, Business Office Manager, stated she was responsible for completing the prospective employees references prior to being hired. Staff B said she reviewed Staff X, Staff Y and Staff Z's records and was not able to locate the staff members references.

This was an uncorrected deficiency previously cited on 11/18/2024.

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, Trustwell Living at Sinclair Place is or will be in compliance with this law and / or regulation on (Date) 4/11/2025.

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

Administrator (or Representative) [signature] Date 3/29/25

responsible for ensuring references were verified for all prospective employees prior to extending any employment offers. References were to be recorded and stored in the staff member's personnel files as part of the hiring documentation. Staff members were to periodically conduct personal file review to ensure compliance with regulations.

On 03/04/2025 review of Staff X, Medication Tech, personnel record showed Staff X was hired on 12/12/2024 and no references were completed.

On 03/04/2025 review of Staff Y, Medication Tech, personnel record showed Staff Y was hired on 02/10/2025 and no references were completed.

On 03/04/2025 review of Staff Z, Caregiver, personnel record showed Staff Z was hired on 01/28/2025 and no references were completed.

In an interview on 03/04/2025 at 3:40 PM, Staff A, Executive Director, stated the Business Office Manager was responsible for checking the prospective employees' references prior to being hired.

In an interview at 3:50 PM, Staff B, Business Office Manager, stated she was responsible for completing the prospective employees references prior to being hired. Staff B said she reviewed Staff X, Staff Y and Staff Z's records and was not able to locate the staff members references.

This was an uncorrected deficiency previously cited on 11/18/2024.

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, Trustwell Living at Sinclair Place 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Trustwell Living at Sinclair Place
Provider Type: Assisted Living Facility
License/Cert.#: 2728
Intake ID: 147870
Compliance Determination #: 48187
Region/Unit #: RCS Region 3 / Unit E
Investigator: Pamela Horlick
Investigation Date(s): 10/03/2024 through 11/18/2024
Complainant Contact Date(s):

Allegation(s):
Misappropriation of Property: Report of discrepancies in narcotic book.

Investigation Methods:

Sample:	Total residents: 33 Resident sample size: 2 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents
Record Reviews:	State reporting log Incident investigation Facility policies Personnel files Care Plans Progress Notes Incident Reports

Investigation Summary:
Facility failed to notify the Complaint Resolution Unit timely when discrepancies were noted in the narcotic book. Failed practice identified.
Facility failed to obtain three positive references for hired staff. Failed practice identified.
Facility failed to place residents involved in a drug diversion on alert and notify residents primary care physician timely per policy and procedure. 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

800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 10/03/2024 and 11/19/2024 of:

Trustwell Living at Sinclair Place
680 W Prairie St
Sequim, WA 98382

This document references the following complaint number(s): 147870

The following sample was selected for review during the unannounced on-site visit: 2 of 33 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Pamela Horlick, NCI RN Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Cory Cisneros
Residential Care Services

11/20/2024
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 #: 2728	Compliance Determination # 48187
Plan of Correction	Trustwell Living at Sinclair Place	Completion Date
Page 2 of 9	Licensee: Sequim AL, LLC	11/18/2024

Administrator (or Representative) Date 11/29/24

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(b) Verify staff persons' work references prior to hiring;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete reference checks for 2 of 2 employees (Staff E and Staff C) reviewed. This failure placed all 33 of 33 residents at risk of receiving care and services from unqualified and/or unsuitable staff.

Findings included...

RCW 18.20.125 "Inspections—Enforcement remedies—Screening— Limitations on unsupervised access to vulnerable adults. (3)(a) To the extent funding is available, the licensee, administrator, and their staff should be screened through background checks in a uniform and timely manner to ensure that they do not have a criminal history that would disqualify them from working with vulnerable adults. Employees may be provisionally hired pending the results of the background check if they have been given three positive references."

Record review of the facility employee handbook, undated, under the section titled, "Employment Requirements," showed, "As a condition of employment at Trustwell Living Community, employees will be asked to meet the following requirements: Under "Background Checks," showed, "Per Washington state law, all persons who work or volunteer in a nursing home and who have unsupervised access to vulnerable adults must comply with criminal record background inquiry standards. You will be asked to complete and sign forms that authorize The Community to perform background checks. Negative or disqualifying criminal background check results may result in ineligibility for employment at The Community. The community will also receive three positive references."

Record review of the facility provided employee list, dated 09/30/2024, showed Staff E, Medication Aide, was hired at the facility on 09/30/2021.

Record review of the facility provided employee list, dated 09/30/2024, showed Staff C, Medication Aide, was hired at the facility on 05/21/2024.

Administrator (or Representative) Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(b) Verify staff persons' work references prior to hiring;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete reference checks for 2 of 2 employees (Staff E and Staff C) reviewed. This failure placed all 33 of 33 residents at risk of receiving care and services from unqualified and/or unsuitable staff.

Findings included...

RCW 18.20.125 "Inspections—Enforcement remedies—Screening— Limitations on unsupervised access to vulnerable adults. (3)(a) To the extent funding is available, the licensee, administrator, and their staff should be screened through background checks in a uniform and timely manner to ensure that they do not have a criminal history that would disqualify them from working with vulnerable adults. Employees may be provisionally hired pending the results of the background check if they have been given three positive references."

Record review of the facility employee handbook, undated, under the section titled, “Employment Requirements,” showed, “As a condition of employment at Trustwell Living Community, employees will be asked to meet the following requirements: Under “Background Checks,” showed, “Per Washington state law, all persons who work or volunteer in a nursing home and who have unsupervised access to vulnerable adults must comply with criminal record background inquiry standards. You will be asked to complete and sign forms that authorize The Community to perform background checks. Negative or disqualifying criminal background check results may result in ineligibility for employment at The Community. The community will also receive three positive references.”

Record review of the facility provided employee list, dated 09/30/2024, showed Staff E, Medication Aide, was hired at the facility on 09/30/2021.

Record review of the facility provided employee list, dated 09/30/2024, showed Staff C, Medication Aide, was hired at the facility on 05/21/2024.

Record request on 10/03/2024 of Staff E's personnel file showed no documentation of reference checks.

Record request on 10/03/2024 of Staff C's personnel file showed no documentation of reference checks.

In an interview on 10/03/2024 at 12:48 PM, Staff A, Executive Director was asked if reference checks were completed for Staff E, Staff A stated, it did not appear so.

In an interview on 10/03/2024 at 12:38 PM, Staff A was asked where the reference checks for Staff C were located, Staff A stated they don't know where Staff C's reference checks were.

In an interview on 10/03/24 at 3:40 PM, Staff A was asked what the hiring process consists of, they stated, "the prospective employee will turn in the application, the interview will take place, run their background check and get three references." Staff A stated, "Once we have decided they are a candidate we will get their references." Staff A was asked who was responsible for checking references, they stated, they were, along with the business office manager."

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, Trustwell Living at Sinclair Place is or will be in compliance with this law and / or regulation on (Date) 12/13/24.

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

Administrator (or Representative) 11/29/24 Date

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(a) Related to suspected abandonment, abuse, neglect, exploitation, or financial exploitation of any resident;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement their policy and

Record request on 10/03/2024 of Staff E's personnel file showed no documentation of reference checks.

Record request on 10/03/2024 of Staff C's personnel file showed no documentation of reference checks.

In an interview on 10/03/2024 at 12:48 PM, Staff A, Executive Director was asked if reference checks were completed for Staff E, Staff A stated, it did not appear so.

In an interview on 10/03/2024 at 12:38 PM, Staff A was asked where the reference checks for Staff C were located, Staff A stated they don't know where Staff C's reference checks were.

In an interview on 10/03/24 at 3:40 PM, Staff A was asked what the hiring process consists of, they stated, "the prospective employee will turn in the application, the interview will take place, run their background check and get three references." Staff A stated, "Once we have decided they are a candidate we will get their references." Staff A was asked who was responsible for checking references, they stated, they were, along with the business office manager."

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, Trustwell Living at Sinclair Place 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-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(a) Related to suspected abandonment, abuse, neglect, exploitation, or financial exploitation of any resident;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement their policy and

procedure for physician notifications after an incident for 2 of 2 (Resident 1 [R1] and Resident 2 [R2]) residents and the facility failed to implement their policy and procedure for alert charting for 2 of 2 (Resident 1 [R1] and Resident 2 [R2]) sampled residents. This failure placed R1 and R2 at risk for their physician being unaware of their condition and placed them at risk for unmet care needs and decreased quality of life.

Findings included...

Record review of facility policy, titled, "Incidents and Accidents Policy," undated, stated, "Standardized Incident Reporting Guidelines have been developed and implemented for the communication of adverse events that may occur in our communities. Incidents are documented by the Health Services Director and/or the Executive Director." Under section titled, "Procedure." stated, "The residents responsible party, the residents health care provider and appropriate authorities are notified when required and as appropriate to the situation…In addition, critical incidents are reported to the Regional Director of Operations [RDO] and Regional Nurse Consultant [RNC]. In turn, the RDO and/or the RNC will report critical incidents to their Operations and/or Clinical Supervisors. The Executive Director will be responsible for ensuring timely and accurate reporting of all critical events…Furthermore, the community leadership team is responsible for ensuring that state-specific reporting requirements are reviewed with regional and divisional leadership team members. Timely and accurate reporting of critical events to state agencies will occur as required by state regulations…Medication errors are also reported, investigated and documented in writing when medication errors are identified by our employees. Timely and accurate documentation is required and is reviewed by the Executive Director and Health Services Director. The Executive Director, residents family member or responsible party, and the residents physician are notified of medication errors. Physician notification and instructions are followed and documented in the Resident Service Notes."

Record review of facility policy, titled, "Medication Incidents and Errors," dated 02/15/2024, stated, "Medication administration or assistance will be provided to residents in a manner that is safe and consistently free of errors as described in WAC 388-78A-2210. All medication incidents/errors will be investigated thoroughly and reported consistently. Corrective action will be taken with every error. Staff members who commit medication errors will receive appropriate re-training, and disciplinary action, as indicated. Under the section titled, "Definitions," stated, "Medication Incidents or Errors are defined as: "Omission… Any dose of medication that is not delivered to the resident." Under the section titled, "Procedure," showed, "Any medication incident/error will be reported immediately to:

- Shift Supervisor
- Licensed Nurse
- Health Services Director
- Executive Director/Administrator
- Primary Care Provider

Subsequent reporting will be made to the following:

- Resident and/or family representative
- Pharmacy if the error was made by the pharmacy
- Regional or Home Office staff in the event of an error resulting in a negative outcome to the resident.
- Licensing authority (in the event of a serious outcome as a result of the error)- All reports to licensing will be made by the Licensed Nurse or Executive Director/Administrator.

Under the section titled, "Documentation," showed:

- Document the error on the Medication Incident/Error Report.
- Place the resident on alert charting for a minimum of 72 hours, longer as directed by the Licensed Nurse.
- Document on the weekly MAR [Medication Administration Record] and medication room audit.
- Document on the Monthly Incident Report summary.

<Notifications>

Records review of the facility Characteristic roster, undated, showed R1 was admitted to the facility on [redacted]/2023 and R2 was admitted to the facility on [redacted]/2024.

Record review of Department Records showed that a report was made by the facility on 09/19/2024 at 5:07PM notifying the Department that there were discrepancies noticed in the narcotic book. R1 and R2 were noted to be affected but the reporter feared the medication diversion (Drug diversion is defined as the illegal distribution or abuse of prescription drugs or their use for purposes not intended by the prescriber) could affect all the residents.

Record review of facility provided document titled, "Incident Report," dated 09/17/2024, showed R1 "reports lack of relief from symptoms when med tech [Staff C] working. R1 reports relief when given meds by all other caregivers/med techs." Under the section, "Notifications," nothing was filled out showing the nurse, administrator, family, or primary care provider was notified.

Record review of facility provided document for R1 titled, "Medication event Report" dated 09/19/2024, showed "upon an audit it was discovered that there were discrepancies in the residents controlled substance count." Under the section Notifications, there were two boxes the person filling out the form could check, yes or no. The first "yes" box was checked for "Responsible Party". There was no responsible party listed or a date and time filled out. The second section was for the Prescriber. Neither the yes box or the no box were checked. There was no prescriber name listed or a date. The third section indicated the nurse was notified and the fourth section

indicated that the complaint hotline had been informed.

Record review of facility provided document titled, “Incident Report,” dated 09/17/2024, showed R2 “upon audit, it was discovered that there were discrepancies in the residents controlled substances. This RN is auditing and is involved in resident monitoring. Resident denies having increased pain or anxiety. Staff member suspended during investigation."

Record review of facility provided document for R2 titled, “Medication event Report” dated 10/10/2024, showed “upon narcotic drug book audit a discrepancy was discovered with the residents controlled substances.” Under the section Notifications, there were two boxes the person filling out the form could check, yes or no. Nothing was checked for “Responsible Party”. There was no responsible party listed or a date and time filled out. The second section was for the Prescriber. Neither the yes box or the no box were checked. There was no prescriber name listed or a date. The third section indicated the nurse was notified and the fourth section indicated that the complaint hotline had been informed.

In an interview on 10/03/2024 at 1:46 PM, Staff B, Health Services Director, stated they don’t know if R1 or R2’s PCP (Primary Care Provider) was made aware of the drug diversion.

In an interview on 10/24/2024 at 1:36 PM, Staff D, Business office manager was asked if there was a discrepancy with the medication count discovered, who would get notified, they stated Staff B, the Resident Care Coordinator (RCC), and the Executive Director (ED). Staff D was asked if the facility was aware of which residents were affected by the diversion who would get notified, they stated the resident, their POA (Power of Attorney), and the physician. Staff D was asked how soon would those notifications be made, they stated immediately we would send a fax to the doctor and call the POA. Staff D was asked if R2’s PCP was made aware of the drug diversion, they stated they didn’t see that a notification was made. Staff D was asked if R1’s PCP was informed of the drug diversion, they stated yes, but they don’t see any notes in the chart.

Records requested on 10/24/2024, 10/29/2024 and 11/07/2024 were made for documentation that R1 and R2’s PCPs were notified.

In an interview on 11/07/2024 at 1:06PM, Staff B was asked if R2’s PCP was notified of the diversion, they stated yes, they faxed R2’s doctor and spoke with them.

Record review of R1’s progress notes show an entry on 10/21/2024 that showed R1’s PCP was made aware of the suspected drug diversion and ongoing investigation.

Record review of R2’s progress notes show an entry on 10/30/2024 that showed R1’s PCP was made aware of the suspected drug diversion and ongoing investigation.

In an interview on 11/14/2024 at 11:29 AM, Collateral Contact 1 (CC1), Patient access center agent was asked if R1's PCP was made aware of a drug diversion situation that involved R1, they stated there was no mention of R1 missing narcotics. CC1 stated they just saw a request to give an increased dose more frequently.

In an interview on 11/14/2024 at 11:47 AM, Collateral Contact 2 (CC2), Patient Care Coordinator was asked if R2's PCP was made aware of R2 not receiving their medication due to a drug diversion, they stated "no, not that I can see."

<Alert Charting>

Record review of facility policy titled, "Short-term Monitoring", undated, stated, "The Short-Term Health Monitor is used as an addition to a residents current care plan, when the resident is experiencing a sudden change in status that is anticipated to last 14 days or less.

In an interview on 10/03/2024 at 1:46 PM, Staff B was asked what short term monitoring was, they stated it was alert charting for three days to monitor signs of respiratory depression and fatigue.

In an interview on 11/14/2024 1028 AM, Staff B was asked what kind of incidents would require alert charting specifically with medications, they stated new medications or discontinuance of long standing medications. Staff B was asked if a narcotic medication would fall under that requirement, they stated if the resident was on it long term then they would monitor for signs of withdrawal. Staff B was asked if there was any documentation that was given while onsite to show R1 was being monitored for withdrawal symptoms, they stated no. Staff B was asked if there was any documentation showing that R2 was being monitored for withdrawal, they stated no, I don't believe so.

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, Trustwell Living at Sinclair Place is or will be in compliance with this law and / or regulation on (Date) 12/20/24.

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

Administrator (or Representative) 11/29/24 Date

In an interview on 11/14/2024 at 11:29 AM, Collateral Contact 1 (CC1), Patient access center agent was asked if R1's PCP was made aware of a drug diversion situation that involved R1, they stated there was no mention of R1 missing narcotics. CC1 stated they just saw a request to give an increased dose more frequently.

In an interview on 11/14/2024 at 11:47 AM, Collateral Contact 2 (CC2), Patient Care Coordinator was asked if R2's PCP was made aware of R2 not receiving their medication due to a drug diversion, they stated "no, not that I can see."

<Alert Charting>

Record review of facility policy titled, "Short-term Monitoring", undated, stated, "The Short-Term Health Monitor is used as an addition to a residents current care plan, when the resident is experiencing a sudden change in status that is anticipated to last 14 days or less.

In an interview on 10/03/2024 at 1:46 PM, Staff B was asked what short term monitoring was, they stated it was alert charting for three days to monitor signs of respiratory depression and fatigue.

In an interview on 11/14/2024 1028 AM, Staff B was asked what kind of incidents would require alert charting specifically with medications, they stated new medications or discontinuance of long standing medications. Staff B was asked if a narcotic medication would fall under that requirement, they stated if the resident was on it long term then they would monitor for signs of withdrawal. Staff B was asked if there was any documentation that was given while onsite to show R1 was being monitored for withdrawal symptoms, they stated no. Staff B was asked if there was any documentation showing that R2 was being monitored for withdrawal, they stated no, I don't believe so.

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, Trustwell Living at Sinclair Place 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-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to report allegations of financial exploitation to the complaint resolution unit (CRU) for 2 of 2 sampled residents (Resident 1[R1] and Resident 2 [R2]). This failure placed all residents at risk for exploitation and unmet care needs.

Findings included...

Record review of facility policy titled, “Abuse, Neglect and Financial Exploitation,” undated, stated, “This Policy and Procedure applies to reporting of resident abuse, neglect and exploitation. The purpose of the Policy is to outline guidelines, requirements and expectations of the Community regarding resident abuse, neglect and exploitation. The Community shall immediately report suspected Abuse, Neglect, or Exploitation to the Department of Social and Health Services (“DSHS”)…”Exploitation” means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by any person or entity for any person’s or entity’s profit or advantage other than for the vulnerable adult’s profit or advantage."

Record review of Department Records showed that a report was made by the facility on 09/19/2024 at 5:07PM notifying the Department that there were “discrepancies noticed in the narcotic book.” R1 and R2 were noted to be affected but the reporter feared the medication diversion could affect all the residents.

Record review of the facility provided employee list, dated 09/30/2024, showed Staff C, Medication Aide, was hired at the facility on 05/21/2024.

In an interview on 10/03/2024 at 1:46 PM, Staff B, Health Services Director, stated their first day working at the facility was 09/16/2024. Staff B stated that evening they came across a medication bottle for a resident that was physically altered. Staff B stated, the next day (09/17/2024), they realized the narcotics book was in “complete disarray.” Staff B administered drug tests to onsite staff, where Staff C, Medication Aide, filled their cup with water instead of urine. Staff B stated that Staff C admitted to lying to Staff B.

In an interview on 11/14/2024 at 10:28 AM, Staff B, was asked, if medications were suspected of being diverted, when would a notification to CRU (Complaint Resolution

Unit) happen, Staff B stated, they should be notified within 24 hours.

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, Trustwell Living at Sinclair Place is or will be in compliance with this law and / or regulation on (Date) 12/4/24.

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

Administrator (or Representative) 11/29/24 Date

Unit) happen, Staff B stated, they should be notified within 24 hours.

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, Trustwell Living at Sinclair Place 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