STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

09/24/2026

Greenlake Management Everett, LLC
Everett Heritage Court
4230 Colby Ave
Everett, WA 98203

RE: Everett Heritage Court # 2612

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 83937 (Completion Date 09/24/2026) and 79167 (Completion Date 07/23/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/24/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

The Department staff who did the On Site verification:
Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

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

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

Sincerely,

Jamie Singer

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

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Residential Care Services
Investigation Summary Report

Provider/Facility: Everett Heritage Court
Provider Type: Assisted Living Facility

License/Cert.#: 2612
Intake ID: 224974
Compliance Determination #: 79167
Region/Unit #: RCS Region 2 / Unit D
Investigator: Wesler Dumecquias
Investigation Date(s): 06/16/2026 through 07/23/2026
Complainant Contact Date(s): 07/16/2026

Allegation(s):
The facility did not follow the Named Residents (NR) prescribed medication orders.

Investigation Methods:

Sample:	Total residents: 47 Resident sample size: 2 Closed records sample size: 0
Observations:	Identified resident Residents Dining Medication administration
Interviews:	Identified resident Nursing staff Residents Family members Collateral contacts
Record Reviews:	Facility policies Care plans Assessments eMARS Medical records PCP prescription orders Emails Progress notes written Statements from collateral contacts

Investigation Summary:
The facility failed to properly transcribe (the process of accurately copying a prescriber's order onto a Medication Administration Record (MAR) the medications and follow the Physician’s order to ensure the NR's received their medications as prescribed. Failed practice was identified and a citation issued. See Statement of Deficiencies.

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Conclusion / Action:

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

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Statement of Deficiencies	License #: 2612	Compliance Determination # 79167
Plan of Correction	Everett Heritage Court	Completion Date
Page 1 of 8	Licensee: Greenlake Management Everett, LLC	07/23/2026

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 06/16/2026 and 07/20/2026 of:

Everett Heritage Court
4230 Colby Ave
Everett, WA 98203

This document references the following complaint number(s): 224974

The following sample was selected for review during the unannounced on-site visit: 2 of 47 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Wesler Dumecquias, Community Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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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.

Jim Sherman
Residential Care Services

07-27-2026
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)

8/11/24
Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to properly transcribe (the process of accurately copying a prescriber's order onto a Medication Administration Record (MAR)) the medications and follow the Physician's order to ensure 2 of 2 residents (Resident 1 and 2) who needed medication administration by staff received their medications as prescribed. This failure resulted in Resident 1 and 2 not receiving their medication as prescribed and placed them at risk for medication side effects or adverse effects, and health complications.

Findings included...

Resident 1

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Review of Resident 1's face sheet showed they were admitted to the facility on [redacted]/2026 with multiple diagnoses including [redacted].

Record review of Resident 1's Service Plan (SP) dated 05/13/2026 showed Resident 1 required nursing services including medication management. The SP showed Resident 1 was unable to take their medication without assistance and needed total assistance by staff with their medication administration. The SP showed Resident 1's medications were to be given by a Licensed or Certified staff.

Record review of Resident 1's Skin Integrity Monitoring Form dated 05/13/2026 showed Resident 1 had a boil (a painful, pus-filled lump that develops under your skin when bacteria infect a hair follicle) in their armpit.

Issue #1 Delay in the start of a prescribed medication.

Record review of Resident 1's medical record dated 05/06/2026 showed Resident 1 was prescribed Mupirocin (Bactroban) 2% ointment to be applied in their Armpit three times daily for the next two weeks until resolved. The record showed the prescription was faxed by Resident 1's Primary care provider (PCP) to the facility and the facility pharmacy (Omnicare) on 05/06/2026. The record showed it was successfully transmitted to them on 05/06/2026 at 3:23 PM and 3:24 PM, respectively.

Record review of a Medication delivery sheet dated 05/06/2026 showed Resident 1's Bactroban was delivered to the facility through a courier from Providence pharmacy. The Medication delivery sheet showed it was signed, dated and received by Staff F, Caregiver on 05/06/2026 at 8:40 PM.

Record review of Resident 1's Electronic Medication Administration Record (eMAR) for May 2026 showed the Bactroban order was entered or transcribed to be given three times a day and applied in Resident 1's left armpit for two weeks. The eMAR showed the Bactroban was started as administered on 05/13/2026 which showed a delay of about a week.

During an interview on 07/20/2026 at 2:29 PM, Staff F stated that they received medication deliveries when the Medication Technicians (MT) would be on break. Staff F stated that when the medication delivery courier arrives, the courier required the staff receiving the medication delivery to sign a delivery receipt as well as sign in to the courier's electronic tablet to confirm receipt of the medication deliveries. Staff F stated that once they received the medication, they would give it to the MT or place it at MT's medication cart as soon as the MT comes back. Staff F stated that they received medication deliveries about three weeks ago. Staff F stated that they could not recall

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the specific medication delivered and the MT they handed the medication to. Staff F stated that they continue to receive medication deliveries and were never told not to do so.

During an interview on 07/20/2026 at 1:30 PM, Staff B, Health and Wellness Director, stated that the facility was primarily to receive medication deliveries. When asked about Resident 1's Bactroban mupirocin ointment, Sstaff B stated that it was received by Staff F. Staff B stated that they did not know what happened to the package that contained the medication. Staff B stated that for some reason the package got lost. Staff B stated they were able to start the medication when they finally found and opened the box. Staff B stated that Caregivers were no longer allowed to receive Medication deliveries.

Issue #2 Prescription was not correctly and properly transcribed as prescribed, and medication was administered without physicians' authorization.

Bactroban

Record review of Resident 1's medical record dated 05/06/2026 showed Resident 1 was prescribed Mupirocin (Bactroban) 2% ointment to be applied in their Armpit three times daily for the next two weeks until resolved. The eMAR showed the facility started administering the medication on 05/13/2026 and was completed and discontinued on 05/27/2026.

Record review of Resident 1's Prescription dated 06/02/2026 showed Mupirocin ointment (Bactroban) 2% orders dated 04/11/2026 and 05/06/2026 were discontinued.

Review of Resident 1's eMAR for June 2026 showed the facility entered and transcribed in Resident 1's eMAR another course of treatment for Mupirocin ointment (Bactroban) 2%, 22 grams (GM) to be applied on Resident 1's armpit three times daily for two weeks. The eMAR showed the Bactroban was administered and completed 06/16/2026.

In an email on 06/22/2026, Collateral contact 1, (CC1) stated that the facility, instead of discontinuing the Bactroban as prescribed in the 06/02/2026 order, that the facility added another eMAR entry without a prescription on 06/03/2026. CC1 stated that they were made aware of the discrepancy when Staff B, emailed them and asked for the Bactroban to be discontinued.

Additionally, record review of Resident 1's prescription order dated 06/02/2026 showed Resident 1 was initially prescribed Mupirocin (Bactroban) 2 % ointment on 04/11/2026 to be applied on their toenails two times a day for 10 days.

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During an interview on 07/23/2026 at 4:09 PM, CC2, Registered nurse stated that they noticed dried blood on Resident 1's left toenail that prompted them to do wound care and get an order for Bactroban as treatment.

Record review of Resident 1's April 2026 eMAR showed the ointment was not entered or transcribed in Resident 1's eMAR. The eMAR did not show any record that the Bactroban prescribed for Resident 1 toenails was administered.

In an email on 07/22/2026, CC1 stated that the Bactroban order dated 05/06/2026 which was to be applied on Resident 1's armpit was a separate prescription from the 04/11/2026 which was to be applied to Resident 1's toenails for 10 days. CC1 stated they should have started the mupirocin on 04/11/2026 and discontinued it after 10 days.

Skin emollient (Cerave) cream and Triamcinolone cream

Record review of Resident 1's orders dated 05/14/2026 showed Resident 1's PCP initially prescribed Skin emollient (Cerave) cream and Triamcinolone (Kenalog) 0.1% cream with specific instruction to mix the two creams in a 1:1 ratio and to be applied topically to resident's skin two times a day for 14 days for their skin rashes.

Record review of Resident 1's eMAR from 05/01/2026 to 05/15/2026 showed the facility entered and transcribed the orders for Cerave and triamcinolone as 1 capful two times a day at 8:00 AM and 8:00 PM. The eMAR did not mention the duration for the treatment which was 14 days.

Sulfamethoxazole- Trimethoprim (Bactrim)

Record review of Resident 1's orders dated 05/14/2026 showed Resident 1's PCP initially prescribed Sulfamethoxazole- Trimethoprim (Bactrim) 800-160 MG, 1 tablet by mouth two times daily for 7 days to treat the boil in Resident 1's armpit.

Record review of Resident 1's eMAR from 05/01/2026 to 05/15/2026 showed the facility entered and transcribed the orders for Sulfamethoxazole- Trimethoprim (Bactrim) 800-160 MG, as 1 tablet by mouth two times per day at 8:00 AM, 8:00 PM. The eMAR did not mention the duration for the treatment which was 7 days.

Resident 2

Review of face sheet showed Resident 2 was admitted to the facility on [redacted]/2026 with multiple diagnoses including [redacted].

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Record review of Resident 2's Service Plan (SP) dated 04/16/2026 showed Resident 2 required nursing services including medication management. The SP showed Resident 1 was unable to take their medication without assistance and needed total assistance with their medication administration. The SP showed Resident 1's medications were to be given by a Licensed or Certified staff.

Issue: Delay in the administration of medication and prescription order was not correctly or not entered and transcribed as prescribed.

Salonpas

Record review of Resident 1's prescription orders dated 04/30/2026 showed Resident 1's PCP discontinued a previous order dated 04/10/2026 for Camphor- menthol- Methyl Sal (HM Salonpas pain relief) 1.2-5.7-6.3 % PTCH (1 Patch) daily as needed. The PCP on the same date 04/30/2026 simultaneously placed a new order for the same PTCH (Salonpas) and modified to change the frequency of administration from as needed to routine. The modified order showed, "Camphor-menthol- Methyl Sal (HM Salonpas pain relief) 1.2-5.7-6.3 % PTCH. Apply 1 patch topically on painful area of the back every morning. Leave in place for up to 12 hours between applications". The Prescription order showed the PCP faxed the orders to the facility and the facility's pharmacy which successfully transmitted on 04/30/2026 at 3:17 PM and 3:17 PM respectively.

Record review of Resident 2's eMAR for May 2026 showed the facility entered and transcribed the order as "SALONPAS 10-6-3.1 % LRG PATCH, Camphor-Menthol-Methyl Salicylate; 3.1-6-10% Apply Externally Patch; APPLY TOPICALLY EVERY MORNING FOR 12 HOURS THEN REMOVE for pain". The eMAR showed it was only started on 05/12/2026. The eMAR did not show a time for when the Patch was removed before the next application.

Acetaminophen

Record review of Resident 2's new prescription orders dated 04/13/2026 showed Resident 2's PCP prescribed Acetaminophen (Tylenol) 500 MG tablet, take 2 tablets by mouth 2 times daily. May also take two tablets daily as needed Pain or Fever. Separate any two doses by at least six hours, do not exceed 3000 mg in a 24-hour period. The prescription order showed Resident 2's PCP faxed the orders to the facility on 05/01/2026.

Record review of Resident 2's eMAR for April 2026 showed Acetaminophen 500 MG caplet, give two tabs (1000 MG) by mouth daily was entered, transcribed and started on 05/01/2026. Special instructions: not to exceed 3-4 grams in 24 hours from all sources. The eMAR showed the facility added an instruction to include not to exceed 4k MG

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which was 1k MG above the instructions in the prescription order.

In review of an email on 07/22/2026, CC1 stated that their system would be flagged by their insurance if their PCP would order Tylenol that exceeds 3k MG. CC1 stated that was the reason their PCP would not willingly prescribe Tylenol above 3k MG.

During an interview on 06/16/2026 at 12:06 PM, Staff D, MT stated that they were allowed by the facility to verify medications from their computer system (eMAR) after it was entered by the facility contracted pharmacy. Staff D stated that residents under the PACE program (Program of All-inclusive Medicare Care for the medically frail Elderly) like Resident 1 and 2, that their medication prescriptions go to Staff B for them to enter and transcribe in the computer eMAR.

During an interview on 06/16/2026 at 11:55 AM, Staff C, MT stated that prescriptions orders were processed by Staff B on their computer. Staff C stated that for residents under the PACE program, orders were sent to Staff B by email from the resident's PCPs.

During an interview on 06/16/2026 12:20 PM, Staff B stated that when they received prescription orders, either they put it in their computer system (eMAR) manually or when the prescriptions were sent by residents' PCP's to their pharmacy, then their pharmacy (Omnicare) would process and put the orders in their computer system (eMAR). Staff B stated that they would then verify it on their end and release the order in their system for the staff to start medication administration. Staff B stated that either of them, Staff B, or the Resident Care Coordinator or one of the MTs would verify the medications in their computer.; Additionally, in another interview on 07/20/2026 at 1:30 PM, Staff B stated that they did not verify these medications, and they did not know who verified them.

In review of an email from Resident 1's PCP team with a letter attachment, dated 07/22/2026, titled "Duration -Specific Medication orders" the letter emphasized the importance of strictly following all duration-specific medication orders. The letter showed all duration-specific medication orders should be accurately transcribed and administered as prescribed unless otherwise directed by the provider. Failure to do so may result in ineffective treatment, unnecessary adverse effects, and increased risk to patient safety. Examples of medications affected include Sulfamethoxazole/Trimethoprim (Bactrim®) – Oral antibiotic; Triamcinolone/CeraVe® Cream – Topical corticosteroid and emollient; and Mupirocin Ointment – Topical antibiotic. It showed appropriate treatment duration was necessary to achieve the intended therapeutic effect while minimizing potential adverse effects. For example, incomplete antibiotic treatment may reduce effectiveness, while prolonged use of certain medications may increase the risk of side effects such as elevated potassium levels with Bactrim® or skin thinning with topical corticosteroids.

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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, Everett Heritage Court is or will be in compliance with this law and / or regulation on (Date) 9/3/24 .

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

Administrator (or Representative) 8/11/24 Date

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