



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Aegis Senior Communities LLC
AEGIS OF MADISON
2200 E Madison St
Seattle, WA 98112

RE: AEGIS OF MADISON License # 2241

Dear Administrator:

This letter addresses Compliance Determination(s) 54986 (Completion Date 02/20/2025) and 51795 (Completion Date 01/15/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/20/2025 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-2240

The Department staff who did the on-site verification:
Cathy Prentice, Complaint Investigator

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



Residential Care Services Investigation Summary Report

Provider/Facility: AEGIS OF MADISON

Provider Type: Assisted Living Facility

License/Cert.#: 2241

Compliance Determination #: 51795

Intake ID: 158272

Investigator: Cathy Prentice

Region/Unit #: RCS Region 2 / Unit J

Investigation Date(s): 12/16/2024 through 01/15/2025

Complainant Contact Date(s): 01/16/2025, 12/09/2024

Allegation(s):

1. The Named Resident (NR) 1 ran out of medication Entresto due to facility failed to get refill one week prior and had to get emergency refill. NR 1 was out of medication for 2 days, last given 12/03/2024. Fax from facility on 12/06/2024 for emergency refill. 2. NR 2 ran out of magnesium medication on 11/21/2024 and had critical lab result on 11/27/2024 after missing a week of medication. 3. The facility did not note the medications had run out until after they ran out and had not requested refills 7 days prior to running out per VA policy so the NR's had to pay out of pocket to facility pharmacy for the emergency refills instead of getting the meds for free from VA like they have been doing for years.

Investigation Methods:

Sample:	Total residents: 89 Resident sample size: 4 Closed records sample size: 0
Observations:	Named Resident (NR); delivery of care and services; staff interactions with residents; residents' appearance; environment.
Interviews:	Named Resident, other residents, staff, administration, collateral contacts.
Record Reviews:	Resident care records, Assessment, Negotiated Service Agreement (NSA), investigations, grievances, facility policies, other pertinent records.

Investigation Summary:

1. The facility failed to ensure Named Resident 1 had medications available, which resulted in missed medications and placed NR 1 at risk for health issues. 2. The facility failed to ensure Named Resident 2 had medications available, which resulted in missed medications and placed NR 2 at risk for health issues. 3. The facility stated they reimbursed any cost incurred by the NR's when medications had to be obtained at their cost. See Statement of Deficiencies dated 1/15/2025.

Conclusion / Action:

- ☒ 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 #: 2241	Compliance Determination # 51795
Plan of Correction	AEGIS OF MADISON	Completion Date
Page 1 of 4	Licensee: Aegis Senior Communities LLC	01/15/2025

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 12/16/2024 and 12/16/2024 of:

AEGIS OF MADISON
2200 E Madison St
Seattle, WA 98112

This document references the following complaint number(s): 158542, 158356, 158272

The following sample was selected for review during the unannounced on-site visit: 4 of 89 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Cathy Prentice, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.


Residential Care Services

1/16/2025

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.

This document was prepared by Residential Care Services for the Locator website.

Administrator (or Representative)

Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 2 of 4 sampled residents (Resident 1 and 2) had prescribed medications available in the facility. This failure placed Resident 1 at risk for health issues, and may have contributed to Resident 2 having critical low magnesium blood levels.

Findings included...

Review of the ALF's Medication Not Available Policy, dated 04/18/2015, showed there would be a system in place to eliminate situations in which residents do not have prescribed medications available. The Medication Care Manager (MCM) was responsible for taking action when the ALF gives the last dose of a medication and did not see a replacement on site for the next dose.

RESIDENT 1

NOTE: According to Medlineplus.gov, Entresto is a combination of valsartan and sacubitril that was usually used in combination with other medications to lower the risk of death and hospitalization in adults with certain types of heart failure. Entresto should be taken exactly as directed.

NOTE: According to Medlineplus.gov, Eplerenone is used alone or in combination with other medications to treat high blood pressure. High blood pressure is a common condition and when not treated, can cause damage to the brain, heart, blood vessels, kidneys and other parts of the body. Damage to these organs may cause heart disease, a heart attack, heart failure, stroke, kidney failure, loss of vision, and other problems. Take eplerenone exactly as directed.

Record review of a Face Sheet, showed the ALF admitted Resident 1 on [REDACTED] /2023 with diagnoses of [REDACTED] ([REDACTED]),

[REDACTED] ([REDACTED]).

Review of an Individualized Service Plan (ISP- equivalent to Individualized Negotiated Service Agreement), dated 05/08/2023, showed the ALF managed and assisted with Resident 1's medications supplied by a non-preferred pharmacy. The ISP showed staff would order emergency supply from community preferred pharmacy if medication was not delivered in a timely manner from an outside pharmacy.

Review of the Medication Administration Record (MAR) for December 2024, showed Resident 1 did not receive the physician's prescribed, twice per day, Entresto on eight occasions due to the medication not being available. Resident 1 did not receive the physician's prescribed, daily Eplerenone on six occasions due to medication not being available.

In an interview, on 12/16/2024 at 11:14 AM, Staff A (Health Services Director/Nurse) stated Resident 1's medications should have been re-ordered so that there would be no missed doses.

RESIDENT 2

NOTE: According to Medlineplus.gov, magnesium is an element your body you need to function normally. Take magnesium oxide exactly as directed. Do not take more or less of it or take it more often than prescribed by your doctor. The body needs magnesium to help your muscles, nerves, and heart work properly.

NOTE: According to Medlineplus.gov, triamcinolone topical is used to treat the itching, redness, dryness, crusting, scaling, inflammation, and discomfort of various skin conditions. Use triamcinolone exactly as directed.

Record review of a Face Sheet, showed the ALF admitted Resident 2 on [REDACTED]/2023 with multiple diagnoses including a [REDACTED].

Review of an ISP, dated 06/18/2024, showed the ALF managed and assisted with Resident 2's medications supplied by a non-preferred pharmacy. The ISP showed staff would order emergency supply from community preferred pharmacy if medication was not delivered in a timely manner from an outside pharmacy. The ISP showed staff would administer topical medication to clean skin routinely.

Review of Resident 2's MAR for November 2024, showed Resident 2 did not receive physician's prescribed, daily magnesium oxide on seven occasions due to medication not being available. Resident 2 did not receive physician's prescribed, triamcinolone topical cream 0.5% on seven occasions due to medication not being available.

Review of a note by the Primary Care Provider (PCP), dated 11/27/2024, showed Resident 2 had a severe low magnesium blood level lab result which placed them at

Statement of Deficiencies	License #: 2241	Compliance Determination # 51795
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increased risk for seizure or heart issues.

In an interview, on 12/09/2024 at 4:00PM, Collateral Contact 1 (CC1 – Resident 2's PCP) stated after the critical low magnesium blood result was reviewed, CC1 found out from the ALF Resident 1 had not received the prescribed magnesium supplement for multiple days in November due to medication being unavailable.

In an interview, on 12/16/2024 at 12:25 PM, Staff B (Nurse) stated they should not have run out of medications for Resident 1 and Resident 2.

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, AEGIS OF MADISON is or will be in compliance with this law and / or regulation on (Date) 2/6/25.

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


Administrator (or Representative)

1/16/25
Date

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increased risk for seizure or heart issues.

In an interview, on 12/09/2024 at 4:00PM, Collateral Contact 1 (CC1 – Resident 2's PCP) stated after the critical low magnesium blood result was reviewed, CC1 found out from the ALF Resident 1 had not received the prescribed magnesium supplement for multiple days in November due to medication being unavailable.

In an interview, on 12/16/2024 at 12:25 PM, Staff B (Nurse) stated they should not have run out of medications for Resident 1 and Resident 2.

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, AEGIS OF MADISON 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