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

01/06/2025

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

RE: Kenmore Senior Living # 2566

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 51660 (Completion Date 01/06/2025) and 47313 (Completion Date 10/15/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/06/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2880 Changing use of rooms. Prior to using a room for a purpose other than what was approved by construction review services, the assisted living facility must:

(2) Obtain the written approval of construction review services for the new use of the room; and

The Department staff who did the On Site verification:
Hayley Pinkham, ALF Licensor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

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

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

Statement of Deficiencies	License #: 2566	Compliance Determination # 47313
Plan of Correction	Kenmore Senior Living	Completion Date
Page 1 of 5	Licensee: Pacifica Kenmore LLC	10/15/2024

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 follow-up on 09/17/2024 and 09/17/2024 of:
Kenmore Senior Living
7221 NE 182nd St
Kenmore, WA 98028

This document references the following SOD dated: 10/15/2024

The following sample was selected for review during the unannounced on-site visit: 6 of 64 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Hayley Pinkham, ALF Licensor

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

10/24/2024
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

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

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Hayley Pinkham, ALF Licensor

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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) 10/29/2024 Date

WAC 388-78A-2880 Changing use of rooms. Prior to using a room for a purpose other than what was approved by construction review services, the assisted living facility must:

(2) Obtain the written approval of construction review services for the new use of the room; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to notify the Washington state Department of Health (DOH) Construction Review Services (CRS), in writing, or receive written approval, to change the use of previous Memory Care Unit (MCU) apartments, to those to be utilized by residents receiving care under a [redacted] contract. This failure caused 1 of 1 sampled resident (Resident 1), who used [redacted] as a payment source, to be placed in an apartment that did not meet the physical requirements of the [redacted] contract.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-110-140 - Assisted Living Standard of Work (SOW) contract facility physical requirements. (1) Licensed assisted living facilities with an assisted living services contract are required to: (a) Meet the physical requirements that were in effect at the time of initial contracting; (2) The contractor must ensure each resident has a private apartment-like unit. Each unit must have at least the following: (a) A minimum area of two hundred twenty square feet. The minimum area may include counters, closets and built-ins, but must exclude the bathroom; (d) A kitchen area. The kitchen area must be equipped with: (i) A refrigerator; (ii) A microwave oven, range or cooktop; (iii) A counter mounted kitchen sink, with inside dimensions of at least twenty-one inches by fifteen inches, and a minimum depth of seven inches; (iv) A storage space for utensils and supplies; and [a] (v) A work counter surface, with a minimum usable surface area of thirty inches in length by twenty-four inches deep, a maximum height of thirty-four inches, and having a clear knee space beneath at least twenty-seven inches in height and thirty inches in length; and

Review of the Department's Secure Tracking and Reporting System (STARS) database, on 10/08/2024, showed the ALF was licensed on 02/17/2021. At the time of licensure, the MCU met the minimum ALF licensing requirements and was approved by the Department and CRU. Review showed the ALF had three Medicaid contracts. One specified for memory care residents, a Specialized Dementia Care contract issued on 02/17/2023. And two specified for residents receiving assisted living care, the Enhanced Adult Residential Care (EARC) contract issued on 02/17/2021, and the Assisted Living

Administrator (or Representative) Date

WAC 388-78A-2880 Changing use of rooms. Prior to using a room for a purpose other than what was approved by construction review services, the assisted living facility must:

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Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to notify the Washington state Department of Health (DOH) Construction Review Services (CRS), in writing, or receive written approval, to change the use of previous Memory Care Unit (MCU) apartments, to those to be utilized by residents receiving care under a [redacted] contract. This failure caused 1 of 1 sampled resident (Resident 1), who used [redacted] as a payment source, to be placed in an apartment that did not meet the physical requirements of the [redacted] contract.

Findings included…

NOTE: Washington Administrative Code (WAC) 388-110-140 - Assisted Living Standard of Work (SOW) contract facility physical requirements. (1) Licensed assisted living facilities with an assisted living services contract are required to: (a) Meet the physical requirements that were in effect at the time of initial contracting; (2) The contractor must ensure each resident has a private apartment-like unit. Each unit must have at least the following: (a) A minimum area of two hundred twenty square feet. The minimum area may include counters, closets and built-ins, but must exclude the bathroom; (d) A kitchen area. The kitchen area must be equipped with: (i) A refrigerator; (ii) A microwave oven, range or cooktop; (iii) A counter mounted kitchen sink, with inside dimensions of at least twenty-one inches by fifteen inches, and a minimum depth of seven inches; (iv) A storage space for utensils and supplies; and [a] (v) A work counter surface, with a minimum usable surface area of thirty inches in length by twenty-four inches deep, a maximum height of thirty-four inches, and having a clear knee space beneath at least twenty-seven inches in height and thirty inches in length; and

Review of the Department's Secure Tracking and Reporting System (STARS) database, on 10/08/2024, showed the ALF was licensed on 02/17/2021. At the time of licensure, the MCU met the minimum ALF licensing requirements and was approved by the Department and CRU. Review showed the ALF had three Medicaid contracts. One specified for memory care residents, a Specialized Dementia Care contract issued on 02/17/2023. And two specified for residents receiving assisted living care, the Enhanced Adult Residential Care (EARC) contract issued on 02/17/2021, and the Assisted Living

Standard of Work (SOW) contract issued on 02/17/2021.

In interview, on 10/09/2024 at 10:28 AM, Collateral Contact 1 (CC1-DOH CRS Representative) stated that ALF licensure requirements and medicaid contract requirements were different. CC1 stated that just because an apartment was approved to be licensed did not mean it was approved for a medicaid contract. CC1 stated that when the facility was licensed on 02/17/2021 their MCU was approved as meeting the minimum requirements for ALF licensure and the Specialized Dementia Unit contract environmental requirements. CC1 stated that by closing the MCU the ALF licensure still applied to those existing MCU apartments, meaning they met the minimum requirements for private pay residents, but they had not been approved by DOH for EARC or SOW contracts. CC1 stated that if the MCU apartments were going to be used under an EARC or SOW contract, that meant, “changing the use” of those apartments, and the ALF would need to be reviewed by CRS to ensure they met the minimum requirements of those contracts.

In interview and observations, during a previous on-site investigation by the Department on 06/26/2024 at 2:40 PM, Staff A (Executive Director) stated the ALF had closed their MCU on 04/16/2024. Observation showed the ALF had thirteen apartments on the first floor that comprised the previous MCU. Apartments 10, 11, 12, 13, 21 and 22 were studio apartments with attached bathrooms and no kitchenettes. Apartments 14 A/B, 15 A/B, 16 A/B, 17 A/B, 18 A/B, 19 A/B and 20 A/B were units that had living quarters on the left and right with a through bathroom in the middle. The apartments with an A/B label had been shared apartments while an MCU. The A/B apartments had no kitchenets. Staff A (Executive Director) pointed out apartment [redacted] stating it was now a designated medicaid apartment.

Review of the STARS database showed apartments 10, 11, 12, 13, 21 and 22 were measured by the Department and approved by the ALF on 05/01/2023 as being 177 square feet (SF). Apartments 14 A/B, 15 A/B, 16 A/B, 17 A/B, 18 A/B, 19 A/B and 20 A/B were measured by the Department and approved by the ALF on 05/01/2023 as being 281 square feet (SF).

Record review showed the Department issued a Statement of Deficiencies (SOD) under this Washington Administrative Code, on 07/31/2024, due to the ALF converting the use of MCU apartments, with the intention of using them for medicaid residents, without receiving approval from CRS. Records showed Staff A signed the Attestation Statement/Plan of Correction (POC) on that SOD that stated, “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 by DATE.” Staff A entered a compliance date of 09/13/2024.

Record review showed the ALF submitted a Construction Review Application on 03/22/2024. The application included a narrative and a cover letter that requested approval for the, “deactivation of alarmed magnetic locks on two sets of doors.” The application, under the section, “Project/Facility Details”, there was a section to check what assisted living contracts would apply to the apartments the application was

requesting to review, either EARC or SOW. The check boxes for those contracts in the application were left blank, indicating the apartments would not be used for residents under those medicaid contracts, therefor not requesting CRS review and approval to those apartments for residents under one of those medicaid contracts. The application, under the section, “Project Description”, the ALF had written, “The community intends to no longer offer secure memory care. Rather, we are proposing to deactivate the magnetic locks on the current ‘Memory Care Entrance’. No alterations are going to be made to the community other than deactivate the magnetic locks. The community will continue to adhere to all facility/structural expectations. There are 13 total units that would no longer be seen as Memory Care. The mix is 7 one bedrooms and 6 studio apartments. The community is not amending the current license.”

Review of the Construction Review Application did not show the ALF applied to use the MCU apartments for residents under their medicaid contracts. Review of Construction Review application showed CRS only approved the removal of magnetic locks from the previous MCU unit on 09/04/2024.

In Interview, on 09/26/2024 at 1:42 PM, CC1 confirmed that the ALF had not submitted an application for CRS to review the old MCU apartments to be used for residents under the EARC or SOW contract. CC1 stated the application the ALF submitted, on 03/22/2024, only requested deactivation of the magnetic locks for interior doors. CC1 stated by not checking the EARC or SOW boxes, the ALF did not indicate they had medicaid contracts and therefore CRS did not look into or approve those apartments to be used by medicaid residents. CC1 stated the application submitted on 03/22/2024 did not meet the regulatory requirements of changing of use of rooms by CRS. CC1 stated the only thing the ALF indicated on the application submitted on 03/22/2024 was they would no longer be providing memory care.

Observation, on 09/30/2024 at 12:22 PM, showed apartment [redacted] was occupied by Resident 1. Apartment [redacted] was a studio apartment without a kitchen at only 177 square feet.

Review of Home and Community Services (HCS) CareWeb Production database showed Resident 1 had converted to [redacted], on [redacted]/2024, and was designated by HCS to receive care under the [redacted] contract. Record review showed Staff B (ALF’s Resident Care Coordinator) signed the [redacted] HCS Service Summary and [redacted] daily [redacted] rate, on 08/05/2024, and submitted it to HCS.

Interview on, 10/09/2024 at 12:39 PM, Collateral Contact 3 (CC3-HCS Representative) stated that HCS determined what [redacted] would pay and what contract (whether EARC or SOW) that the resident would be receiving services under, that was not decided by the facility. CC3 stated that when an ALF signed the service summary and returned it to HCS it was considered “accepting” that resident as [redacted]. CC3 stated that the ALFs Resident Care Coordinator accepted Resident 1, under the [redacted] contract conditions, on 08/05/2024. CC3 stated that there were other residents at the facility, under the SOW contract, that the ALF had been trying to get to move to the old MCU apartments that did not meet the environmental requirements.

Statement of Deficiencies	License #: 2566	Compliance Determination # 47313
Plan of Correction	Kenmore Senior Living	Completion Date
Page 5 of 5	Licensee: Pacifica Kenmore LLC	10/15/2024

This is an uncorrected deficiency previously cited on 07/31/2024.

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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) Nov. 29, 2024 .

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

Administrator (or Representative) 10/31/2024 Date

This is an uncorrected deficiency previously cited on 07/31/2024.

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, 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Kenmore Senior Living
Provider Type: Assisted Living Facility

License/Cert.#: 2566
Intake ID: 134421
Compliance Determination #: 42308
Region/Unit #: RCS Region 2 / Unit J
Investigator: Hayley Pinkham
Investigation Date(s): 06/06/2024 through 07/31/2024
Complainant Contact Date(s): 07/29/2024

Allegation(s):

1. The Named Resident (NR) received the incorrect dose of insulin.
2. The Assisted Living Facility (ALF) gave the Named Resident (NR) seven days to move into a different apartment as part of their conversion to [redacted] with a shared bathroom and no kitchenette.
3. There was a billing error for the Named Resident (NR)

Investigation Methods:

Sample:	Total residents: 72 Resident sample size: 5 Closed records sample size:
Observations:	Identified resident Residents Activities Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents Family members Social services staff Business office manager
Record Reviews:	Medical records Grievance log Facility policies Staff training records

Investigation Summary:

1. Record review and interview showed the ALF gave the NR the wrong insulin, the NR recognized the medication error. Record review and interview, showed the ALF conducted re-training with the staff and medication technician that made the error, monitored the resident appropriately. Record review showed staff had all the

required qualifications. No failed practice identified.
2. Record review showed the ALF had a [redacted] policy in place that designated a possibility that a resident would require moving to a different apartment if converting to [redacted], Record review and interview showed the NR was given a 7 day notice which was not against the ALF's [redacted] Policy or the [redacted] contract. Record review showed the facility had two [redacted] contracts that met the room requirement. The ALF failed to receive approval from Construction Review Services to utilize the apartments for a purpose other than Dementia Care. Deficient practice identified.
3. Interview and record review showed there was a billing error for the NR. Interview with the NR's family representative showed the ALF corrected the billing errors for the NR.

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
Intake ID: 134458
Compliance Determination #: 42308
Region/Unit #: RCS Region 2 / Unit J
Investigator: Hayley Pinkham
Investigation Date(s): 06/06/2024 through 07/31/2024
Complainant Contact Date(s): 07/29/2024

Allegation(s):

1. The Assisted Living Facility (ALF) gave the Named Resident (NR) seven days to move into a different apartment as part of their conversion to [redacted] with a shared bathroom and no kitchenette.
2.. The Named Resident (NR) received the incorrect dose of insulin.

Investigation Methods:

Sample:	Total residents: 72 Resident sample size: 5 Closed records sample size:
Observations:	Identified resident Residents Staff to resident interactions Medication administration
Interviews:	Identified staff Identified resident Nursing staff Residents Family members Social services staff
Record Reviews:	Medical records Incident investigation Facility policies Staff training records

Investigation Summary:

1. Record review showed the ALF had a [redacted] policy in place that designated a possibility that a resident would require moving to a different apartment if converting to [redacted], Record review and interview showed the NR was given a 7 day notice which was not against the ALF's [redacted] Policy or the [redacted] contract. Record review showed the facility had two [redacted] contracts that met the room requirement. The ALF failed to receive approval from Construction Review Services to utilize the apartments for a purpose other than Dementia Care.

2. Record review and interview showed the ALF gave the NR the wrong insulin, the NR recognized the medication error. Record review and interview, showed the ALF conducted re-training with the staff and medication technician that made the error, monitored the resident appropriately. Record review showed staff had all the required qualifications. No failed practice identified.

Conclusion / Action:

- ☐ Failed Provider Practice Identified / Citation(s) Written
- ☒ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A

STATE OF WASHINGTON
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Statement of Deficiencies	License #: 2566	Compliance Determination # 42308
Plan of Correction	Kenmore Senior Living	Completion Date
Page 1 of 3	Licensee: Pacifica Kenmore LLC	07/31/2024

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 06/06/2024 and 06/26/2024 of:

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

This document references the following complaint number(s): 131953, 133719, 134388, 134129, 134421, 134463, 134458, 137061

The following sample was selected for review during the unannounced on-site visit: 5 of 72 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Hayley Pinkham, ALF Licensor

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.

Jenna Singer
Residential Care Services

7/31/2024
Date

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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Residential Care Services

Date

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Administrator (or Representative)

This section signed 8/13/2024
Originally submitted 8/9/2024
Date

WAC 388-78A-2880 Changing use of rooms. Prior to using a room for a purpose other than what was approved by construction review services, the assisted living facility must:

(2) Obtain the written approval of construction review services for the new use of the room; and

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure they obtained written approval from Department of Health's Construction Review Services (CRS) to convert Memory Care Unit (MCU) apartments to assisted living (AL) care apartments. This placed 72 residents at risk of dwelling in apartments that were not approved for use.

Findings included...

Interview and observation, on 06/26/2024 at 2:40 PM, showed the ALF had an MCU unit that (MCU) that had been closed. Staff A (Executive Director) stated the ALF had discharged the MCU residents in April 2024. Staff A stated the ALF had converted the MCU apartments to regular AL apartments. Staff A stated the ALF sent a letter to CRS notifying them of converting the use of the apartments. Staff A stated he had not spoken to or received any approval from CRS to change the use of the apartments from MCU to AL.

In interview on, 07/01/2024 at 10:43 AM, Collateral Contact 1 (CC1 - a representative from CRS) stated the ALF had sent a form to CRS regarding converting the apartments to AL, but the form was still in the review process with his department. CC1 stated the ALF did not have approval to convert the MCU apartments to AL. CC1 stated, "They don't just send a form in and that's it". CC1 confirmed CRS had not yet issued an approval.

Plan/Attestation Statement

Administrator (or Representative) Date

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Findings included…

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Plan/Attestation Statement

Statement of Deficiencies	License #: 2566	Compliance Determination # 42308
Plan of Correction	Kenmore Senior Living	Completion Date
Page 3 of 3	Licensee: Pacifica Kenmore LLC	07/31/2024

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) SEPT. 13, 2024 .

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

Administrator (or Representative) Date: Aug. 9, 2024

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.

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Administrator (or Representative) Date