STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Pacifica Kenmore LLC
Kenmore Senior Living
7221 NE 182nd St
Kenmore, WA 98028

RE: Kenmore Senior Living License # 2566

Dear Administrator:

This letter addresses Compliance Determination(s) 31088 (Completion Date 10/13/2023) and 28588 (Completion Date 09/07/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/13/2023 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-2980-1, WAC 388-78A-2980-3

The Department staff who did the on-site verification:
Michelle Mcglon, Nursing Consultant Institutional

If you have any questions, please contact me at (425)670-6070.

Sincerely,

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Kenmore Senior Living
Provider Type: Assisted Living Facility
License/Cert.#: 2566
Compliance Determination #: 28588
Intake ID: 94718
Investigator: Michelle Mcglon
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 08/24/2023 through 09/07/2023
Complainant Contact Date(s):

Allegation(s):

1. The Named Resident (NR) had a fall in their apartment during a power outage at the Assisted Living Facility (ALF), resulting in an injury.
2. The ALF had no emergency lighting in the hallways or common areas.
3. The ALF had nothing in place to assist residents requiring continous oxygen therapy.

Investigation Methods:

Sample:	Total residents: 84 Resident sample size: 4 Closed records sample size: 0
Observations:	Oxygen Room Identified resident Resident rooms Staff to resident interactions
Interviews:	Maintenance staff Nursing staff Residents
Record Reviews:	Resident Records Incident Reports

Investigation Summary:

1. Interview and record review showed the NR had a fall in their apartment and sustained an injury during a power outage. The ALF failed to ensure residents had emergency lighting in their apartment.
2. Observation showed the emergency lighting in the hallways and common areas were functioning.
3. In an interview the Resident Service Director stated that all residents on oxygen were independent in managing oxygen therapy. The RSD stated that the ALF staff did not provide assistance with managing oxygen.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Kenmore Senior Living
Provider Type: Assisted Living Facility
License/Cert.#: 2566
Compliance Determination #: 28588
Intake ID: 93604
Investigator: Michelle Mcglon
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 08/24/2023 through 09/07/2023
Complainant Contact Date(s):

Allegation(s):

1. The Named Resident (NR) had a fall in their apartment during a power outage at the Assisted Living Facility (ALF), resulting in an injury.

Investigation Methods:

Sample:	Total residents: 84 Resident sample size: 4 Closed records sample size: 0
Observations:	Identified resident Resident rooms Residents
Interviews:	Residents Family members Nursing staff
Record Reviews:	Resident Records Incident Reports

Investigation Summary:

1. Observation, interview, and record review showed the ALF failed to provide emergency lighting in the NR's apartment. This failure may have contributed to the NR's fall and injury. Interview and record review showed the ALF found the resident on the floor and called 911. Observation showed the NR had no emergency lighting in their apartment. In an interview, the Executive Director stated that the ALF were working to place emergency lighting in all resident apartments.

Conclusion / Action:

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

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 08/24/2023, 08/24/2023 and 08/24/2023 of:

Kenmore Senior Living
7221 NE 182nd St
Kenmore, WA 98028

This document references the following complaint number(s): 94718, 94525, 93218, 93604

The following sample was selected for review during the unannounced on-site visit: 4 of 84 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Michelle Mcglon, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Jamie Singer
Residential Care Services

9/11/2023
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-2980 Lighting.

(1) The assisted living facility must provide emergency lighting in residents units, dining and activity rooms, laundry rooms, and other spaces where residents may be at the time of a power outage.

(3) The assisted living facility must provide enough lighting in each resident's room to meet the resident's needs, preferences and choices.

This requirement was not met as evidenced by:

Based on observations, interviews and record review, the Assisted Living Facility (ALF) failed to provide emergency lighting in individual resident apartments for 2 of 3 sampled residents (Resident 1 and 2). This failure may have contributed to Resident 1 having a fall during a power outage and placed Resident 2 at risk of harm.

Findings included…

Record review of an undated Face sheet showed the ALF admitted Resident 1 on [redacted]/2022 with multiple medical diagnoses. Review of a Needs and Services Plan (NSP equivalent to a Negotiated Services Agreement), dated 8/14/2023, showed interventions for Resident 1 included maintaining adequate lighting to and within all restrooms.

Record review of an Unusual Incident Report (UIR), dated 08/12/2023 at 9:10 PM, showed the facility had a complete power outage on 8/12/2023. The UIR documented that during that power outage. Resident 1 had a fall while walking to the bathroom. The UIR showed that when Resident 1 was found on the ground she stated, “who turned off the lights I cannot see anything.” The fall resulted in Resident 1 sustaining a laceration (cut) that required emergency medical attention.

Record review of an undated Face sheet showed the ALF admitted Resident 2 on [redacted]/2022 with multiple medical diagnoses.

Observation of Resident 1’s apartment with Staff B (Maintenance Director), on 08/24/2023 at 2:18 PM, showed no emergency lighting system was in place. On 08/24/2023 at 3:00 PM, observation of Resident 2’s apartment showed no emergency lighting system was in place.

In an interview, on 08/24/2023 at 2:20 PM, Staff B stated that the ALF had renovated some

of the apartments. Staff B stated that during the renovation the emergency light wall plate, that would illuminate during a power outage, was removed from Resident 1 and Resident 2's apartments. Staff B stated the wall plate had not been replaced and Resident 1 and Resident 2 had no source of emergency lighting.

In an interview, on 08/29/2023 at 11:18 AM, Staff A (Executive Director) stated the ALF was working to replace emergency lighting in the residents' apartments.

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, Kenmore Senior 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