



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

HUNTINGTON RETIREMENT HOMES INC
Village Green Senior Living of West Seattle
2615 SW BARTON STREET
SEATTLE, WA 98126

RE: Village Green Senior Living of West Seattle License # 924

Dear Administrator:

This letter addresses Compliance Determination(s) 52031 (Completion Date 12/19/2024) and 49870 (Completion Date 11/12/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/19/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

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

WAC 388-78A-2290, WAC 388-78A-2290-3, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-e, WAC 388-78A-2290-4, WAC 388-78A-2290-4-a, WAC 388-78A-2290-4-b, WAC 388-78A-2290-4-c, WAC 388-78A-2290-4-d, WAC 388-78A-2290-7

The Department staff who did the off-site verification:

Lisa Hauk, 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

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



Residential Care Services Investigation Summary Report

Provider/Facility: Village Green Senior Living **Provider Type:** Assisted Living Facility of West Seattle

License/Cert.#: 924

Intake ID: 152681

Compliance Determination #: 49870

Region/Unit #: RCS Region 2 / Unit J

Investigator: Lisa Hauk

Investigation Date(s): 11/05/2024 through 11/12/2024

Complainant Contact Date(s): 11/12/2024

Allegation(s):

1. The pharmacy delivered medication for the Named Resident (NR) to the ALF. The ALF did not deliver the medication to the NR for four days.
2. The ALF did not deliver a message to the NR to plug in their cell phone.

Investigation Methods:

Sample:	Total residents: 27 Resident sample size: Closed records sample size:
Observations:	Residents Activities Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Administration Identified resident Identified staff Nursing staff Residents Family members
Record Reviews:	Resident Characteristics Roster Medical records Hospital records Facility policies

Investigation Summary:

1. Interview and record review showed the ALF considered the NR to be unstable and unpredictable after returning to the ALF from a four day hospital stay. The ALF did not complete an assessment or a formal discharge from Assisted Living. The ALF documented that the NR and their family managed the NR's medications and care. A pharmacy delivered medication to the ALF for the NR on 10/12/2024. The ALF did not deliver the NR's medication to their apartment until 10/16/2024. The

ALF did not have a family assistance with medication agreement. This failure caused the NR to go without medication for four days. Violation of regulations identified. See WAC 388-78A-2290(3)(a)(b)(c)(e)(4)(a)(b)(c)(d)(7).

2. Interviews were unable to substantiate whether or not the ALF delivered messages to the NR. The agreed upon Negotiated Service Agreement did not have a plan for staff to assist the NR with cell phone management. No violation of regulations identified.

Conclusion / Action:

- ☒ 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 #: 924	Compliance Determination # 49870
Plan of Correction	Village Green Senior Living of West Seattle	Completion Date
Page 1 of 4	Licensee: HUNTINGTON RETIREMENT HOMES INC	11/12/2024

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 11/05/2024 and 11/05/2024 of:

Village Green Senior Living of West Seattle
2615 SW BARTON STREET
SEATTLE, WA 98126

This document references the following complaint number(s): 152681

The following sample was selected for review during the unannounced on-site visit: 0 of 27 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Lisa Hauk, 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

11/13/2024
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.

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

Statement of Deficiencies	License #: 924	Compliance Determination # 49870
Plan of Correction	Village Green Senior Living of West Seattle	Completion Date
Page 2 of 4	Licensee: HUNTINGTON RETIREMENT HOMES INC	11/12/2024

Tom Thomas
Administrator (or Representative)

11/13/2024
Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

(7) The assisted living facility's duty of care shall be limited to: Observation of the resident for changes in overall functioning consistent with RCW 18.20.280 ; notification to the person or persons identified in RCW 70.129.030 when there are observed changes in the resident's overall functioning or condition, or when the assisted living facility is aware that both the primary and alternate plan are not implemented; and appropriately responding to obtain needed assistance when there are observable or reported changes in the resident's physical or mental functioning.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that a written plan, including a backup plan, was in place for family assistance with medications for 1 of 3 residents (Resident 3). This placed Resident 3 at risk of harm.

Findings included...

Statement of Deficiencies	License #: 924	Compliance Determination # 49870
Plan of Correction	Village Green Senior Living of West Seattle	Completion Date
Page 3 of 4	Licensee: HUNTINGTON RETIREMENT HOMES INC	11/12/2024

NOTE: Washington Administrative Code (WAC) 388-78A-2140 - Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following: (1) The care and services necessary to meet the resident's needs, including: (e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility. (2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340(5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan: (a) Exclusively for the individual resident; or (b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law. (3) The times services will be delivered, including frequency and approximate time of day, as appropriate.

Record review of an undated policy, "PPPMMP-04 Program Setup" showed if a resident's family is providing medication assistance, the family must submit a written plan for assistance to the community. The plan must include who is responsible for obtaining and assisting with medications in the absence of family support.

Record review of a Face Sheet showed the ALF admitted Resident 3 on [REDACTED]/2024. An Assessment, dated 07/01/2024, showed Resident 3 had multiple medically disabling diagnoses including [REDACTED]. A Care Plan (equivalent to a Negotiated Service Agreement), dated 07/01/2024, showed Resident 3 required ALF staff assistance with blood sugar testing (measures the amount of glucose in the blood) and insulin injections (a medication that helps control blood sugar levels in people with diabetes) four times a day. The Care Plan stated ALF Staff reordered medications as needed, recorded medication taken and maintained medication supply.

In interview, 11/06/2024 at 12:39 PM, Staff A (Executive Director) stated Resident 3 was in independent living and no longer under Assisted Living care at the ALF.

Record review showed Resident 3 signed an Admission Agreement for Assisted Living care on [REDACTED]/2024. Records showed the ALF did not have an Independent Living Admission Agreement in place for Resident 3. Record review showed the ALF never issued a discharge notification to Resident 3. Record review showed Resident 3 was still under Assisted Living care.

Record review of a Progress Note (PN), dated 09/05/2024, showed Resident 3 returned to the ALF on [REDACTED]/2024 after a four-day hospital stay due to vomiting and was sent

Statement of Deficiencies	License #: 924	Compliance Determination # 49870
Plan of Correction	Village Green Senior Living of West Seattle	Completion Date
Page 4 of 4	Licensee: HUNTINGTON RETIREMENT HOMES INC	11/12/2024

back to the Emergency Department that day. The PN stated that when she returned to the facility on 09/05/2024 at 9:45 PM she did not have complete insulin orders. A PN, dated 09/05/2024, showed that when Resident 3 returned, the ALF required the resident and family to self-manage all care and medications because the ALF deemed Resident 3 was not stable and predictable.

Interview on 11/04/2024 at 9:04 AM showed Collateral Contact 1 (CC1 – Resident Representative), confirmed that the Resident and family had been managing the medications since September of 2024.

Record review showed Resident 3's Care Plan, dated 07/01/2024, was not updated to reflect Resident 3 and their family were managing medications. There was no documentation or any written plan that was signed and dated that included a family member who would provide the medication management, a description of the medication the family member would provide, or an alternate plan if the family member was unable to fulfill his or her duties.

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, Village Green Senior Living of West Seattle is or will be in compliance with this law and / or regulation on
(Date) 12/9/2024

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

Clay Thomas
Administrator (or Representative)

11/13/2024
Date