STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

PSL Associates, LLC
Cordata Court, Assisted Living & Memory Care
4415 Columbine Dr
Bellingham, WA 98226

RE: Cordata Court, Assisted Living & Memory Care License # 2481

Dear Administrator:

This letter addresses Compliance Determination(s) 42287 (Completion Date 06/06/2024) and 36897 (Completion Date 04/08/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/06/2024 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-2160

The Department staff who did the on-site verification:
Helen Fisher, Complaint Investigator

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Cordata Court, Assisted Living & Memory Care
License/Cert.#: 2481
Compliance Determination #: 36897
Investigator: Helen Fisher
Provider Type: Assisted Living Facility
Intake ID: 118031
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 02/08/2024 through 04/08/2024
Complainant Contact Date(s): 02/07/2024, 04/10/2024

Allegation(s):

The Assisted Living Facility (ALF) was administering Named Resident (NR's) medication without having their hearing aids in for 4 hours. Staff were marking off that the hearing aids were in NR's ears.

Investigation Methods:

Sample:	Total residents: 84 Resident sample size: 3 Closed records sample size: 0
Observations:	Other residents with hearing aids, appearance, living quarter, staff to resident interaction, social interaction, environment and general cleanliness.
Interviews:	Collateral contacts, NR, Health and Wellness Director, Medication Technician, Caregiver.
Record Reviews:	NR's electronic medication administration records (EMAR), Negotiated service agreement, progress notes.

Investigation Summary:

Staff were signing off the electronic medication administration record (EMAR) with or without them in the NR's ears. Agency staff were not aware of where the hearing aids were kept. The NR stated that they were terrified when their hearing aids were not on when they received their medications and when getting ready in the morning. There was no written order from the NR's physician on when to place and monitor the NR's hearing aids. The ALF added the hearing aid management on the EMAR dated 11/30/2023 to prevent them from getting misplaced. The EMAR dated January & February 2024 showed the NR's hearing aids were to be placed at 8:00 AM every morning though their medications were to be given at 7:00 AM. The EMAR was signed off at 8:00 AM and 10:00 AM though the NR did not have their hearing aids on. Failed practice. WAC 388-78A-2160 Implementation of service agreement.

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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Residential Care Services
Investigation Summary Report

Provider/Facility: Cordata Court, Assisted Living & Memory Care
License/Cert.#: 2481
Compliance Determination #: 36897
Investigator: Helen Fisher
Provider Type: Assisted Living Facility
Intake ID: 117637
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 02/08/2024 through 04/08/2024
Complainant Contact Date(s): 02/07/2024, 04/10/2024

Allegation(s):
The Assisted Living Facility (ALF) was not putting the Named Resident (NR's) hearing aids in before providing medications and care assistance.

Investigation Methods:

Sample:	Total residents: 84 Resident sample size: 3 Closed records sample size: 0
Observations:	Other residents with hearing aids, appearance, living quarter, staff to resident interaction, social interaction, environment and general cleanliness.
Interviews:	Collateral contacts, NR, Health and Wellness Director, Medication Technician, Caregiver.
Record Reviews:	NR's negotiated service agreement, medication administration record, progress notes.

Investigation Summary:
Interviews indicated that the NR's hearing aids were kept in the medication cart and were later moved to the Executive Director (ED's) office including all the NR's medication to be managed by nurses and some staff were not aware of the change. The staff stated that on one occasion they could not find the NR's hearing aids until the nurse went to look in the ED's office later in the morning. Staff were signing off the electronic medication administration record (EMAR) with or without them in the NR's ears. Agency staff were not aware of where the hearing aids were kept. The NR stated that they were terrified when their hearing aids were not on when they were given their medications and when helping him to get ready in the morning. The EMAR dated January & February 2024 showed the NR's hearing aids were to be placed at 8:00 AM every morning though their medications were to be given at 7:00 AM. The EMAR was signed off at 8:00 AM and 10:00 AM though the NR did not have their hearing aids on. Failed practice. WAC 388-78A-2160 Implementation of service agreement.

Conclusion / Action:

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

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 02/08/2024 and 02/08/2024 of:

Cordata Court, Assisted Living & Memory Care
4415 Columbine Dr
Bellingham, WA 98226

This document references the following complaint number(s): 117637, 118031

The following sample was selected for review during the unannounced on-site visit: 3 of 84 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Helen Fisher, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

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Administrator (or Representative) Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure 1 of 3 residents (Resident 1) received care as stated in the negotiated service agreement when Resident 1's hearing aids were not placed in Resident 1's ears before providing services. This failure resulted in Resident 1 not hearing what was said during care and placed all residents with hearing deficit at risk for not hearing when receiving care and unmet care needs.

Findings included…

Resident 1

Resident 1 was admitted to the ALF on [redacted]/2023 with multiple diagnoses including [redacted].

A negotiated service agreement dated 12/18/2023 showed Resident 1's needing assistance with hearing aids.

Review of electronic medication administration records (EMAR) dated January 2024 & February 2024 showed Resident 1's hearing aids to be placed at 8:00 AM and be removed at 8:00 PM by the medication technician.

Interview on 01/29/2024 at 10:50 AM, Resident 1 stated that the staff would often bring their medications and help them get ready without their hearing aids and was terrified when they were unable to hear what the staff were saying.

Interview on 01/29/2024 at 11:25 AM, CC, Collateral Contact stated that they received many calls from Resident 1 in a panic telling them that they did not have their hearing aids on after repeated request from the staff to bring them. CC stated that Resident 1 would call even though Resident 1 was unable to hear their response on the phone.

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Interview on 02/08/2024 at 1:58 PM, Staff B, Health and Wellness Director, stated that when they came back to the building all of Resident 1's medications and their hearing aids were removed and kept in the Executive Director's office and were told that nurses would manage them for Resident 1. Staff B stated that there were times Resident 1's hearing aids were put in later than what was written in the EMAR but staff were signing them off.

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, Cordata Court, Assisted Living & Memory Care 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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