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

PSL Associates, LLC
Gig Harbor Court, Independent Living & Assisted Living
3213 45th Street Ct NW
Gig Harbor, WA 98335

RE: Gig Harbor Court, Independent Living & Assisted Living License # 2477

Dear Administrator:

This letter addresses Compliance Determination(s) 45517 (Completion Date 08/12/2024) and 42116 (Completion Date 06/11/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/12/2024 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-2600-2-I, WAC 388-78A-2371-1, WAC 388-78A-2371-3, WAC 388-78A-2371-2

The Department staff who did the on-site verification:
Susan Carmichael, Nursing Consultant Institutional
Kathy Heinz, Long Term Care Surveyor

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit D
Residential Care Services

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

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 the unannounced on-site full inspection on 06/03/2024, 06/03/2024, 06/04/2024, 06/05/2024, 06/06/2024 and 06/06/2024 of:

Gig Harbor Court, Independent Living & Assisted Living
3213 45th Street Ct NW
Gig Harbor, WA 98335

The following sample was selected for review during the unannounced on-site visit: 11 of 56 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Susan Carmichael, Nursing Consultant Institutional
Kathy Heinz, Long Term Care Surveyor

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

06/12/2024
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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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 _____ 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) 6/18/24 Date

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(i) To manage residents' medications, consistent with WAC 388-78A-2210 through 388-78A-2290, sending medications with a resident when the resident leaves the premises;

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to implement their policy on "Medication Administration and Assistance" for 1 of 10 sampled residents (Resident 4 [R4]). This failure resulted in a resident going without a prescribe pain medication and an unqualified staff placing his medications into envelopes.

Findings included. .

Review of the facility policy titled "Medication Administration/Assistance" dated 08/28/2021 showed, under the section titled "Signing out Medications for Family/Resident leave", a resident can take their medication with them, and a licensed nurse can place the resident's medications in envelopes and label them with the medication name, dose, time, and route.

Review of a medication administration record (MAR) for the month of May 2024 showed staff documented R4 was away from the facility on 05/13/2024 and 05/14/2024.

Review of a progress note dated 05/13/2024 showed R4 went home to stay with his wife and Staff B, Medication Technician, packed his medications for a few days.

Review of a progress note dated 05/15/2024 showed staff documented R4 returned to the facility and said he could no longer go home overnight because it was "hard to go without his pain medication."

R4 was interviewed on 06/06/2024 at 11:00 AM. R4 said staff put his medications in envelopes for him. Staff did not allow him to take his pain medication and he experienced a tremendous amount of pain while he was on leave.

Administrator (or Representative) Date

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(l) To manage residents' medications, consistent with WAC 388-78A-2210 through 388-78A-2290 ; sending medications with a resident when the resident leaves the premises;

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to implement their policy on “Medication Administration and Assistance” for 1 of 10 sampled residents (Resident 4 [R4]). This failure resulted in a resident going without a prescribe pain medication and an unqualified staff placing his medications into envelopes.

Findings included…

Review of the facility policy titled “Medication Administration/Assistance” dated 08/26/2021 showed, under the section titled “Signing out Medications for Family/Resident leave”, a resident can take their medication with them, and a licensed nurse can place the resident’s medications in envelopes and label them with the medication name, dose, time, and route.

Review of a medication administration record (MAR) for the month of May 2024 showed staff documented R4 was away from the facility on 05/13/2024 and 05/14/2024.

Review of a progress note dated 05/13/2024 showed R4 went home to stay with his wife and Staff B, Medication Technician, packed his medications for a few days.

Review of a progress note dated 05/15/2024 showed staff documented R4 returned to the facility and said he could no longer go home overnight because it was “hard to go without his pain medication.”

R4 was interviewed on 06/06/2024 at 11:00 AM. R4 said staff put his medications in envelopes for him. Staff did not allow him to take his pain medication and he experienced a tremendous amount of pain while he was on leave.

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, Gig Harbor Court, Independent Living & Assisted Living is or will be in compliance with this law and / or regulation on (Date) 7/24/24 .

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

Administrator (or Representative) — Date 6/18/24

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to investigate resident reported falls for 1 of 10 sampled residents (Resident 4 [R4]). This resulted in a failure to investigate incidents that jeopardized health and safety, placed Resident 4 at risk for future occurrences.

Findings included...

Review of a progress note dated [redacted]2024 showed R4 was admitted to the facility with a diagnosis [redacted] and [redacted].

Review of progress notes dated [redacted]2024 showed R4 fell five days after he was admitted to the facility. R4 was sent to a local hospital via ambulance and returned to the community with new medication orders. There was no record of an investigation determining the circumstances of the fall.

Review of a progress note dated 04/23/2024 showed R4 alerted staff he had fallen and broke three ribs. R4 was transported to a local hospital and returned to the facility three days later. There was no record of an investigation determining the circumstances of the incident.

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, Gig Harbor Court, Independent Living & Assisted Living 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

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(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to investigate resident reported falls for 1 of 10 sampled residents (Resident 4 [R4]). This resulted in a failure to investigate incidents that jeopardized health and safety, placed Resident 4 at risk for future occurrences.

Findings included…

Review of a progress note dated [redacted]/2024 showed R4 was admitted to the facility with a diagnosis of [redacted] and [redacted].

Review of progress notes dated [redacted]/2024 showed R4 fell five days after he was admitted to the facility. R4 was sent to a local hospital via ambulance and returned to the community with new medication orders. There was no record of an investigation determining the circumstances of the fall.

Review of a progress note dated 04/23/2024 showed R4 alerted staff he had fallen and broke three ribs. R4 was transported to a local hospital and returned to the facility three days later. There was no record of an investigation determining the circumstances of the incident.

Statement of Deficiencies	License #: 2477	Compliance Determination # 42116
Plan of Correction	Gig Harbor Court, Independent Living & Assisted Living	Completion Date
Page 4 of 4	Licensee: PSL Associates, LLC	06/11/2024

Staff A , Administrator, was interviewed on 06/11/2024 at 11:00 AM. Staff A said there were no investigations for the falls on 03/15/2024 and 04/23/2024.

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, Gig Harbor Court, Independent Living & Assisted Living is or will be in compliance with this law and / or regulation on (Date) 7/24/24 .

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

Administrator (or Representative) — Date: 6/18/24

Staff A , Administrator, was interviewed on 06/11/2024 at 11:00 AM. Staff A said there were no investigations for the falls on 03/15/2024 and 04/23/2024.

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, Gig Harbor Court, Independent Living & Assisted Living 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

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

PSL Associates, LLC
Gig Harbor Court, Independent Living & Assisted Living
3213 45th Street Ct NW
Gig Harbor, WA 98335

RE: Gig Harbor Court, Independent Living & Assisted Living # 2477

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 06/11/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Manfay Chan, Field Manager
Residential Care Services
Region 3, Unit D
PO Box 99250

Lakewood, WA 98496

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(4) Take appropriate action in response to each resident's changing needs.

Resident 3 was prescribed thickened liquids and soft foods following a hospitalization. Resident 3 did not want to follow the prescribed diet. Twenty-three days after the hospitalization, the facility asked the physician to review the diet order and advise. The physician changed the diet order per the resident's request.

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

Resident 5's bed was observed on 06/05/2024 with a metal side rail, a medical device, on each side of the upper part of the mattress. Facility staff was unaware when the side rails were attached to the bed without facility staff's knowledge. An assessment was conducted that day for the safe use of the side rails, and the side rails were added to Resident 5's negotiated service agreement which was signed by Resident 5's representative.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;

- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (253)442-3013.

Sincerely,

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

Enclosure