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

04/10/2025

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 # 1977

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 57794 (Completion Date 04/10/2025) and 51741 (Completion Date 02/12/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/10/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

The Department staff who did the On Site verification:
Karen Glover, 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
Investigation Summary Report

Provider/Facility: THE COTTAGES AT MILL CREEK
Provider Type: Assisted Living Facility
License/Cert.#: 1977
Intake ID: 156826
Compliance Determination #: 51741
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 12/13/2024 through 02/12/2025
Complainant Contact Date(s):

Allegation(s):
The Named Resident (NR) had a fall with an injury.

Investigation Methods:

Sample:	Total residents: 32 Resident sample size: 7 Closed records sample size: 1
Observations:	Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions Resident care equipment
Interviews:	Nursing staff Residents Family members
Record Reviews:	Incident investigation Facility policies care plan Progress notes IR's

Investigation Summary:
The Named Resident (NR) was cognitively impairment. The Assisted Living Facility (ALF) investigated the incident and determined the NR fell as they walked between two chairs in the ALF's living room. An ALF staff was feeding another resident then and checked on the NR. The ALF staff failed to follow the care plan when the ALF staff did not provide assistance when the staff saw the NR walking on their own without their walker. Failed practice was identified. A citation for noncompliance with WAC 388-78A-2160 Implementation of Negotiated Service Agreement.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: THE COTTAGES AT MILL CREEK
Provider Type: Assisted Living Facility
License/Cert.#: 1977
Intake ID: 159036
Compliance Determination #: 51741
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 12/13/2024 through 02/12/2025
Complainant Contact Date(s):

Allegation(s):
The Named Resident (NR) had an unwitnessed fall with injury.

Investigation Methods:

Sample:	Total residents: 32 Resident sample size: 7 Closed records sample size: 1
Observations:	Residents Activities Dining Resident care equipment Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff Residents Family members
Record Reviews:	Hospital records Incident investigation Facility policies care plan Investigation statements Progress notes MAR

Investigation Summary:
The Named Resident (NR) had a cognitive impairment. The Assisted Living Facility (ALF) investigated the incident and determined the NR was found on the floor lying on their back. The ALF staff saw the NR walking in the hallway before the incident happened. The ALF staff failed to follow the service plan for not providing assistance when they saw the NR resident walking on their own despite being aware that the NR required the assistance. A citation for non compliance with WAC 388-78A-2160. Implementation of Negotiated Service Agreement.

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

Statement of Deficiencies	License #: 1977	Compliance Determination # 51741
Plan of Correction	THE COTTAGES AT MILL CREEK	Completion Date
Page 1 of 4	Licensee: MILL CREEK SPECIAL CARE COMMUNITY LLC	02/12/2025

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 12/13/2024 and 01/15/2025 of:

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

This document references the following complaint number(s): 156826, 157116, 159036, 159129, 159599

The following sample was selected for review during the unannounced on-site visit: 7 of 32 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

02/25/2025
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)

2/26/2025
Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on the interview and record review, the Assisted Living Facility (ALF) failed to follow and implement the negotiated service plan (NSP) for 1 of 1 resident (Resident 1) who needed assistance with ambulation. These failures resulted in three falls and injuries and placed the resident at risk for continued falls and injuries, and placed all residents who needed assistance with ambulation at risk of harm and injury.

Findings included...

Review of an undated Face Sheet showed Resident 1 was admitted on [redacted]/2024 with multiple diagnoses including [redacted] and [redacted].

Review of NSP dated 11/01/2024 showed Resident 1 needed a four- wheeled walker for assistance with ambulation, which should always be kept next to them. The NSP showed Resident 1 needed moderate assistance with ambulation. The ALF staff were required to assist Resident 1 during ambulation because they were at high risk for falls and would try to ambulate independently.

Review of an incident report dated 11/22/2024 showed Resident 1 was observed walking in between two chairs located in the common area. Resident 1 fell and sustained a head injury.

On 11/22/2024 at 3:31 PM, Staff C, Caregiver stated that they observed Resident 1 walking and trying to get through between two chairs near the fireplace. Staff C stated that Resident 1 tends to wander and needed assistance with ambulation. Staff C stated that Resident 1 did not have their walker at that time and often forgot to use it. Staff C said they did not help Resident 1 when they saw them walking because they were in the kitchen putting away dishes.

Review of an incident report dated 11/25/2024 showed Staff D, Resident Care Coordinator, saw Resident 1 walking quietly and slowly near the front door of their cottage. Staff D stated that as they stopped to speak to the caregiver, they heard a loud thud and yelling. Staff D stated that they found Resident 1 was on the floor and a bump on their head was observed.

On 02/12/2025 at 11:39 AM, Staff D stated that Resident 1 tended to wander and required a walker, as they shuffle without it. Although Staff D stated that they could not recall if Resident 1 was using their walker at that time, they observed them holding unto the couch. Staff D stated that Resident 1 needed assistance with ambulation. Staff D stated they were not able to help Resident 1 when they saw them because the incident happened quickly as they spoke with the caregiver.

Review of an incident report dated 12/11/2024 showed Resident 1 was found by Staff E, Caregiver, on the floor after they heard another resident screaming at the hallway. Resident 1 complained of neck pain and had bleeding at the back of their head.

On 02/12/2025 at 11:49 AM, Staff E stated that Resident 1 had a walker but would not use it because they could not remember it. Staff E stated that Resident 1 could walk on their own but kept on falling and there would be nothing that they could have done. Staff E stated that when they saw Resident 1 walking, they were using their walker but then left it. Staff E stated that they did not help Resident 1 at that time because they could walk on their own and could not stay to watch Resident 1 all the time because they wander.

Statement of Deficiencies	License #: 1977	Compliance Determination # 51741
Plan of Correction	THE COTTAGES AT MILL CREEK	Completion Date
Page 4 of 4	Licensee: MILL CREEK SPECIAL CARE COMMUNITY LLC	02/12/2025

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) ~~4/04/2025~~ 3/29/2025

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

Administrator (or Representative) [signature] Date 2/26/2025