STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

08/04/2025

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) 63506 (Completion Date 08/04/2025) and 57717 (Completion Date 05/14/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/04/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2310 Intermittent nursing services.

(1) Intermittent nursing services are an optional service that the assisted living facility may provide.

(2) The assisted living facility may choose to provide any of the following intermittent nursing services through appropriately licensed and credentialed staff; however, the facility may or may not need to provide additional intermittent nursing services to comply with the reasonable accommodation requirements in federal or state law:

(b) Administration of health treatments;

The Department staff who did the On Site verification:
Wesler Dumecquias, Community Complaint Investigator

If you have any questions, please contact me at (253)234-6020.

Sincerely,
Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
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: 171936
Compliance Determination #: 57717
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 04/01/2025 through 05/14/2025
Complainant Contact Date(s): 03/28/2025

Allegation(s):

1. The Named Resident (NR) had a skin infection on their leg which was not addressed by the Assisted Living Facility (ALF).
2. The ALF were not providing updates or communications about the NR's conditions.
3. The NR had bruises in their left eyebrow, right arm and on their back.
4. The NR had a broken teeth on their upper front.

Investigation Methods:

Sample:	Total residents: 32 Resident sample size: 3 Closed records sample size: 1
Observations:	Identified resident Residents Activities Dining Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents Family members
Record Reviews:	Incident investigation Facility policies care plans assessments progress notes. Email from POA- Photos and AVS Medical records MAR

Investigation Summary:

1. The ALF failed to provide an intermittent nursing service to the NR who had a wound from a minor surgery and whose wound tested positive with a bacterial infection. The wound care was done by an unqualified and a non Licensed Nurse. Failed practice was identified. A citation was issued for non compliance with WAC 388-78A-2310 (1) (2) (b). Intermittent Nursing Service.
2. The ALF staff would call residents' families as needed. The ALF did not call and inform a NR's family when the NR's blood sugar dropped. The ALF staff had an in-service reinforcing the importance of communicating and notification of families regarding incidents and residents conditions per family preference and as necessary.
3. The ALF investigated the incident but was not able to substantiate the cause of the bruising. The ALF had an in-service with their care staff reinforcing notifying their supervisor and the License nurse for any observed skin issues.
4. The Assisted Living Facility (ALF) investigated the incident. The NR was visited by the ALF's visiting dentist and found the teeth were complete. No failed practice identified.

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 # 57717
Plan of Correction	THE COTTAGES AT MILL CREEK	Completion Date
Page 1 of 4	Licensee: MILL CREEK SPECIAL CARE COMMUNITY LLC	05/14/2025

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 04/01/2025 and 05/09/2025 of:

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

This document references the following complaint number(s): 171936

The following sample was selected for review during the unannounced on-site visit: 3 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 Z
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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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.

Anthony Dewitt — Residential Care Services

5/20/2025 — 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.

Beryl Muriuki — Administrator (or Representative)

5/22/2025 — Date

WAC 388-78A-2310 Intermittent nursing services.

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(b) Administration of health treatments;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to provide an intermittent nursing service for 1 of 3 Residents (Resident 1) who required wound care. This failure resulted to an unqualified care staff performing wound care and placed all residents at risk of harm and infection.

Findings included...

Review of current ALF policy titled "Wounds- Skin Integrity" dated 10/07/2020 showed staff were to monitor and report any indication of altered skin integrity to Licensed Nurse (LN) for evaluation when providing hands-on activities of daily living. The policy showed LN were to complete ongoing wound rounds on residents with wounds/compromised skin integrity no less than one time per week until resolved. Results would be documented in resident records.

Review of the ALF's Disclosure of Services dated 03/2017 showed the ALF would provide intermittent nursing service included Administration of health care treatments.

Review of an After-Visit-Summary (AVS) dated 02/20/2025 showed Resident 1 tested positive for methicillin resistant staphylococcus aureus (MRSA), a wound, or skin and soft tissue infection, often appears as a red, swollen, and painful bump or area that may look like a pimple, boil, or spider bite caused by a type of staphylococcus bacteria that's become resistant to many of the antibiotics used to treat ordinary staph infections. The AVS showed an order for a daily dressing change for two weeks, clean the wound with soap and water, apply topical antibiotic, cover with nonstick dressing and secure with a Coban (a trade name for a type of self-adherent elastic wrap, commonly used for securing dressings, providing compression, or immobilizing injuries).

Review of Progress notes dated 02/20/2025 showed Resident 1 had an abscess on their left lower leg with an order for wound dressing for two weeks. The order showed to clean the wound with soap and water, apply a thin layer of topical antibiotic to the wound base, and cover and with Coban. The record showed no notes related to wound care, and weekly wound rounds. The notes showed no wound assessment by the LN from 02/20/2025 until 03/18/2025 required by ALF's policy.

Review of MAR showed dressing changes were signed as completed by the Medication Technicians from 02/20/2025 to 03/29/2025.

On 04/01/2025 at 2:24 PM, Staff B, Resident Care Coordinator, stated that Resident 1 returned to the ALF on 02/20/2025 with a prescription for wound dressing. Staff B stated that that they treated the wound twice by cleansing it with soap and water, applied saline, placed gauze, used antibiotic cream, and then covered the wound. Staff B stated that they did not notify the LN.

Review of Staff B's Department of Health credential verification dated 03/06/2025 showed Staff B holds a Nursing Assistant Certification.

On 05/13/2025 at 4:02 PM, Staff G, Regional Nurse delegator, stated that they would not delegate wound care to their Medication Technicians when it involved a sterile procedure. Staff G stated that Staff B should not have done wound care because Resident 1's wound involved a sterile procedure because of the active MRSA infection.

On 5/14/2025 at 9:20 AM, Staff F, a Regional Nurse, stated that they assisted the ALF from January 2025 to March 2025 when their new LN started. Staff F stated that they were not informed by the ALF's Resident Care Coordinator (RCC) about Resident 1's [redacted] diagnosis or the associated wound care order. Staff F stated that in this situation, home health could have managed the wound care, or they could have assessed whether they were equipped to provide the necessary care for Resident 1 given the MRSA infection. Staff F also indicated that the RCC and the Medication Technicians were not permitted to administer wound care in such cases.

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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) 07/04/2025 .

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

Administrator (or Representative) Beryl muriuki Date 5/22/2025