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

Greenlake Management Renton, LLC
Renton Assisted Living
4441 W. Airport FWY Ste 160
Irving, TX 75062

RE: Renton Assisted Living License # 2614

Dear Administrator:

This letter addresses Compliance Determination(s) 27671 (Completion Date 08/04/2023) and 24871 (Completion Date 06/16/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/04/2023 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-2640-2-a

The Department staff who did the on-site verification:
Michelle Yip, ALF Licensor

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

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

Statement of Deficiencies	License #: 2614	Compliance Determination #24871
Plan of Correction	Renton Assisted Living	Completion Date
Page 1 of 5	Licensee: Greenlake Management Renton, LLC	06/16/2023

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 06/05/2023, 06/05/2023, and 06/05/2023 of:
Renton Assisted Living
71 SW VICTORIA ST
RENTON, WA 98057

This document references the following SOD dated: 06/16/2023

The following sample was selected for review during the unannounced on-site visit: 3 of 107 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Michelle Yip, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
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.

Laurie Anderson
Residential Care Services

06/29/2023
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)

7.14.23
Date

WAC 388-78A-2640 Reporting significant change in a resident's condition.

(2) The assisted living facility must notify any agency responsible for paying for the resident's care and services as soon as possible whenever:

(a) The resident is relocated to a hospital or other health care facility; or

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to notify the Home and Community Services Case Manager when 4 of 4 sampled [redacted] Residents (Resident 5, Resident 6, Resident 7, and Resident 8) admitted to the hospital or skilled nursing facility for medical care. This failure of notification created a potential disruption in the coordination of services and funding provided to the residents.

Findings included...

Review of the Department of Social and Health Services (DSHS) "Secure Tracking and Reporting System" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 04/11/2023. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 05/13/2023.

Review of the facility's DSHS Medicaid contracts included "Assisted Living Services (AL) Client Service Contract", dated 06/08/2022; "Adult Residential Care (ARC) Client Service Contract", dated 06/08/2022; and "Enhanced Adult Residential Care (EARC) Client Service Contract", dated 06/08/2022. The AL, ARC, and EARC contracts all showed that the facility was required to report any significant change in the client's condition within twenty-four hours to the assigned DSHS Home and Community Services Case Manager (HCS CM, Collateral Contact 1 [CC1]), the assigned agency for payment.

Review of the facility's undated policy document titled "Leave of Absence (LOA) Notification Process" described the facility's notification process when a [redacted] resident was out of the facility. The document showed that the facility's Executive Director and Business Office Manager (BOM) were responsible to notify the corporate administrators as soon as they were aware a [redacted] resident was out of the community. There was no documentation in the policy that required facility staff were to notify the HCS CM.

Review of the facility's email document titled "Re: Reporting Process to CM DSHS", dated 06/08/2023, showed the [redacted] residents (Resident 5, Resident 6, Resident 7, and Resident 8), who were out of the facility and the date of return to the facility between

Administrator (or Representative) Date

WAC 388-78A-2640 Reporting significant change in a resident's condition.

(2) The assisted living facility must notify any agency responsible for paying for the resident's care and services as soon as possible whenever:

(a) The resident is relocated to a hospital or other health care facility; or

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to notify the Home and Community Services Case Manager when 4 of 4 sampled [redacted] Residents (Resident 5, Resident 6, Resident 7, and Resident 8) admitted to the hospital or skilled nursing facility for medical care. This failure of notification created a potential disruption in the coordination of services and funding provided to the residents.

Findings included…

Review of the Department of Social and Health Services (DSHS) "Secure Tracking and Reporting System" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 04/11/2023. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 05/13/2023.

Review of the facility's DSHS Medicaid contracts included "Assisted Living Services (AL) Client Service Contract", dated 06/08/2022; "Adult Residential Care (ARC) Client Service Contract", dated 06/08/2022; and "Enhanced Adult Residential Care (EARC) Client Service Contract", dated 06/08/2022. The AL, ARC, and EARC contracts all showed that the facility was required to report any significant change in the client's condition within twenty-four hours to the assigned DSHS Home and Community Services Case Manager (HCS CM, Collateral Contact 1 [CC1]), the assigned agency for payment.

Review of the facility's undated policy document titled "Leave of Absence (LOA) Notification Process" described the facility's notification process when a [redacted] resident was out of the facility. The document showed that the facility's Executive Director and Business Office Manager (BOM) were responsible to notify the corporate administrators as soon as they were aware a [redacted] resident was out of the community. There was no documentation in the policy that required facility staff were to notify the HCS CM.

Review of the facility's email document titled "Re: Reporting Process to CM DSHS", dated 06/08/2023, showed the [redacted] residents (Resident 5, Resident 6, Resident 7, and Resident 8), who were out of the facility and the date of return to the facility between

05/13/2023 and 06/06/2023, were reported by Staff F, Director of Compliance. The document showed Staff F reported that the facility had not implemented a system to notify HCS CM.

During an interview on 06/05/2023 at 10:05 AM, Staff D, Executive Director, stated that they were aware of the Medicaid contracts the facility held and the contract requirements for HCS notification process. Staff D stated that they were aware that CC1, was the assigned HCS case manager of the ALF. Staff D stated that Staff E, BOM, was responsible to communicate with CC1. Staff D further stated that Staff E held weekly meetings with CC1 and provided CC1 an updated list of the [redacted] residents who were out of the community for hospital or rehabilitation and who passed away. Staff D stated that Staff E kept a spreadsheet record of when residents were hospitalized, when residents were out of the facility for skilled nursing services, and when residents returned to the facility. Additionally, Staff D stated that the facility held daily stand-up meetings at 9:30 AM to update the care staff on the status of all residents. At the meetings, the staff provided residents' updates to the BOM. The BOM kept the list of updates and reported the [redacted] residents' status to HCS CM every week.

During a telephone interview on 06/06/2023 at noon, Staff E stated that the facility hired them as the new BOM in May 2023. Staff E stated that they were unfamiliar with the HCS notification process.

During a telephone interview on 06/09/2023, CC1 stated that they kept a record of the [redacted] residents' status and the ALF notifications. CC1 stated that as of 06/09/2023, the facility still was not notifying HCS of any residents' change in status. CC1 stated that they reached out to the facility for information about which [redacted] residents admitted to the hospital and the dates when those residents were out of the facility. CC1 further stated that when Staff D started at the facility, they assigned the BOM to notify the HCS case worker. CC1 stated that between 05/13/2023 and 06/05/2023, CC1 did not receive any notifications from the BOM of any [redacted] residents' status. CC1 stated that Staff F started implement the HCS notification system at the facility the week of 06/05/2023. CC1 stated that it was at this time that they received a list of [redacted] residents' status from Staff F.

RESIDENT 5
Review of the facility's document titled "Report Log May/June", updated 06/15/2023, showed Resident 5 admitted to the hospital on [redacted]/2023. The document showed Resident 5 returned to the ALF on [redacted]/2023. There was no documentation that showed the facility notified the HCS CM.

Review of the HCS's email document titled "RE: Greenlake Senior Living Renton", dated 06/13/2023, showed no documentation that the facility notified the HCS CM when Resident 5 admitted to the hospital on [redacted]/2023. The document only showed that on 06/06/2023, the facility notified the HCS CM that Resident 5 returned to the facility on [redacted]/2023.

05/13/2023 and 06/06/2023, were reported by Staff F, Director of Compliance. The document showed Staff F reported that the facility had not implemented a system to notify HCS CM.

During an interview on 06/05/2023 at 10:05 AM, Staff D, Executive Director, stated that they were aware of the Medicaid contracts the facility held and the contract requirements for HCS notification process. Staff D stated that they were aware that CC1, was the assigned HCS case manager of the ALF. Staff D stated that Staff E, BOM, was responsible to communicate with CC1. Staff D further stated that Staff E held weekly meetings with CC1 and provided CC1 an updated list of the [redacted] residents who were out of the community for hospital or rehabilitation and who passed away. Staff D stated that Staff E kept a spreadsheet record of when residents were hospitalized, when residents were out of the facility for skilled nursing services, and when residents returned to the facility. Additionally, Staff D stated that the facility held daily stand-up meetings at 9:30 AM to update the care staff on the status of all residents. At the meetings, the staff provided residents' updates to the BOM. The BOM kept the list of updates and reported the [redacted] residents' status to HCS CM every week.

During a telephone interview on 06/06/2023 at noon, Staff E stated that the facility hired them as the new BOM in May 2023. Staff E stated that they were unfamiliar with the HCS notification process.

During a telephone interview on 06/09/2023, CC1 stated that they kept a record of the [redacted] residents' status and the ALF notifications. CC1 stated that as of 06/09/2023, the facility still was not notifying HCS of any residents' change in status. CC1 stated that they reached out to the facility for information about which [redacted] residents admitted to the hospital and the dates when those residents were out of the facility. CC1 further stated that when Staff D started at the facility, they assigned the BOM to notify the HCS case worker. CC1 stated that between 05/13/2023 and 06/05/2023, CC1 did not receive any notifications from the BOM of any [redacted] residents' status. CC1 stated that Staff F started implement the HCS notification system at the facility the week of 06/05/2023. CC1 stated that it was at this time that they received a list of [redacted] residents' status from Staff F.

RESIDENT 5
Review of the facility's document titled "Report Log May/June", updated 06/15/2023, showed Resident 5 admitted to the hospital on [redacted]/2023. The document showed Resident 5 returned to the ALF on [redacted]/2023. There was no documentation that showed the facility notified the HCS CM.

Review of the HCS's email document titled "RE: Greenlake Senior Living Renton", dated 06/13/2023, showed no documentation that the facility notified the HCS CM when Resident 5 admitted to the hospital on [redacted]/2023. The document only showed that on 06/06/2023, the facility notified the HCS CM that Resident 5 returned to the facility on [redacted]/2023.

RESIDENT 6
Review of Resident 6's May 2023 "Medication Administration Records (MARs)" showed that Resident 6 was hospitalized on [redacted]2023 and remained out of the facility between [redacted]/2023 and [redacted]/2023.

Review of the facility's document titled "Report Log May/June", updated 06/15/2023, showed Resident 6 returned to the community on [redacted]/2023. The document showed no record of Resident 6's hospitalization. There was no documentation that showed the facility notified the HCS CM.

Review of the HCS's email document titled "RE: Greenlake Senior Living Renton", dated 06/13/2023, showed that on [redacted]2023, the facility first notified the HCS CM that Resident 6 admitted to the hospital on [redacted]/2023 and return to the facility dated [redacted]/2023, 14 days after Resident 6 was hospitalized.

RESIDENT 7
Review of the facility's document titled "Report Log May/June", updated 06/15/2023, showed Resident 7 admitted to the hospital on [redacted]/2023. The document showed no record of Resident 7's return to the community. There was no documentation that showed the facility notified the HCS CM.

Review of the HCS's email document titled "RE: Greenlake Senior Living Renton", dated 06/13/2023, showed that on [redacted]/2023, the facility notified the HCS CM that Resident 7 admitted to the hospital on [redacted]2023, three days after Resident 7 was hospitalized.

RESIDENT 8
Review of Resident 8's May 2023 and June 2023 MARs showed that between [redacted]2023 and [redacted]2023, Resident 8 was hospitalized and out of the facility. There was no documentation that showed Resident 8 did not return to the facility.

Review of the facility's document titled "Report Log May/June", updated 06/15/2023, showed Resident 8 admitted to the hospital on [redacted]/2023. The report showed Resident 8 passed away at the hospital on [redacted]/2023. There was no documentation that showed the facility notified the HCS CM.

Review of the HCS's email document titled "RE: Greenlake Senior Living Renton", dated 06/13/2023, showed that on [redacted]/2023, the facility notified the HCS CM that Resident 8 passed away in the hospital on [redacted]/2023, 13 days after Resident 8 was hospitalized. There was no documentation that showed the facility notified the HCS CM when Resident 8 first admitted to the hospital on [redacted]/2023.

This is an uncorrected deficiency previously cited on 03/31/2023.

Plan/Attestation Statement

RESIDENT 6
Review of Resident 6's May 2023 "Medication Administration Records (MARs)" showed that Resident 6 was hospitalized on [redacted]/2023 and remained out of the facility between [redacted]/2023 and [redacted]/2023.

Review of the facility's document titled "Report Log May/June", updated 06/15/2023, showed Resident 6 returned to the community on [redacted]/2023. The document showed no record of Resident 6's hospitalization. There was no documentation that showed the facility notified the HCS CM.

Review of the HCS's email document titled "RE: Greenlake Senior Living Renton", dated 06/13/2023, showed that on [redacted]2023, the facility first notified the HCS CM that Resident 6 admitted to the hospital on [redacted]/2023 and return to the facility dated [redacted]/2023, 14 days after Resident 6 was hospitalized.

RESIDENT 7
Review of the facility's document titled "Report Log May/June", updated 06/15/2023, showed Resident 7 admitted to the hospital on [redacted]/2023. The document showed no record of Resident 7's return to the community. There was no documentation that showed the facility notified the HCS CM.

Review of the HCS's email document titled "RE: Greenlake Senior Living Renton", dated 06/13/2023, showed that on [redacted]/2023, the facility notified the HCS CM that Resident 7 admitted to the hospital on [redacted]/2023, three days after Resident 7 was hospitalized.

RESIDENT 8
Review of Resident 8's May 2023 and June 2023 MARs showed that between [redacted]2023 and [redacted]2023, Resident 8 was hospitalized and out of the facility. There was no documentation that showed Resident 8 did not return to the facility.

Review of the facility's document titled "Report Log May/June", updated 06/15/2023, showed Resident 8 admitted to the hospital on [redacted]/2023. The report showed Resident 8 passed away at the hospital on [redacted]/2023. There was no documentation that showed the facility notified the HCS CM.

Review of the HCS's email document titled "RE: Greenlake Senior Living Renton", dated 06/13/2023, showed that on [redacted]/2023, the facility notified the HCS CM that Resident 8 passed away in the hospital on [redacted]/2023, 13 days after Resident 8 was hospitalized. There was no documentation that showed the facility notified the HCS CM when Resident 8 first admitted to the hospital on [redacted]/2023.

This is an uncorrected deficiency previously cited on 03/31/2023.

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, Renton Assisted Living is or will be in compliance with this law and / or regulation on (Date) July 14, 2023

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

Administrator (or Representative)

July 14, 2023
Date

Residential Care Services
Investigation Summary Report

Provider/Facility: Renton Assisted Living
Provider Type: Assisted Living Facility
License/Cert.#: 2614
Compliance Determination #: 21815
Intake ID: 74256
Investigator: Michelle Yip
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 03/17/2023 through 03/31/2023
Complainant Contact Date(s):

Allegation(s):
No notification of [redacted] residents' hospitalization and skill nursing facility admission to Home and Community Services

Investigation Methods:

Sample:	Total residents: 100 Resident sample size: 6 Closed records sample size: 1
Observations:	Facility common areas, residents in common areas, resident and staff interactions
Interviews:	Executive Director/Acting Executive Director, Health Services Director, Resident and Resident's Representative, Department of Social and Health Services (DSHS) Home and Community Services (HCS) Case Manager
Record Reviews:	Resident Characteristic Roster, DSHS Medicaid contracts, facility policy, resident admit/discharge log, facility's emails to HCS, 6-month resident move-out records, and residents' records (face sheet, negotiated service agreement, Medication Administration Records, and progress notes)

Investigation Summary:
Four DSHS [redacted] residents were reported out of the facility due to hospitalization and admission to skilled nursing facility. Interviews and facility documentation showed that the facility failed to notify HCS Residents' relocation in 24 hours as required by the [redacted] contracts. Failed practice identified. See Statement of Deficiency.

Conclusion / Action:

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 03/17/2023, 03/17/2023, 03/20/2023 and 03/20/2023 of:

Renton Assisted Living
71 SW VICTORIA ST
RENTON, WA 98057

This document references the following complaint number(s): 74256

The following sample was selected for review during the unannounced on-site visit: 6 of 100 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Michelle Yip, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
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

04-11-2023
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.

Yvonne M. C. King-Lee
Administrator (or Representative)

4/21/23
Date

WAC 388-78A-2640 Reporting significant change in a resident's condition.

(2) The assisted living facility must notify any agency responsible for paying for the resident's care and services as soon as possible whenever:

(a) The resident is relocated to a hospital or other health care facility; or

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to notify the Home and Community Services Case Manager when 4 of 4 sampled [redacted] Residents (Resident 1, Resident 2, Resident 3, and Resident 4) admitted to the hospital and skilled nursing facility for medical care. This failure created a potential disruption in the coordination of services and funding provided to Resident 1, Resident 2, Resident 3, and Resident 4.

Findings Included...

Review of the facility's Department of Social and Health Services (DSHS) Medicaid contracts showed the facility maintained the following contracts: "Assisted Living Services (AL) Client Service Contract", dated 06/08/2022; "Adult Residential Care (ARC) Client Service Contract", dated 06/08/2022; and "Enhanced Adult Residential Care (EARC) Client Service Contract", dated 06/08/2022. The AL, ARC, and EARC contracts all showed that the facility was required to report any significant change in the client's condition within twenty-four hours to the assigned DSHS Home and Community Services Case Manager (HCS CM).

Review of the facility's undated policy titled "Leave of Absence (LOA) Notification Process" showed the facility's notification process when a [redacted] resident was out of the facility. The document showed that the facility's Executive Director and Business Office Manager were responsible to notify the corporate administrators as soon as they were aware of the [redacted] resident was out of the community. Further review of the document showed no instructions that the facility staff were responsible to notify the HCS CM.

During an interview on 03/17/2023 at 10:45 AM, Staff A, Executive Director, stated that the facility hired them as the new Executive Director, with their first day in the position on 03/01/2023. Staff A stated that they were unfamiliar with the Medicaid contracts and the contract requirements.

During an interview on 03/20/2023 at 11:00 AM, Staff B, Health Services Director, stated that the facility hired them as the new Health Services Director, with their first day in the position on 02/27/2023. Staff B stated that they were unfamiliar with the Medicaid

contracts and the contract requirements.

RESIDENT 1

Record review of the undated facility's document titled, "Assisted Living Facility Resident Characteristic Roster", showed that the facility admitted Resident 1 in [redacted] of 2019. Review of the facility's undated document titled "Patient Admit/Discharge Log" showed Resident 1 was "out of facility" on [redacted]/2023. The document showed no record of Resident 1's hospitalization. The document also showed no record of Resident 1's return to the facility.

Review of the facility's email titled "Update on residents at Green Lake of Renton and Introductions", dated [redacted]/2023, showed that the facility provided the HCS CM an updated status on some [redacted] residents. The email showed that the facility notified the HCS CM that Resident 1 admitted to the hospital on [redacted]/2023. The email further showed the facility informed the HCS CM that Resident 1 later transferred to the Skilled Nursing Facility (SNF). The email showed notification to the HCS CM occurred 24 days after Resident 1 admitted to the hospital.

During a telephone interview on 03/21/2023 at 5:17 PM, Collateral Contact 1 (CC 1, HCS CM) stated that they were Resident 1's assigned Case Manager. CC 1 stated that they were unaware Resident 1 admitted to the hospital on [redacted]/2023 and transferred to the SNF until they were contacted by the SNF. CC 1 further stated that facility did not notify them of Resident 1's hospitalization and SNF admission within the required time as stated on the DSHS contract.

RESIDENT 2

Record review of the undated facility's document titled, "Assisted Living Facility Resident Characteristic Roster", showed that the facility admitted Resident 2 in [redacted] of 2021.

Review of the facility's undated document titled "Patient Admit/Discharge Log" showed Resident 2 was "out of facility" on 02/20/2023. The document showed no record of Resident 2's hospitalization. The document showed no record of Resident 2's return to the facility.

Review of the facility's email titled "Update on residents at Green Lake of Renton and Introductions", dated [redacted]/2023, showed that the facility notified the HCS CM that Resident 2 was hospitalized on [redacted]/2023. The document showed notification to the HCS CM occurred 13 days after Resident 2 admitted to the hospital.

During a telephone interview on 03/21/2023 at 5:17 PM, CC 1 stated that they were Resident 2's assigned Case Manager. CC 1 stated that they were unaware Resident 2

admitted to the hospital on [redacted]/2023. CC 1 further stated that the facility did not notify them of Resident 2's hospitalization within the required time as stated on the DSHS contract.

During a telephone interview on 03/31/2023 at 12:46 PM, Staff C confirmed Resident 2's remained out of community since Resident 2 was hospitalized in [redacted] 2023. Staff C confirmed that the facility notified the HCS CM on [redacted]/2023.

RESIDENT 3

Record review of the undated facility's document titled, "Assisted Living Facility Resident Characteristic Roster", showed that the facility admitted Resident 3 in [redacted] 2021.

Review of the facility's undated document titled "Patient Admit/Discharge Log" showed that on 03/06/2023, Resident 3 was "out of facility", and on [redacted]/2023, Resident 3 was "discharged". The document showed no record of Resident 3's whereabout and where Resident 3 was discharged to. The document also showed no record of Resident 3's return to the facility.

Review of the facility's email titled "Update on residents at Green Lake of Renton and Introductions", dated [redacted]/2023, showed that the facility notified the HCS CM that Resident 3 admitted to the hospital [redacted]/2023 and remained hospitalized. The email further showed notification to the HCS CM occurred 6 days after Resident 3 admitted to the hospital.

During a telephone interview on 03/21/2023 at 5:17 PM, CC 1 stated that they were Resident 3's assigned Case Manager. CC 1 stated that they were unaware Resident 3 admitted to the hospital on [redacted]/2023 until they were contacted by the hospital. CC 1 further stated that the facility did not notify them of Resident 3's hospitalization within the required time as stated on the DSHS contract.

RESIDENT 4

Record review of the undated facility's document titled, "Assisted Living Facility Resident Characteristic Roster", showed that the facility admitted Resident 4 in [redacted] of 2021.

Review of the facility's undated document titled "Patient Admit/Discharge Log" showed no record for Resident 4 between 01/01/2023 and 03/21/2023.

Review of the facility's email titled "Update on residents at Green Lake of Renton and Introductions", dated 03/03/2023, showed that the facility notified CC 1 that Resident 4 was in the facility on this day. The email showed no record that the facility notified CC1 the

dates when Resident 4 was out of the facility. Further review of the email showed no record that the facility notified CC1 the date when Resident 4 returned to the facility.

During a telephone interview on 03/21/2023 at 5:17 PM, CC 1 stated that they were Resident 4's assigned Case Manager. CC 1 stated that they were unaware Resident 4 admitted to the hospital and later discharged to a skilled nursing facility in [redacted] 2023. CC 1 stated that the skilled nursing facility contacted them with the information about Resident 4's admit to the SNF. CC 1 further stated that facility did not notify them of Resident 4's hospitalization and SNF admission within the required time as stated on the DSHS contract.

During a telephone interview on 03/31/2023 at 12:46 PM, Staff C reported that there was no facility record that showed Resident 4 was out of facility in [redacted] 2023. Staff C confirmed that there was no documentation that showed the facility notified the HCS CM about Resident 4's hospitalization and SNF admission in [redacted] 2023.

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, Renton Assisted Living is or will be in compliance with this law and / or regulation on (Date) May 13, 2023.

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

Yvonne McKeng-Kie
Administrator (or Representative)

4/21/2023
Date