STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

09/11/2024

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) 45647 (Completion Date 08/14/2024) and 41794 (Completion Date 06/24/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/14/2024 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-2350-1

The Department staff who did the on-site verification:
Wesler Dumecquias, 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: 130375
Compliance Determination #: 41794
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 05/24/2024 through 06/24/2024
Complainant Contact Date(s):

Allegation(s):
The Named Resident (NR) died unexpectedly.

Investigation Methods:

Sample:	Total residents: 38 Resident sample size: 3 Closed records sample size: 1
Observations:	Residents Activities Resident to resident interactions Staff to resident interactions Resident rooms
Interviews:	Residents Nursing staff Family members Administrator
Record Reviews:	Hospital records Facility policies Care plans Email communications Incident investigation Progress notes POLST Medication administration record

Investigation Summary:
The Assisted Living Facility (ALF) investigated the incident and determined that the Named Resident (NR) was not feeling well or at their baseline, coughing and breathing were off. The ALF staff faxed the NR's Primary Care Physician in the morning, who replied in less than an hour. The ALF staff stated they did not see the reply faxed by the PCP recommending that the ALF would sent to urgent care or the Emergency room for evaluation until the NR passed away in the afternoon. A failed practice was identified. A citation was issued for noncompliance with WAC 388-78A-2350 (1) -

Coordination of care.

Conclusion / Action:

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

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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 05/24/2024 and 05/24/2024 of:

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

This document references the following complaint number(s): 130375, 130437

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:

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

07/01/2024
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 7-4-24

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

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to follow the primary care physician's (PCP) recommendation for 1 of 1 resident (Resident 1) when Resident 1's PCP recommended sending Resident 1 to urgent care or the emergency room for an evaluation. This failure resulted in Resident 1 not getting evaluated, their symptoms addressed, or their needs met during an emergency. The failure placed all other residents at risk for unmet care needs during an emergency.

Findings included...

The service agreement dated 04/24/2024 showed Resident 1 required staff assistance to coordinate care with physicians and outside providers.

On 5/24/2024 at 2:05 PM, Staff C, Resident Care Coordinator, stated that Resident 1 was coughing when they went in to work in Resident 1's cottage on 05/10/2024 at around 9:00 AM. Staff C stated that Resident 1 did not eat dinner the day before and did not eat breakfast. Resident 1 took some Ensure on the day before. Staff C stated that they informed Staff B, Director of Nursing Services, and faxed the PCP the morning of 05/10/2024.

On 05/24/2024 at 3:20 PM, Staff E, Caregiver, stated that on 05/10/2024, Resident 1 was not feeling well when they saw them in the morning. Staff E stated that Resident 1 told them they had chest pain before breakfast and had a hard time breathing at 8:45 AM after breakfast. Staff E stated that they informed Staff D, Med Tech, who went to check Resident 1's blood pressure and pulse. Staff E stated that Resident 1 refused to eat lunch.

Progress notes (Notes) dated 05/10/2024 showed the Resident 1 was not feeling well, had a cough, was wheezing, and did not eat their dinner the day before.

A written statement from the investigation Report dated 05/10/2024 at 9:20 AM showed Staff D notified Staff C that Resident 1 was coughing. Staff C stated she sent a telefacsimile

Administrator (or Representative) Date

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Statement of Deficiencies	License #: 1977	Compliance Determination # 41794
Plan of Correction	THE COTTAGES AT MILL CREEK	Completion Date
Page 3 of 3	Licensee: MILL CREEK SPECIAL CARE COMMUNITY LLC	06/24/2024

(FAX) the PCP about Resident 1 coughing and having issues with their breathing.

A FAX showed Staff C faxed the PCP on [redacted]/2024 at 9:11 AM, stating that Resident 1 was not doing well, was coughing, their breathing was off, and they had not eaten well and missed their dinner the day before.

A FAX receipt report dated [redacted]/2024 showed the PCP's reply was received on [redacted]2024 at 10:15 AM, an hour and 4 minutes after the initial fax was sent on [redacted]/2024 at 9:11 AM. The PCP's reply showed the note, "Recommend to urgent care or ER to evaluate," and was signed by Resident 1's PCP.

The Incident report dated [redacted]2024 showed Resident 1 was found by Staff E, caregiver, unresponsive with no breathing and no pulse at around 2:05 PM. The report showed Resident 1 had been coughing and was not at their baseline before they passed away.

On 06/14/2024 at 11:00 AM, Staff C stated that nobody saw the PCP's reply until Resident 1 passed away in the afternoon. Staff C indicated that they were in and out of the building and did not see see the fax. Staff C stated that no one from the ALF staff talked to them to report if Resident 1 had gotten worse. Staff C stated that they did not remember getting any reply from Staff B on what to do. Staff C stated they did not hear any instructions from STAFF A, who was present when they notified them at the time of the incident.

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) 7-31-24.

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

Administrator (or Representative) 7-4-24 Date

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

_____ _____

Administrator (or Representative) Date