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

Sunrise Senior Living Management Inc
Sunrise of Redmond
15241 NE 20TH ST
BELLEVUE, WA 98007

RE: Sunrise of Redmond License # 2464

Dear Administrator:

This letter addresses Compliance Determination(s) 32011 (Completion Date 11/02/2023) and 28958 (Completion Date 09/01/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/02/2023 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-2320-3-a, WAC 388-78A-2320-3-b, WAC 388-78A-2320-3-c, WAC 388-78A-2320-3-d, WAC 388-78A-2320-3-e, WAC 388-78A-2320-3

The Department staff who did the on-site verification:
Thomas Forkgen, ALF Licensor

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

Sincerely,

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Sunrise of Redmond
Provider Type: Assisted Living Facility
License/Cert.#: 2464
Compliance Determination #: 28958
Intake ID: 96375
Investigator: Thomas Forkgen
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 08/30/2023 through 09/01/2023
Complainant Contact Date(s):

Allegation(s):
Nurse delegation not done correctly for staff delegated to administer insulin.

Investigation Methods:

Sample:	Total residents: 67 Resident sample size: 1 Closed records sample size: 0
Observations:	Observed staff interacting with residents. Observed staff dispensing medications
Interviews:	Interviewed sampled resident who is a insulin dependent diabetic. Interviewed the Executive Director (administrator of record) and Health Services Director, Registered Nurse Delegator (RND).
Record Reviews:	Reviewed nurse delegation paper work.

Investigation Summary:
Facility RND did not do the follow-up visits required after a staff member received initial delegation for insulin administration. There were no records to show the visits occurred weekly, for four weeks after initial delegation. During an interview the RND confirmed there were no documents for the follow-up visits and they were unaware of the requirement. RND also admitted they did not observed the initial delegation administration of insulin. RND did not realize it was required. Facility was citied for failed practice.

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

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 08/30/2023 and 08/30/2023 of:

Sunrise of Redmond
15241 NE 20TH ST
BELLEVUE, WA 98007

This document references the following complaint number(s): 96375

The following sample was selected for review during the unannounced on-site visit: 1 of 67 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Thomas Forkgen, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

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

WAC 388-78A-2320 Intermittent nursing services systems.

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(a) Chapter 18.79 RCW, Nursing care;

(b) Chapter 18.88A RCW, Nursing assistants;

(c) Chapter 246-840 WAC, Practical and registered nursing;

(d) Chapter 246-841 WAC, Nursing assistants; and

(e) Chapter 246-888 WAC, Medication assistance.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure that 1 of 1 resident (Resident 6) received proper nurse delegation services from staff that completed full diabetic nurse delegation training. This failure placed Resident 6 at risk of improper insulin administration and potential for compromised health.

Findings included…

Review of the facility's Nurse Delegation binder showed a Department of Social and Health Services (DSHS) delegation form titled "Nurse Delegation: Nursing Visit", dated 07/24/2023, for Resident 6. Review of the forms showed that on 07/24/2023, seven staff were delegated to administer insulin for Resident 6.

Review of Washington Administrative Code (WAC) 388-78A-2020 "Definitions" showed "'Document' means to record, with signature, title, date, and time: information about medication administration, medication assistance or nursing care procedure, and processes that are required by law, rule, or policy".

Review of the facility's undated document titled "Assisted Living Resident Characteristics Roster" showed that the facility admitted Resident 6 in [redacted] 2023. The document showed Resident 6 was an insulin dependent diabetic.

Review of the facility's Nurse Delegation binder contained DSHS delegation forms "Nurse Delegation: Nursing Visit" forms for Resident 6. The forms were used to document the nurse delegation for insulin administration. Review of form dated 07/24/2023 showed no documentation or other forms of verification by the facility's RND, Staff B, Registered Nurse, Resident Care Director, that the seven staff delegated to administer insulin to Resident 6 were observed or supervised when insulin was administered. There was no

documentation that Staff B completed weekly performance evaluations of the seven staff for the first four weeks after the initial delegation, as required.

Review of Resident 6's August 2023 electronic Medication Administration Record (eMAR) showed an order for sliding scale insulin (Lispro- type of insulin) three times a day before meals. The eMAR showed that Staff W, Medication Manager (unlicensed staff who dispense and administer medications), administered the 4:30 PM insulin on four different Saturdays. Further review showed that on 08/17/2023, Staff X, Medication Manager, administered Resident 6's 4:30 PM insulin.

During an interview on 08/30/2023 at 2:45 PM, Staff B stated that most of the Medication Technicians (Med Tech) were trained and delegated during an in-service on 07/24/2023. Staff B stated that Staff W was trained at another facility. Staff B stated that they did not observe Staff W for Resident 6's initial insulin administration delegation visit. Staff B stated that another nurse performed the observation. Staff B was unsure if there was any documentation that showed another nurse observed and supervised Staff W for insulin administration with any resident. Staff B stated that Staff W was the only Med Tech who administered insulin to Resident 6. Staff B also stated that they were unaware of requirement for four weeks of weekly supervision for newly insulin delegated staff. Staff B was unaware the supervision needed to be with each resident who received insulin delegation services.

During an interview on 08/30/2023 at 3:34 PM, Staff B stated that on 07/24/2023 they completed a training with the Medication Managers. Staff B stated that the training included observation of each Medication Manager performing a return demonstration. Staff B acknowledged that the return demonstration was not done with a resident or the resident who received the nurse delegation service. Staff A, Executive Director, and Staff B stated that they reviewed the 388-78A WACs. Staff A and Staff B stated that they did not find any language or regulation that stipulated four visits were required for the delegation of insulin and that direct observation by the RND was required. Staff A stated that they also consulted with the Washington Health Care Association and reviewed the DSHS website for information on nurse delegation. Staff A stated that these consultations provided no clear information about the required four weekly visits and observation of return demonstrations. Staff A and Staff B both stated they were unaware of WAC 246-840-930 regulations tied in with the 388-78A-2320 WAC.

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, Sunrise of Redmond 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