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

Soundview Rehabilitation and Health Care Inc
Rosario Assisted Living
1105 27th St
Anacortes, WA 98221

RE: Rosario Assisted Living License # 2528

Dear Administrator:

This letter addresses Compliance Determination(s) 61406 (Completion Date 06/23/2025) and 57392 (Completion Date 04/15/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/23/2025 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-2100

The Department staff who did the on-site verification:
Teresa Pederson-Tuley, Nursing Consultant Institutional

If you have any questions, please contact me at (253)281-1245.

Sincerely,

Anthony Devito, Field Services Administrator
Region 2, Unit Z
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Rosario Assisted Living

Provider Type: Assisted Living Facility

License/Cert.#: 2528

Intake ID: 173793

Compliance Determination #: 57392

Region/Unit #: RCS Region 2 / Unit A

Investigator: Teresa Pederson-Tuley

Investigation Date(s): 04/03/2025 through 04/15/2025

Complainant Contact Date(s): 04/03/2025

Allegation(s):

The Named Resident (NR) had a a swollen, bruised peri-area and a deep pressure ulcer on the coccyx.

Investigation Methods:

Sample:
Total residents: 66
Resident sample size: 5
Closed records sample size: 0

Observations:
Residents
Staff to resident interactions
Resident to resident interactions

Interviews:
Executive Director
Wellness Director
Director of Clinical Services
Community Relations Director
Care giver
Power of Attorney
Discharge Planner

Record Reviews:
Characteristics Roster
Staff List
Face Sheet
Pre-Admission Assessment
Service Plan
Physician Orders
INR visit notes
Home Health Visit Summaries
Facility Policies
Hospital Discharge Orders
Physician office visit summaries
Facility Staff Schedules
Facility Staff Back Ground Checks

Investigation Summary:

Upon admission at local hospital, the staff assessed a deep pressure wound on the coccyx and bruising/swelling of the NR peri-area. The Assisted Living Facility (ALF) was not aware of the coccyx wound or the peri-area bruising/swelling as no skin assessments had been completed by the ALF. Failed practice was identified. A citation was written for non-compliance with Washington Administrative Code (WAC) 388-78A-2100 WAC 388-78A-2100 On-going Assessments.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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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 04/03/2025 and 04/09/2025 of:

Rosario Assisted Living
1105 27th St
Anacortes, WA 98221

This document references the following complaint number(s): 173793

The following sample was selected for review during the unannounced on-site visit: 5 of 66 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Teresa Pederson-Tuley, Nursing Consultant Institutional
Jodi Condyles, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit Z
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-2100 Ongoing assessments.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a complete and accurate assessment was completed for 1 of 5 residents (Resident 1) with skin wounds. This failure resulted in Resident 1 being hospitalized due to sepsis and untreated wounds.

Findings included…

Resident 1 was admitted to the ALF on [redacted]/2025 with multiple diagnoses including [redacted] and [redacted].

Record review of the ALF's "Accepting and Retaining Residents" policy dated 12/19/2024, showed that the Community's ability to meet the resident needs shall be based upon a comprehensive pre-admission evaluation of the resident's physical, health and social needs including preferences and potential risks. In subsection "Admissions", the facility will schedule an in home and in person evaluation no more than 15 days and at least 5 days prior to a prospective move in date, unless circumstanced justify an "emergency" move in as defined in Washington State Administrative Code (WAC) 288-78A-2070.

Record review of the ALF's "Skin Care Management" Policy dated 12/19/2024, subsection titled "Skin Assessment", showed that a licensed nurse will perform a head-to-toe assessment upon admission. The resident will be routinely observed during

showers, toileting and dressing by a caregiver ongoing. Any redness or open areas, new bruising or tears will be reported to the Shift Supervisor or Wellness Director.

Record review of the ALF's "Pre-Admission Assessment Worksheet" completed by the Staff C (Director of Clinical Services) on 02/26/2025, showed no visual skin assessment was completed or history of skin related issues documented.

Record review of Resident 1's "Person Centered Assessment and Service Plan" dated [redacted]/2025, showed Resident 1 required care staff assistance with toileting including peri-care and use of incontinent products. Resident 1 was to receive standby assistance with showers twice a week. Stand by assistance included washing the skin surfaces Resident 1 could not reach and ensured the residents' skin folds were completely dry. The only wound identified was on the bottom of the left foot.

Record review of Resident 1's progress notes dated 03/05/2025, showed Resident 1 visited their physician on 03/04/2025 who ordered Triad Ointment for skin lesions of the sacrum and groin. Resident 1 was placed on alert charting from 03/05/2025 through 03/09/2025 for on-going redness and irritation of the groin. On 03/09/2025 Resident 1 continued to have vaginal redness with symptoms of a yeast infection. From 03/09/2025 through Resident 1's admission to Island Hospital on [redacted]/2025, there was no documentation of the vaginal redness, signs of a yeast infection or notification of change in Resident 1's condition to the primary care physician.

On 04/09/2025 at 2:30 PM, Staff A (Executive Director) stated that the pre-admission assessment was completed at Island Hospital. Other than bruising at the IV sites, there were no concerns noted on Resident 1's skin. The assessment was completed with the discharge orders from the hospital, the resident and the residents' Power of Attorney (POA).

On 04/09/2025 at 2:39 PM, Staff B (Wellness Director) stated that on 02/26/2025 the ALF didn't have a facility nurse to complete the assessment. They contacted Staff C to complete the assessment while Resident 1 remained at Island hospital. Staff B stated the assessment used wasn't the regular document as assessments were routinely completed in electronic records. Staff B stated that they didn't realize that Resident 1 had reddened areas on their abdominal folds, vaginal redness or hemorrhoids.

On 04/09/2025 at 3:00 PM, Staff E (Nursing Assistant) stated that on 03/29/2025 during the PM shift, they assisted with taking Resident 1 into the bathing room, collected bathing supplies, turned on the water, then sat in a chair waiting for Resident 1 to ask for assistance with showering. Staff E stated that they saw small amounts of blood on the washcloth after Resident 1 had washed their peri area. Staff E stated that they had not looked at Resident 1's back and were not aware of any additional wounds. Staff E

stated that they told the Medication Technician about the blood on the washcloth, but didn't document on the shower sheet.

On 04/09/2025 at 7:10 PM, Collateral Contact (CC1) stated that the ALF had a nurse from outside the area and the marketing person complete the pre-admission assessment at the hospital. CC1 stated that the nurse said she was not familiar with the assessment document she was filling out and asked the marketing person for assistance with completing it. CC1 stated that the nurse did not ask about chronic issues. CC1 stated that they were never told about any skin issues or a wound and only discovered them when Resident 1 was admitted to the hospital on [redacted]/2025.

On 04/15/2025 at 11:23 AM, Staff D (Community Relations Director) stated that they accompanied Staff C to Island Hospital Emergency Department to complete a pre-admission assessment. Staff D stated that the son and daughter were present in the room and a visual skin assessment was completed of Resident 1's legs but not of any other skin surfaces.

On 04/15/2025 at 12:59 PM, Staff B stated that an updated assessment and negotiated service plan had not been completed by the ALF.

On 04/15/2025 at 1:20 PM, Staff C stated that they were the regional nurse, and the pre-assessment was something they normally completed. Staff C stated that they went ahead and completed the assessment, taking notes as the son, daughter, and resident provided additional information. Staff C stated that the resident was larger in size and a visual skin assessment. Staff C stated that they believe the full skin assessment was completed once the resident admitted to the ALF.

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, Rosario 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