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

Greenlake Senior Services LLC
Greenlake Emerald City
9001 Lake City Way NE
Seattle, WA 98115

RE: Greenlake Emerald City License # 2696

Dear Administrator:

This letter addresses Compliance Determination(s) 60136 (Completion Date 05/28/2025) and 57518 (Completion Date 04/17/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/28/2025 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-2230-1-c-ii, WAC 388-78A-2230-1-c-i, WAC 388-78A-2230-1-c

The Department staff who did the on-site verification:
Cathy Prentice, Complaint Investigator

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

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

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

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site follow-up on 04/04/2025 and 04/08/2025 of:
Greenlake Emerald City
9001 Lake City Way NE
Seattle, WA 98115

This document references the following SOD dated: 04/17/2025

The following sample was selected for review during the unannounced on-site visit: 4 of 93 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cathy Prentice, Complaint Investigator

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

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

Statement of Deficiencies	License #: 2G9D	Compliance Determination #:570118
Plan of Correction	Greenlake Emerald City	Completion Date
Page 2 of 3	Licensee: Greenlake Senior Services LLC	04/17/2025

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

04/21/2025
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)

5-5-25
Date

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(a) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person:

(i) Conducts an evaluation, and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the physician of [redacted] medications while [redacted] (Resident 1), placing Resident 1 at risk for a decline in health status.

Findings included...

Review of the ALF's Resident Refusal of Medication policy, dated 02/15/2024, showed if a resident refused medication, continued refusal and potential effect would be evaluated and documented by a licensed nurse and the primary care provider would be notified.

Record review showed the ALF admitted Resident 1 on [redacted] 2024 with dementia (a

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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.

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-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the physician or conduct an evaluation when 1 of 1 resident (Resident 1) refused their medication. This failure placed Resident 1 at risk for a decline in health status.

Findings included...

Review of the ALF's Resident Refusal of Medication policy, dated 02/15/2024, showed if a resident refused medication, continued refusal and potential effect would be evaluated and documented by a licensed nurse and the primary care provider would be notified.

Record review showed the ALF admitted Resident 1 on [redacted]/2024 with dementia (a

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

Statement of Deficiencies	License #: 2686	Compliance Determination #:67518
Plan of Correction	Greenlake Emerald City	Completion Date
Page 3 of 3	Licensee: Greenlake Senior Services LLC	04/17/2025

group of symptoms that affects memory, thinking and interferes with daily life) and Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination). The Negotiated Service Agreement (NSA) dated 02/27/2025, showed staff were to assist Resident 1 with medications.

Review of the March and April 2025 Medication Administration Records (MAR), showed Resident 1 had a physician's order for Carbidopa/Levodopa (C/L) (used to treat Parkinson's symptoms) Immediate Release 25/100 milligrams (mg) three times daily. Review of the MAR showed Resident 1 refused their C/L 12 times from 03/26/2025 through 04/03/2025

Record review showed the ALF had no documentation in Resident 1's record of any licensed nurse evaluating the outcome of Resident 1's C/L refusals or notification to the physician about Resident 1's pattern of refusals.

In an interview, on 04/08/2025 at 1:05 PM, Staff A (Medication Technician) stated Resident 1 had been refusing their C/L for the past couple of weeks. Staff A stated they were unsure if the primary provider was notified of the continued medication refusals.

In an interview, on 04/18/2025 at 1:10 PM, Staff S (Resident Care Coordinator) stated the primary care provider had not been notified and the ALF had not evaluated Resident 1 after they refused their C/L.

This is an uncorrected deficiency previously cited on 02/21/2025.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 5-15-2025

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

Administrator (or Representative) 5-5-25 Date

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Record review showed the ALF had no documentation in Resident 1's record of any licensed nurse evaluating the outcome of Resident 1's C/L refusals or notification to the physician about Resident 1's pattern of refusals.

In an interview, on 04/08/2025 at 1:05 PM, Staff A (Medication Technician) stated Resident 1 had been refusing their C/L for the past couple of weeks. Staff A stated they were unsure if the primary provider was notified of the continued medication refusals.

In an interview, on 04/18/2025 at 1:10 PM, Staff B (Resident Care Coordinator) stated the primary care provider had not been notified and the ALF had not evaluated Resident 1 after they refused their C/L.

This is an uncorrected deficiency previously cited on 02/21/2025.

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, Greenlake Emerald City 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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Greenlake Emerald City
Provider Type: Assisted Living Facility

License/Cert.#: 2696
Intake ID: 166061
Compliance Determination #: 54598
Region/Unit #: RCS Region 2 / Unit J
Investigator: Cathy Prentice
Investigation Date(s): 02/11/2025 through 02/21/2025
Complainant Contact Date(s): 02/11/2025, 02/21/2025

Allegation(s):

1. The facility missed a prescribed monthly injection for the Named Resident in January and it is uncertain when the February injection was given. 2. The Named Resident (NR) had increased anxiety due to missing the medication injection.

Investigation Methods:

Sample:	Total residents: 85 Resident sample size: 7 Closed records sample size: 1
Observations:	Named Resident (NR); delivery of care and services; staff interactions with residents; residents' appearance; environment.
Interviews:	Named Resident, other residents, staff, administration, collateral contacts.
Record Reviews:	Resident care records, Assessment, Negotiated Service Agreement (NSA), investigations, grievances, facility policies, other pertinent records.

Investigation Summary:

1. The facility failed to administer the injectable medication as ordered by the physician from November 2024 to February 2025. 2. There was no evidence documented of increased anxiety for the NR. The NR stated she felt good and had no concerns. See Statement of Deficiencies dated 02/21/2025.

Conclusion / Action:

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Greenlake Emerald City
Provider Type: Assisted Living Facility

License/Cert.#: 2696
Intake ID: 164925
Compliance Determination #: 54598
Region/Unit #: RCS Region 2 / Unit J
Investigator: Cathy Prentice
Investigation Date(s): 02/11/2025 through 02/21/2025
Complainant Contact Date(s): 02/10/2025, 02/21/2025

Allegation(s):
1. The Named Resident has been refusing medications for at least all of January resulting in medical deterioration. 2. Family did not know the NR was refusing medications.

Investigation Methods:

Sample:	Total residents: 85 Resident sample size: 7 Closed records sample size: 1
Observations:	NR not available; observed ALF residents, delivery of care and services; staff interactions with residents; residents' appearance; environment.
Interviews:	ALF residents, staff, administration, collateral contacts.
Record Reviews:	Resident care records, Assessment, Negotiated Service Agreement (NSA), investigations, grievances, facility policies, other pertinent records.

Investigation Summary:
Observation, interview and record review showed, the facility completed an Assessment and Negotiated Service Agreement as required. 1. The facility failed to evaluate for outcomes and notify the physician when the NR refused medications from November 2024 through January 2025 until the NR went to the hospital. 2. The facility was not required to notify the legal representative of the medication refusals. See Statement of Deficiency dated 02/21/2025.

See Statement of Deficiencies dated--

Conclusion / Action:

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

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☐ N/A

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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 #: 2696	Compliance Determination # 54598
Plan of Correction	Greenlake Emerald City	Completion Date
Page 1 of 6	Licensee: Greenlake Senior Services LLC	02/21/2025

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 02/11/2025 of:

Greenlake Emerald City
9001 Lake City Way NE
Seattle, WA 98115

This document references the following complaint number(s): 166061, 164925, 161273, 167650

The following sample was selected for review during the unannounced on-site visit: 7 of 85 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Cathy Prentice, Complaint Investigator

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

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Statement of Deficiencies	License #: 2696	Compliance Determination # 54598
Plan of Correction	Greenlake Emerald City	Completion Date
Page 2 of 6	Licensee: Greenlake Senior Services LLC	02/21/2025

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.

Jeannie Siegel
Residential Care Services

2/24/2025
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)

~~3/3~~/25 ~~2025~~
~~3/3~~/2025
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 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 7 sampled residents (Resident 2), who required medication assistance, received their medication as prescribed. This failure resulted in Resident 1 receiving less doses of the medication ordered and placed them at risk of decline of mental health.

Findings included...

NOTE: Washington Administrative Code 388-78A-2410 (8)(a)(i)(ii)(iii) The content of resident records requirement included: The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident. Active resident records must include the following: (8) Medical and nursing services provided by the assisted living facility for a resident, including: (a) A record of providing medication assistance and medication administration, which contains: (i) The

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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.

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 _____

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medication name, dose, and route of administration; (ii) The time and date of any medication assistance or administration; (iii) The signature or initials of the person providing any medication assistance or administration.

NOTE- Medlineplus.gov stated the medication haloperidol was used to treat psychotic disorders (conditions that cause difficulty telling the difference between things and things or ideas that are not real). Do not stop taking haloperidol without talking to your doctor.

Record review of a Face Sheet, showed the ALF admitted Resident 2 on [redacted]/2024 with a diagnosis of [redacted]. Review of an Assessment/Negotiated Service Agreement (NSA), dated 10/22/2024, showed Resident 2 required ALF staff assistance with some medications.

Record review of the October, November, and December 2024 and January and February 2025 Medication Administration Records (MAR) showed a physician's order, dated 10/04/2024, for a haloperidol injection 100 milligrams/milliliter, inject 50 milligrams (0.5milliter) intramuscularly every 30 days.

Review of the October MAR showed haloperidol was administered to Resident 2 on 10/18/2024. Review of the November MAR, showed no documentation that the haloperidol injection was administered. Review of the December MAR, showed the haloperidol injection was administered on 12/28/2024. Review of the January MAR, showed the haloperidol injection was not administered. Review of the February MAR, showed haloperidol was administered to Resident 2 on 02/11/2025 with a note that stated the haloperidol was actually given, but not documented, on 02/03/2025.

Review of the MARs showed the time between the haloperidol administration documented in October of 2024 and the next documented injection in December of 2024 was 51 days. The time between the haloperidol administration documented December of 2024 and the next documented injection in February of 2025 was 37 days.

In an interview, on 02/11/2025 at 11:55 AM, Staff A (Health Services Director and Licensed Nurse) stated Resident 2 had a significant history of psychosis and the monthly haloperidol injection helped Resident 2. Staff A stated Resident 2 had behaviors such as yelling at invisible people when the psychosis was not controlled. Staff A stated she did not recall if the November of 2024 haloperidol injection was given. Staff A confirmed the December of 2024 injection was late. Staff A stated the January of 2025 injection late on 02/03/2025.

In an interview, on 02/18/2025 at 9:20 AM, Collateral Contact 1 (CC1 – Resident 2's Representative) stated Resident 2 was prescribed the haloperidol injections monthly to ensure psychosis treatment was on a regular time frame and blood levels of the

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Statement of Deficiencies	License #: 2696	Compliance Determination # 54598
Plan of Correction	Greenlake Emerald City	Completion Date
Page 4 of 6	Licensee: Greenlake Senior Services LLC	02/21/2025

medication could be maintained for optimal effect. CC1 stated Resident 2 had more behaviors and psychosis when the medication was not given on time every 30 days and the facility had not administered the medication as ordered since October 2024.

This deficiency was previously cited on 08/09/2024.

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 3/25/2025

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

Administrator (or Representative) 3/3/2025 Date

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the physician or conduct an evaluation when 1 of 7 residents (Resident 1) refused their

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This deficiency was previously cited on 08/09/2024.

Plan/Attestation Statement

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

_____ _____
Administrator (or Representative) Date

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medication. This failure placed Resident 1 at risk for a decline in health status.

Findings included...

Review of the ALF's Resident Refusal of Medication policy, dated 02/15/2024, showed if a resident refused medication, continued refusal and potential effect would be evaluated and documented by a licensed nurse and the primary care provider would be notified.

Record review showed the ALF admitted Resident 1 on [redacted]/2024 with [redacted]. The Negotiated Service Agreement (NSA), dated 11/12/2024, showed staff were to assist Resident 1 with medications.

Review of the November and December 2024, and January 2025 Medication Administration Record (MAR), showed Resident 1 had a physician's order for Carbidopa/Levodopa (C/L) (used to treat Parkinson's symptoms) Immediate Release 25/100 milligrams (mg) three times daily, and Certivite Tab Senior (a supplement) once daily. Review of the MAR showed Resident 1 refused their C/L 28 times in November, 87 times in December and 70 times in January 2025. Review of the MAR, showed Resident 1 refused the Certivite 16 times in December and 25 times in January 2025.

Review of a Progress Note, dated 01/14/2025, showed Resident 1 had been refusing medications and did not want medications to be offered everyday anymore.

Record review showed the ALF had no documentation in Resident 1's record of any licensed nurse evaluating the outcome of Resident 1's medication refusals or notification to the physician about Resident 1's pattern of refusals of the medications.

In an interview, on 02/11/2025 at 11:55 AM, Staff A (Health Services Director and Licensed Nurse) stated Resident 1 was adamant about refusing their medications. Staff A stated she was unsure if the primary provider was notified of the continued medication refusals.

In an interview, on 02/18/2025 at 9:47 AM, Staff B (Administrator) stated the facility did not have any documentation or faxes showing the ALF communicated to Resident 1's primary provider they refused medications from November 2024 to January 2025.

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

Statement of Deficiencies	License #: 2696	Compliance Determination # 54598
Plan of Correction	Greenlake Emerald City	Completion Date
Page 6 of 6	Licensee: Greenlake Senior Services LLC	02/21/2025

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, Greenlake Emerald City is or will be in compliance with this law and / or regulation on (Date) 3/25/2025.

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

Administrator (or Representative) — Date: 3/7/2025

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Plan/Attestation Statement

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Administrator (or Representative) Date

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