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
71 SW VICTORIA ST
RENTON, WA 98057

RE: Renton Assisted Living License # 2614

Dear Administrator:

This letter addresses Compliance Determination(s) 47174 (Completion Date 09/13/2024) and 44033 (Completion Date 07/17/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/13/2024 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:
Harrison Udoye, Community Complaint Investigator

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

Sincerely,

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

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 07/11/2024, 07/11/2024, and 07/11/2024 of:

Renton Assisted Living
71 SW VICTORIA ST
RENTON, WA 98057

This document references the following SOD dated: 07/17/2024

The following sample was selected for review during the unannounced on-site visit: 1 of 80 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Harrison Udoye, Community Complaint Investigator

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

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-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 1 of 1 sampled [redacted] Resident (Resident 1) admitted to the hospital. This failure placed Resident 1 at risk of potential disruption in the coordination of services and financial assistance.

Findings included…

Review of Secure Tracking and Reporting System (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 05/13/2024. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 06/07/2024.

Review of that facility's Department of Social and Health Services (DSHS) [redacted] contracts showed that the facility maintained the following [redacted] 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 facility document showed that Resident 1 was sent to the hospital on [redacted]/2024. The document showed the facility notified the HCS CM on 07/04/2024, three days beyond the required twenty-four notification.

During the interview on 07/11/2024 at 10:30 AM, Staff A, Interim Executive Director, stated that they were new in the position and unaware of the processes of reporting. Staff B, Operation Specialist, stated that they were unaware that the facility was late when they reported the incident to the HCS CM. Staff D, Business Office Manager, stated that as soon as Staff C, Director of Health and Wellness, informed them of the hospitalization, Staff B immediately reported it to the HCS CM.

This is an uncorrected deficiency previously cited on 05/13/2024.

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, Renton 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Renton Assisted Living
Provider Type: Assisted Living Facility
License/Cert.#: 2614
Compliance Determination #: 37006
Intake ID: 117276
Investigator: Harrison Udoye
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 02/14/2024 through 05/13/2024
Complainant Contact Date(s): 02/14/2024

Allegation(s):

1) Alleged Neglect (Care needs/coordination of care)
2) Failure to notify Home and Community Services when Named Resident was out of facility

Investigation Methods:

Sample:
Total residents: 88
Resident sample size: 4
Closed records sample size: 1

Observations:
Residents
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Nursing staff
Family members
Housekeeping staff
Business office manager
Staff development coordinator
Therapy staff

Record Reviews:
Incident investigation
Staff training records
Facility policies
Hospital records
Medical records
Maintenance logs
Staff training records

Investigation Summary:

1) Report of alleged neglect in the Assisted Living Facility (ALF).
Interview and record review showed that Named Resident had a left leg wound that was not cared for by the facility staff. Facility staff stated that Named Resident was resistive with care. Staff made no attempt to notify Named Resident representative and the Primary Care Provider. Facility failed to coordinate care within home wound service for

evaluation and treatment. No proper documentation and assessment noted. Facility failed practice identified. Citation issued.
2) Facility failed to report the appropriate agencies for any hospitalization when over two days away from the Assisted Living Facility (ALF).
Interview and record review showed that facility staff were mandated to report to Home and Community Services (HCS) for any hospitalized resident for more than two days. Facility did not report till day twenty-two of a resident's hospitalization. Facility failed practice identified. Citation issued.

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 02/14/2024, 02/14/2024, 05/13/2024 and 02/14/2024 of:

Renton Assisted Living
71 SW VICTORIA ST
RENTON, WA 98057

This document references the following complaint number(s): 117276

The following sample was selected for review during the unannounced on-site visit: 4 of 88 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Harrison Udoye, Community Complaint Investigator

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

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-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 Service Case Manager when 1 of 4 sampled [redacted] Residents (Resident 1) admitted to the hospital and a skilled nursing facility for medical care. This failure placed Resident 1 at risk of potential disruption in the coordination of services and funding provided.

Finding included…

Review of that facility's Department of Social and Health Services (DSHS) [redacted] contracts showed that the facility maintained the following [redacted] 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 Service Case Manager (HCS CM).

Review of the facility's undated policy titled "Leave of Absence (LOA) Notifications Process" outlined the facility's notification process when a [redacted] resident was out of the facility. The document showed that the facility's Executive Director and the Business Office Manager were responsible to notify the administrator as a soon as they were aware of the [redacted] resident was out of the facility.

During the interview on 02/14/2024 at 9:30 AM, Staff B, Operations Area Specialist, stated that they were unaware that the HCS CM was not notified about Resident 1's hospitalization by anyone from the facility.

During a phone interview on 02/14/2024 at 1:37 PM, Staff A, Executive Director, stated that they thought the facility Business Office Manager and Residential Care Manager notified the HCS CM.

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)_____ .

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

_____ _____
Administrator (or Representative) Date

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(7) Not allow any staff person to abuse or neglect any resident.

This requirement was not met as evidenced by:

Based on interview and record review, facility staff failed to assess 1 of 3 sampled residents (Resident 1)'s need for medical treatment and failed to provide services to meet Resident 1's care needs. These failures placed Resident 1 at risk of compromised health condition, and possible death.

Finding included…

Review of facility's document Unusual Incident/Injury Report showed that staff found Resident 1 in their room, lethargic with low blood pressure. Facility staff sent Resident 1 to the hospital. At the hospital, Resident 1 was diagnosed with [redacted]. As a result of the severe infection, Resident 1's lower leg was [redacted].

Review of facility's Charting Notes showed that on 12/12/2024, facility staff showered Resident 1. There was no documentation of Resident 1 with any wounds. On 12/28/2024 and 01/03/2024, the charting notes documented that Resident 1 refused wound care due to Resident 1 being in excruciating pain associated with the wound. There was no documentation of any treatment offered to Resident 1 for the pain. On [redacted]/2024 at 9:49 AM, Resident 1 was sent out to the hospital. Resident 1 was diagnosed with [redacted].

During an interview on 02/14/2024 at 9:30 AM, Staff B, Operations Area Specialist, stated that Staff C, Resident Care Coordinator (RCC), did not notify home health that Resident 1 required a consultation for the lower leg wound. Staff B stated that staff did not use facility program, wound tracker, to document the lower leg wound. Staff B stated that there was no notification given to Resident 1's representative. Staff B stated that staff did not complete an at-risk form, as required, when Resident 1 refused care.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to report possible neglect of 1 of 3 sampled Residents (Resident 1). This failure placed Resident 1 at risk for the potential of additional neglect.

Finding included…

Review of the Department of Social and Health Services Secure Tracking and Reporting System (STARS) between 01/01/2024 and 01/31/2024 showed there were no reports received for allegations of possible neglect of Resident 1 or any other residents in the facility.

Review of facility's progress note for Resident 1 showed no documentation that facility staff reported or filed a complaint with Aging and Disability Services Administration Complaint Resolution Unit (CRU) hotline for an allegation of possible neglect.

During an interview on 02/14/2024 at 9:30 AM, Staff B, Operations Area Specialist, stated that they were unaware that Staff A, Executive Director, did not file a report for the possible neglect of a vulnerable adult in their facility, as required.

During a phone interview on 02/14/2024 at 1:37 PM, Staff A, could not explain why facility staff failed to report the possible neglect of Resident 1 to the Complaint Resolution Unit (CRU) hotline for an investigation. Staff A stated that they were aware Resident 1 had a left leg wound. Staff A stated that they were unaware how severe the leg wound was, until the hospital notified them of an emergency [redacted] to save Resident 1's life.

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)_____ .

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

_____ _____

Administrator (or Representative) Date