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

01/10/2024

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) 34803 (Completion Date 01/05/2024) and 31042 (Completion Date 11/08/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/05/2024 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-2660-3

The Department staff who did the on-site verification:
Christine Banta, Community Complaint investigator

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

Residential Care Services
Investigation Summary Report

Provider/Facility: THE COTTAGES AT MILL CREEK
Provider Type: Assisted Living Facility
License/Cert.#: 1977
Intake ID: 101984
Compliance Determination #: 31042
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 10/13/2023 through 11/08/2023
Complainant Contact Date(s):

Allegation(s):

A Resident was observed with their long-sleeved T-shirt in the wrong arm holes, crossed in front of them creating an upper body restraint.

Investigation Methods:

Sample:	Total residents: 40 Resident sample size: 4 Closed records sample size: 0
Observations:	Residents Activities Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff Residents Family members Administrator
Record Reviews:	Facility policies Incident investigation Assessments Service plans Progress notes

Investigation Summary:

The identity of the unnamed Resident could not be determined. Observation and interview indicated that the ALF was using a recliner with a sampled resident (SR) who was described as a high fall risk. Staff stated that the SR could not be kept in their wheelchair because they tried to get out of the wheelchair and stand up on their own. The SR was not able to get out of the recliner without staff helping. The ALF did not have a Doctor's order for the use of the recliner at the time of the unannounced visit. Observation showed SR had a gait belt wrapped around them while in the recliner. Failed practice was identified. A citation was issued for non compliance with WAC 388-78A-2660 Resident rights.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 1977	Compliance Determination # 31042
Plan of Correction	THE COTTAGES AT MILL CREEK	Completion Date
Page 1 of 3	Licensee: MILL CREEK SPECIAL CARE COMMUNITY LLC	11/08/2023

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 10/13/2023 and 11/03/2023 of:

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

This document references the following complaint number(s): 101984

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 investigated the Assisted Living Facility:

Wesler Dumecquias, 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

11/16/2023
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.

Laura Williams — Administrator (or Representative)

11/28/2023 — Date

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(3) Not use restraints on any resident;

This requirement was not met as evidenced by:

Based on Observation and Interview, the Assisted Living Facility (ALF) failed to ensure a resident was free from any restraint for 1 of 2 residents (Resident 1) when Resident 1 was placed in a recliner (a large, padded chair that is designed to help seniors with limited mobility) with the foot elevated and was not able to independently get out of the recliner. This failure resulted in Resident 1 not being able to freely move on their own and placed Resident 1 at risk for unmet care needs.

Findings included...

The ALF's policy "Reporting Abuse, Neglect and Exploitation" dated 02/01/2015 showed restraints, either physical or chemical, are not allowed in the community. Restraints must not be used as a form of discipline or to make an employee's job easier. Restraints include but were not limited to: Binding any part of resident's body with any type of foreign object including gait belts, bedsheets, rope, cord, belt. Restricting free movement of resident with the use of mechanical devices not prescribed by physician.

Resident 1 was admitted on [redacted]/2023 with multiple diagnoses including [redacted] and [redacted]

Review of an assessment dated 05/11/2023 showed Resident 1 did not use any assistive device or durable medical equipment- DME (equipment that helps you complete your daily activities. It includes a variety of items, such as walkers, wheelchairs, and oxygen tanks). The assessment did not show Resident 1 was assessed for the safe use of a recliner.

Observation on 10/13/2023 at 3:04 PM, Resident 1 was lying on a recliner with the footrest up and the head part reclined to about 20-30 degrees. Resident 1 was observed not able to release and free themself from the recliner without the help of a staff. A gait belt (an assistive device which can be used to help safely transfer a person from a bed to a wheelchair, assist with sitting and standing, and help with walking around. It is secured

around the waist to allow a caregiver to grasp the belt to assist in lifting or moving a person) was wrapped around Resident 1's abdominal area while in the recliner.

On 10/13/2023 at 3:18 PM, Staff C, Caregiver, stated that Resident 1 struggled in the wheelchair to get up and could not keep still that was why they used the recliner. Staff C stated that Resident 1 could not release the latch of the recliner to get out of the recliner and staff must release it for Resident 1. Staff C stated that the gait belt was placed by the family and stated not knowing the reason why it was not removed when the family left.

On 10/13/2023 at 3:16 PM, Staff B, Caregiver, stated that Resident 1 was a high fall risk and not safe to use the wheelchair that was why staff used the recliner because Resident 1 could not easily get up. Staff B stated that Resident 1 would always try to stand up by themselves, so they chose to use the recliner.

On 10/13/2023 at 3:40 PM, Staff D, Resident Care Coordinator, stated that it was more convenient for staff to use the recliner because Resident 1 could not easily get up. Staff E stated that Resident 1 could not release the latch of the Recliner and could not stand up on their own. Staff E stated that they did not inform the physician and there was no physician order for the use of the recliner.

On 10/13/2023 at 4:18 PM, Staff E, Resident Care Manager, stated that Resident 1 would always stand up when in a wheelchair and it was more convenient for staff to use the recliner.

Observation on 10/13/2023 at 4:51 PM showed Resident 1 was awake and still had the gait belt on. Resident 1 was nonverbal and was not able to follow instructions. Resident 1 needed 2 staff to help them for bathroom use.

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) 12/28/2023 .

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

Administrator (or Representative) Laura Williams Date 11/28/2023