



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Edgewood Special Care Community LLC
The Cottages at Edgewood
2510 Meridian Ave E
Edgewood, WA 98371

RE: The Cottages at Edgewood License # 2360

Dear Administrator:

This letter addresses Compliance Determination(s) 41229 (Completion Date 05/29/2024) and 37975 (Completion Date 03/27/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/29/2024 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-2630-1-a

The Department staff who did the on-site verification:
Nareet Bajwa, NCI-ALF Complaint Investigator

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

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



Residential Care Services Investigation Summary Report

Provider/Facility: The Cottages at Edgewood **Provider Type:** Assisted Living Facility

License/Cert. #: 2360

Intake ID: 121563

Compliance Determination #: 37975

Region/Unit #: RCS Region 3 / Unit D

Investigator: Nareet Bajwa

Investigation Date(s): 03/08/2024 through 03/27/2024

Complainant Contact Date(s):

Allegation(s):

AV being verbally abused by AP.

Investigation Methods:

Sample:	Total residents: Resident sample size: 1 Closed records sample size:
Observations:	General environment Residents in their rooms Staff-to-resident interactions Resident-to-resident interactions Resident behaviors Care equipment
Interviews:	staff DNS house manager
Record Reviews:	Resident Characteristic Roster Staff records Staff progress notes Incident log / reports, Facility P & P In-service education

Investigation Summary:

Per record review, interviews with staff, Facility failed to call law enforcement and Complaint Resolution Unit (CRU) hotline as a mandatory reporter for resident on an incident of verbal abuse. Failed facility practice identified. See Statement of Deficiency dated 03/27/2024.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

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☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A



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Statement of Deficiencies	License #: 2360	Compliance Determination # 37975
Plan of Correction	The Cottages at Edgewood	Completion Date
Page 1 of 3	Licensee: Edgewood Special Care Community LLC	03/27/2024

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 03/08/2024 and 03/08/2024 of:

The Cottages at Edgewood
2510 Meridian Ave E
Edgewood, WA 98371

This document references the following complaint number(s): 121563

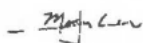
The following sample was selected for review during the unannounced on-site visit: 1 of 0 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Nareet Bajwa, NCI-ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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

03/28/2024

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.

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Statement of Deficiencies

License #: 2360

Compliance Determination # 37975

Plan of Correction

The Cottages at Edgewood

Completion Date

Page 2 of 3

Licensee: Edgewood Special Care Community LLC

03/27/2024



Administrator (or Representative)

4.2.2024

Date

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to call law enforcement and Complaint Resolution Unit (CRU) hotline as a mandatory reporter for 1 of 1 sampled resident (Resident 1 [R1]) on an incident of verbal abuse. This failure placed all 47 residents in the ALF at risk for potential abuse.

Findings included...

Record review of the Abuse, Neglect & Exploitation Policy - Last Revised 09/28/2020 stated, "Reporting/Notifications: Staff Responsibilities. (1) It is the responsibility of each staff member to immediately contact the department hotline regarding suspected or alleged abuse, neglect, or exploitation. (2) Any staff member to witness, receive report, suspect, or become aware of abuse, neglect, abandonment, exploitation, sexual, or physical assault of a resident is responsible for notifying Director of Nursing as well as reporting directly to the State Hotline as soon as possible once they have ensured that all residents are safe but no later than the end of shift."

During an interview on 03/27/2024 at 4:31pm, Staff C, Caregiver, stated that R1 was verbally abused by Staff D, Caregiver. Staff C stated that she reported the incident to Staff A, Director of Nursing. Staff C was asked if she knew what mandatory reporting was. Staff C stated that at the time of incident she did not know but now she knows about online reporting. Staff C stated that facility posted the reporting information everywhere in the building.

During an interview on 03/08/2024 at 2:20pm, Staff B, House Manager, stated that her assumption of reporting abuse incident is to report to the supervisor and then supervisor reports to the state hotline. Staff B stated that staff C witnessed incident and reported to Staff A. Staff B stated that state reporting was done by Staff A.

During an interview on 03/08/2024 at 1:52pm, Staff A stated that Staff C reported her the

Statement of Deficiencies

License #: 2360

Compliance Determination # 37975

Plan of Correction

The Cottages at Edgewood

Completion Date

Page 3 of 3

Licensee: Edgewood Special Care Community LLC

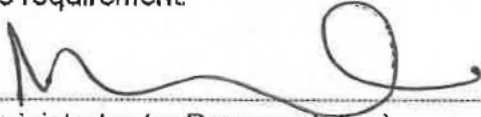
03/27/2024

incident. Staff A stated that as soon as she was notified about the incident, she started an investigation, removed staff D from the floor and notified the state, Executive Director, family/POA (Power of Attorney), and doctor. Staff A stated that Staff D was terminated. Staff A was asked if Staff C reported to the state hotline. Staff A stated that Staff C reported to her but not the state hotline. Staff A stated that she reported to state.

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 Edgewood is or will be in compliance with this law and / or regulation on (Date) 05-07-2024

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



Administrator (or Representative)

4.2.2024

Date

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Plan of Correction

Agency Name: Cottages at Edgewood	Citation Date 3.27.2024
Submitted by: Marissa Canada Executive Director	Date of POC Submission
	4.2.2024
☒ Complaint Citation ☐ Certification Citation	

Citation: (list WAC) WAC 388-78A-2630	
	Reporting Abuse and Neglect
How will you apply the correction to all clients you support?	Mandatory reporting signs are posted throughout the community. During new hire paperwork Mandatory reporting training is completed and signed off on by each staff member. DNS and RCC along with Executive Director will include reminder training at each monthly meeting to ensure staff understand ongoing of their requirements to report.
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	Marissa Canada Executive Director, [REDACTED] LPN, Kelly Foster RCC
Date by which lasting correction will be achieved	5/8.2024
Additional Information	SOD received on 3.28.2024

Submit to RCS within 10 calendar days of receipt of letter to

Jody Just, Field Manager

Residential Care Services

Region 3, Unit D

PO Box 99250

Lakewood, WA 98496

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