STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

03/29/2204

MILL CREEK SPECIAL CARE COMMUNITY LLC
THE COTTAGES AT MILL CREEK
13200 10TH DRIVE SE
MILL CREEK, WA 98012

RE: THE COTTAGES AT MILL CREEK License # 1977

Dear Administrator:

This letter addresses Compliance Determination(s) 38173 (Completion Date 03/21/2024) and 34076 (Completion Date 01/04/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/21/2024 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-2350-7-a

The Department staff who did the on-site verification:
Allison Nunn, Long Term Care Surveyor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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Statement of Deficiencies	License #: 1977	Compliance Determination # 34076
Plan of Correction	THE COTTAGES AT MILL CREEK	Completion Date
Page 1 of 3	Licensee: MILL CREEK SPECIAL CARE COMMUNITY LLC	01/04/2024

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 12/18/2023 and 01/04/2024 of:
THE COTTAGES AT MILL CREEK
13200 10TH DRIVE SE
MILL CREEK, WA 98012

This document references the following SOD dated: 01/04/2024

The following sample was selected for review during the unannounced on-site visit: 4 of 40 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Christine Banta, Community Complaint investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley — Residential Care Services

01/17/2024 — 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.

Administrator (or Representative) Date

WAC 388-78A-2350 Coordination of health care services.

(7) When coordinating care or services, the assisted living facility must:

(a) Integrate relevant information from the external provider into the resident's preadmission assessment and reassessment, and when appropriate, negotiated service agreement; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to integrate information into the negotiated service agreement (NSA) for 1 of 4 residents (Resident 1). This failure resulted in Resident 1's NSA not identifying that Resident 1 was admitted to hospice and did not include an order for a ROHO cushion (a heavy duty air filled cushion for treatment and prevention of pressure ulcers). This failure placed Resident 1 at risk for unmet care needs and a diminished quality of life.

Findings included...

Resident 1 was admitted to the facility in [redacted]/2017 with multiple diagnoses including [redacted].

On 12/18/2023 at 12:57 PM, Resident 1 was observed in the dining room in their wheelchair. Resident 1 was sitting on a ROHO cushion.

On 12/18/2023 at 1:09 PM, Collateral Contact 1, Outside healthcare representative, stated that whenever they were in the ALF, they would check to make sure Resident 1 was sitting on the ROHO cushion.

Review of the undated Negotiated Service Agreement (NSA) did not show Resident 1 was admitted to Hospice services. The NSA also did not indicate that Resident 1 used a ROHO cushion when they are sitting in their wheelchair.

On 12/18/2023 at 11:07 AM, Staff A, Executive Director, stated that they thought the NSA was updated by the agency nurse who had been working at that time.

On 01/04/2024 at 10:25 AM, Staff C, Regional Executive Director, stated that they did not

have a Hospice Care Plan available for review. Staff C stated that they would reach out to the Hospice Care Team and request a copy.

Review of the hospice progress note, dated 03/31/2023, included an order for a ROHO cushion. The progress note showed Resident 1 was admitted to hospice services on 12/5/2023.

This is an uncorrected deficiency previously cited on 08/16/2023.

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, THE COTTAGES AT MILL CREEK 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: THE COTTAGES AT MILL CREEK
Provider Type: Assisted Living Facility
License/Cert.#: 1977
Intake ID: 85928
Compliance Determination #: 25953
Region/Unit #: RCS Region 2 / Unit A
Investigator: Robin Windhausen
Investigation Date(s): 06/28/2023 through 08/16/2023
Complainant Contact Date(s): 06/27/2023

Allegation(s):

1. No staff could be located in the unit when an outside provider's staff visited the Named Resident(NR).
2. The NR's break was locked on the wheelchair during the visit.
3. The NR appeared uncomfortable while seated in their wheelchair.

Investigation Methods:

Sample:	Total residents: 38 Resident sample size: 3 current residents Closed records sample size: 1 closed rec
Observations:	Residents, the resident environment, staff and resident interactions, meals and activities.
Interviews:	Residents, Resident representatives, Collateral contacts, Direct care staff and administrative staff.
Record Reviews:	Clinical and administrative records, and facility policies.

Investigation Summary:

1. Staff were available during unannounced facility visit. No issues were identified with availability of staff were noted during unannounced visit. The facility staff reported recent changes in staffing had been made by adding another med tech in the evening.
2. The NR had a wheelchair (WC) with a broken brake stuck in a locked position. The provider had facilitated a new WC for the NR. The new WC was observed during the unannounced visit; however the NR was not provided with a ROHO cushion as ordered by Hospice. The NR's negotiated service agreement (NSA) did not include the ROHO cushion. The facility was cited for noncompliance with WAC 388-78A-2350(7)(a) Coordination of Healthcare services.
3. The NR did not display signs of discomfort while observed in their WC. A Negotiated Service Agreement did not accurately identify a Sampled Resident's care needs. The facility was cited for noncompliance with WAC 388-78A-2100 (1)(2)(b) Ongoing assessments.

Conclusion / Action:

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

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3906-172nd St NE, Suite #100, Arlington, WA 98223

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 06/28/2023, 06/28/2023, 07/05/2023, 08/12/2023 and 07/12/2023 of:

THE COTTAGES AT MILL CREEK
13200 10TH DRIVE SE
MILL CREEK, WA 98012

This document references the following complaint number(s): 85928

The following sample was selected for review during the unannounced on-site visit: 3 of 38 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Robin Windhausen, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley
Residential Care Services

09/29/2023
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-2100 On-going assessments. The assisted living facility must:

(2) Complete an assessment specifically focused on a resident's identified problems and related issues:

(b) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure the Assessment was updated for 1 of 4 Residents (Resident 3) when the Assessment no longer addressed Resident 1's current needs. Failure to ensure the NSA accurately described Resident 3's inability to ambulate independently placed Resident 3 at risk for unmet care needs and a diminished quality of life.

Finding included...

Resident 3
Resident 3 was admitted to the facility on [redacted]/2020 with multiple medical diagnoses including [redacted].

The facility assessment dated 05/04/2023 showed Resident 3 was able to walk with one person contact guard with or/ without Durable Medical equipment (a variety of items, such as walkers, wheelchairs, and oxygen tanks.)

The NSA dated 07/12/2023 indicated Resident 3 was able to walk and directed staff to provided set up/stand-by/cueing for safe ambulation.

On 07/05/2023 at 3:05 PM, Staff F, Caregiver, stated that Resident 3 was no longer able to walk. Staff F could not recall when Resident 3 last walked.

On 07/12/2023 at 2:45 PM, Staff A, Executive Director, and Staff B, Resident Care Manager completed observations of Resident 3. Staff A stated that the NSA should be updated when it no longer met the resident's needs.

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, THE COTTAGES AT MILL CREEK 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-2350 Coordination of health care services.

(7) When coordinating care or services, the assisted living facility must:

(a) Integrate relevant information from the external provider into the resident's preadmission assessment and reassessment, and when appropriate, negotiated service agreement; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Assisted Living Facility (ALF) failed to integrate information into the negotiated service agreement (NSA) when the provider ordered a Roho cushion (a heavy duty air filled cushion for treatment and prevention of pressure ulcers) for 1 of 4 residents (Resident 1). Failure to ensure the Roho cushion was incorporated into the Negotiated Service Agreement resulted in the Roho cushion not being used and placed Resident 1 at risk for unmet care needs and a diminished quality of life.

Finding included...

Resident 1 was admitted to the facility in 2017 with multiple diagnoses including [redacted].

Review of the physician orders showed that Resident 1 was placed on hospice 4/21/2022.

Review of a delivery invoice dated 12/22/2023 showed an air-filled "Roho" cushion, and a pump to inflate it was delivered to the facility for Resident 1.

A Negotiated Service Agreement (NSA) dated 06/28/2023 showed Resident 1 had a manual wheelchair (WC). There was no information in the NSA to identify a Roho cushion was used with the WC.

On 06/28/2022 at 1:15 PM, Resident 1 was observed in the common area sleeping in a

WC. No Roho cushion was observed on the seat of the wheelchair.

On 07/05/2023, at 3:05 PM, Staff C, Resident Care Coordinator, was observed checking Resident 1's room to locate the Roho cushion. Staff C stated that she was unaware Resident 1 had a WC cushion. Staff C was unable to locate the Roho cushion.

On 07/12/2023, at 3:40 PM, Staff A, Executive Director, and Staff B, Resident Care Manager, were observed in Resident 1's room attempting unsuccessfully to locate Resident 1's Roho cushion.

On 7/14/2023 at 1:20 PM, Collateral Contact 1 (CC1), provider, stated that they verified, by looking in their records, the Roho cushion was delivered to the facility. CC1 stated that they had seen Resident 1 using the Roho cushion in the past.

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, THE COTTAGES AT MILL CREEK 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