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

LC Lynnwood Operator LLC
Quail Park of Lynnwood
4015 164th St SW
Lynnwood, WA 98087

RE: Quail Park of Lynnwood License # 2700

Dear Administrator:

This letter addresses Compliance Determination(s) 67951 (Completion Date 11/04/2025) and 65224 (Completion Date 09/22/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/04/2025 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-2320-1-b, WAC 388-78A-2320-2-b, WAC 388-78A-2320-3-c, WAC 388-78A-2320-1-a, WAC 388-78A-2320-2-a, WAC 388-78A-2320-2-d, WAC 388-78A-2320-2-e, WAC 388-78A-2320-3-b, WAC 388-78A-2320-3-d, WAC 388-78A-2320-3-e

The Department staff who did the on-site verification:
Alma Duran, Licensor
Keiko Kitano, Licensor

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

Sincerely,

Jamie Singer

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

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

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

The department completed data collection for an unannounced on-site follow-up on 09/05/2025 of:
Quail Park of Lynnwood
4015 164th St SW
Lynnwood, WA 98087

This document references the following SOD dated: 09/22/2025

The following sample was selected for review during the unannounced on-site visit: 7 of 123 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, Licensor

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

Statement of Deficiencies	License #: 2700	Compliance Determination #85224
Plan of Correction	Quail Park of Lynnwood	Completion Date
Page 2 of 5	Licensee: LC Lynnwood Operator LLC	09/22/2025

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

09/30/2025
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.

Marian Sauls
Administrator (or Representative)

10/2/2025
Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

(d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

(e) Implementation of the nursing component of each resident's negotiated service agreement; and

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(b) Chapter 18.88A RCW, Nursing assistants;

(c) Chapter 246-840 WAC, Practical and registered nursing;

(d) Chapter 246-841 WAC, Nursing assistants; and

(e) Chapter 246-888 WAC, Medication assistance.

This requirement was not met as evidenced by:

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-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

(d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

(e) Implementation of the nursing component of each resident's negotiated service agreement; and

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(b) Chapter 18.88A RCW, Nursing assistants;

(c) Chapter 246-840 WAC, Practical and registered nursing;

(d) Chapter 246-841 WAC, Nursing assistants; and

(e) Chapter 246-888 WAC, Medication assistance.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that nurse delegation (ND) was in place for 2 of 5 sampled residents (Residents 5 and 6) who received blood sugar (BS) checks and medication administration by unlicensed staff. This placed Residents 5 and 6 at risk of health complications when unlicensed staff conducted blood sugar checks and administered medication without receiving proper nurse delegation and nurse oversight.

Findings included…

Note: The ND Program, under Washington State Law, allows nursing assistants and Home Care Aides working in community-based care settings to perform certain tasks such as blood sugar testing (use of a lancet to pierce the skin to obtain a blood sample) and administering insulin injections, which are normally performed by licensed nurses. A registered nurse must teach and supervise the nursing assistant as well as provide nursing assessments of the resident's condition. Nurse Delegation is specific to each resident, each caregiver, and each task and is not transferrable. Documentation must be specific and include all required information as listed in Washington Administrative Code (WAC) 246-840.

NOTE: Washington Administrative Code (WAC) 246-840-930 Criteria for delegation, In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE. PLAN IMPLEMENT: (10) If the registered nurse delegator determines delegation is appropriate, the nurse: (a) Discusses the delegation process with the patient or authorized representative, including the level of training of the nursing assistant or home care aide delivering care. (b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter 7.70 Revised Code of Washington.

Review of the ALF's undated Disclosure of Services showed that diabetic management by a Licensed Nurse (LN) and Nurse Delegation were both dependent upon a nursing assessment and the availability of a LN during the limited hours that the LN was on site.

In an interview, on 09/05/2025 at 10:10 AM, Staff A (Administrator/Executive Director) stated that the ALF had been providing ND services to residents, and the Registered Nurse Delegator (RND) was contracted from an outside company.

RESIDENT 5
Records review showed that the ALF admitted Resident 5 on [redacted]/2024 with multiple medical diagnoses including [redacted] Review of a Service Plan (SP - equivalent to a Negotiated Service Agreement), dated 08/24/2025, showed Resident 5 required extensive staff assistance with medication management and required ND for BS checks and insulin administration.

Review of the August and September 2025 electronic Medication Administration Records (eMARs) showed Resident 5 had been prescribed blood sugar (BS) checks twice a day and a daily injection of insulin Lantus Solostar (is a long-acting insulin used help manage blood sugar levels).

Review of the eMARs from 08/25/2025 through 09/05/2025, showed Staff C (Medication Technician ((MT)), Staff D (MT), and Staff E (MT), initialed the eMARs, indicating they performed either BS checks and or administered insulin to Resident 5 on multiple occasions. The eMARs showed Staff C performed BS checks and administered insulin to Resident 5 on 08/25/2025, 08/26/2025, 08/27/2025, 08/29/2025, and 08/30/2025; Staff D performed BS checks on 08/26/2025, 08/31/2025, and 09/01/2025; and Staff E performed BS checks on 08/27/2025, 08/30/2025, and 09/03/2025 without proper ND training and nursing oversight.

In an interview, on 09/05/2025 at 3:10 PM, Staff C stated that they pricked Resident 5's finger to check his BSs and administered the insulin.

Review of the ND binder showed no document indicating the RND had ever delegated the nursing task of BS checks and insulin injections to Staff C, Staff D, and Staff E. The ND documentation for Staff D showed, "No diabetes delegation."

In an interview, on 09/05/2025 at 3:00 PM, Staff A confirmed the lack of ND training for the Staff C, D, and E to perform BS checks and administer insulin injection to Resident 5. Staff A stated that they had contacted the RND to review the ND binder for accuracy of staff that were delegated. Staff A confirmed that there was no additional ND documents provided.

RESIDENT 6
Records review showed that the ALF admitted Resident 6 on [redacted]/2025 with multiple diagnoses, including [redacted].
Review of a Service Plan (SP - equivalent to Negotiated Service Agreement), dated 08/25/2025, showed that Resident 6 required Nurse Delegation services for BS checks.

Review of Resident 6's August and September 2025 electronic Medication Administration Record (eMAR) showed that Resident 6 had orders for BS checks three times daily, at 8:00 AM, 12:00 PM, and 5:00 PM. Review of the eMARs showed BS checks had been initialed as completed by Medication Technicians (MT).

In an interview, on 09/05/2025 at 11:10 AM, Staff B (MT) stated that MTs had been manually checking Resident 6's BS.

Statement of Deficiencies	License #: 2700	Compliance Determination #85224
Plan of Correction	Quail Park of Lynnwood	Completion Date
Page 5 of 5	Licensee: LC Lynnwood Operator LLC	09/22/2025

Review of the ND documentation showed that the RND had delegated the nursing task of Resident 6's BS checks to MTs on 06/24/2025. Review of Resident 6's ND documentation showed a ND consent form was not signed by the RND.

On 09/08/2025 at 01:29 PM, the Department received an email from Staff A who stated that the ND contracted agency was unable to locate a consent for Resident 6 signed by the RND.

This is an uncorrected citation previously cited on 07/11/2025.

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, Quail Park of Lynnwood is or will be in compliance with this law and / or regulation on (Date) 10/17/2025

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

Marian Sauls
Administrator (or Representative)

10/2/2025
Date

Review of the ND documentation showed that the RND had delegated the nursing task of Resident 6's BS checks to MTs on 06/24/2025. Review of Resident 6's ND documentation showed a ND consent form was not signed by the RND.

On 09/08/2025 at 01:29 PM, the Department received an email from Staff A who stated that the ND contracted agency was unable to locate a consent for Resident 6 signed by the RND.

This is an uncorrected citation previously cited on 07/11/2025.

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, Quail Park of Lynnwood 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

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 the unannounced on-site full inspection on 06/10/2025 and 06/16/2025 of:

Quail Park of Lynnwood
4015 164th St SW
Lynnwood, WA 98087

The following sample was selected for review during the unannounced on-site visit: 14 of 125 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, Licensor

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

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Janice Seigen
Residential Care Services

7/15/2025
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.

Marian Sauls
Administrator (or Representative)

7/25/2025
Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

This requirement was not met as evidenced by:

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-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure the Negotiated Service Agreement (NSA) included all required contents for 6 of 10 sampled residents (Residents 3, 4, 5, 9, 10, and 13). This placed Residents 3, 4, 5, 9, 10, and 13 at risk for not having their care and services needs met.

Findings included…

RESIDENT 3
Records review showed that the ALF admitted Resident 3 on [redacted]/2020 with multiple diagnoses, including [redacted] Review of a Service Plan (SP - equivalent to an NSA), dated 03/25/2025, showed Resident 3 required extensive assistance with medication management.

Review of the April, May, and June 2025 electronic Medication Administration Records (eMARs) showed that Resident 3 had been taking Eliquis (anticoagulant used to help prevent strokes or blood clots in people who have A-Fib) twice a day.

Review of Resident 3's SP, dated 03/25/2025, showed no documented plan for how to monitor and address the risks associated with long-term daily anticoagulation therapy, including signs of unusual bruising, bleeding, or symptoms of internal bleeding.

RESIDENT 4
Record review showed that the ALF admitted Resident 4 on [redacted]/2024 with multiple diagnoses including [redacted]. Review of a SP, dated 02/01/2024, showed Resident 4 required extensive assistance with medications management.

Review of the March, April, May, and June 2025 eMARs, showed Resident 4 had been taking a daily dose of aspirin (an anticoagulant used to help prevent strokes or blood clots).

Review of a SP, dated 03/25/2025, showed no documented plan for how to monitor and address the risks associated with long-term daily anticoagulation therapy, including signs of unusual bruising, bleeding, or symptoms of internal bleeding.

RESIDENT 5
Records review showed that the ALF admitted Resident 5 on [redacted]/2023 with multiple diagnoses, and that Resident 5 was admitted into hospice (care provided to the terminally ill) on 04/04/2025.

Review of a SP, dated 04/18/2025, showed that Resident 5 required assistance for the entire showering process by the ALF caregiver.

Observation and interview, on 06/13/2025 at 11:15 AM, showed a Collateral Contact 3 (CC3 - Hospice Bath Aide) present in Resident 5's apartment. CC3 stated that they had been providing bathing services for Resident 5 twice a week.

Review of the 04/18/2025 SP showed no plan indicating that Resident 5 would be receiving hospice bath aide services, and there was no back up plan for when the hospice bath aide would not be there to provide the services.

In an interview, on 06/16/2025 at 2:35 PM, Staff H (Health and Wellness Director) acknowledged that there was no plan showing Resident 5's hospice bath aide services and no back-up plan documented in Resident 5's SP.

RESIDENT 9
Record review showed that the ALF admitted Resident 9 on [redacted]/2022 with multiple diagnoses, and that Resident 9 was admitted into hospice care on 05/09/2025.

Review of a SP, dated 05/14/2025, showed that Resident 9 required assistance for the entire showering process by the ALF caregiver.

In an interview, on 06/16/2025 at 12:55 PM, Staff Q (Resident Care Manager) stated that Resident 9 had been receiving bathing assistance from a hospice bath aide.

Review of Resident 9's 05/14/2025 SP showed no documented plan for bathing services by a hospice bath aide, and no back up plan was found.

Review of the April, May, and June 2025 eMARs showed that the physician prescribed Resident 9 to take Eliquis (anticoagulant) twice a day. Review of Resident 9's SP, dated 05/14/2025, showed no documented plan for how to monitor the risks associated with long-term daily anticoagulation therapy, including signs of unusual bruising, bleeding, or symptoms of internal bleeding.

RESIDENT 10
Record review of showed the ALF admitted Resident 10 on [redacted]/2024 with multiple diagnoses to include [redacted] and [redacted]. Review of a SP, dated 12/24/2024, showed Resident 10 required extensive assistance with medication management.

Record review of Resident 10's March, April, May, and June 2025 eMARs showed a physician's order for daily clopidogrel (an anticoagulant used to help prevent strokes or blood clots) and a daily insulin injection (a medication used to regulate blood sugar levels) and daily metformin (a medication used to regulate blood sugar levels).

Review of Resident 10's SP, dated 12/24/2024, showed no documented plan for how to monitor and address the risks associated with long-term daily anticoagulation therapy, including signs of unusual bruising, bleeding, or symptoms of internal bleeding.

The SP showed no information of Resident 10's dependence on insulin or diabetes management including who and how they monitor blood sugar levels and no signs and symptoms to alert staff for low or high blood sugar levels.

RESIDENT 13:
Record review showed that the ALF admitted Resident 13 on [redacted]/2025 with multiple diagnoses, including [redacted], and receiving insulin injections. Review of Resident 13's SP, dated 01/24/2025, showed no documented plan for diabetic management, including monitoring signs and symptoms of Resident 13's conditions of hyperglycemia (high BS in the body, happens when the body has too little insulin or when the body can't use insulin properly) and hypoglycemia (low BS in the body, happens when blood sugar levels are too low, usually less than 70 milligrams per deciliter (mg/dL)).

In an interview, on 08/18/2025 at 2:02 PM, Staff H (Health and Wellness Director) confirmed that the SPs for Residents 3, 4, 5, 9, 10, and 13 did not include monitoring and interventions related to their care needs and health status.

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, Quail Park of Lynnwood is or will be in compliance with this law and / or regulation on (Date) 8/25/2025

8/25/2025

SB confirmed amended POC date with Provider on 7/28/2025.

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

Marian Sanders — Administrator (or Representative)

7/25/25 — Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

Review of Resident 10's SP, dated 12/24/2024, showed no documented plan for how to monitor and address the risks associated with long-term daily anticoagulation therapy, including signs of unusual bruising, bleeding, or symptoms of internal bleeding.

The SP showed no information of Resident 10's dependence on insulin or diabetes management including who and how they monitor blood sugar levels and no signs and symptoms to alert staff for low or high blood sugar levels.

RESIDENT 13
Record review showed that the ALF admitted Resident 13 on [redacted]/2025 with multiple diagnoses, including [redacted], and receiving insulin injections. Review of Resident 13's SP, dated 01/24/2025, showed no documented plan for diabetic management, including monitoring signs and symptoms of Resident 13's conditions of hyperglycemia (high BS in the body, happens when the body has too little insulin or when the body can't use insulin properly) and hypoglycemia (low BS in the body, happens when blood sugar levels are too low, usually less than 70 milligrams per deciliter (mg/dL)).

In an interview, on 06/16/2025 at 2:02 PM, Staff H (Health and Wellness Director) confirmed that the SPs for Residents 3, 4, 5, 9, 10, and 13 did not include monitoring and interventions related to their care needs and health status.

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, Quail Park of Lynnwood 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-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure Negotiated Service Agreements (NSA) were signed at least annually for 8 of 12 sampled residents (Residents 1, 2, 3, 4, 6, 7, 8 and 11). This failure placed Residents 1, 2, 3, 4, 6, 7, 8 and 11 at risk for receiving care and services that were not agreed upon.

Findings included…

In interviews, on 06/12/2025 at 10:00 AM, Staff G (Executive Director/Administrator) and Staff H (Health and Wellness Director) stated that the ALF had been requesting residents and/or their representatives to sign the Service Plan (SP, equivalent to a Negotiated Service Agreement) or the form (called HWE, equivalent to Assessment/SP).

Record review showed the ALF admitted Resident 1 on [redacted]/2023 with multiple diagnoses. Review of Resident 1's current HWE and SP, dated 03/25/2025, showed no signatures from Resident 1 of their representative.

Record review showed the ALF admitted Resident 2 on [redacted]/2021 with multiple diagnoses. Review of Resident 2's current HWE and SP, dated 10/15/2024, showed no signatures from Resident 2 of their representative.

Record review showed the ALF admitted Resident 3 on [redacted]/2020 with multiple diagnoses. Review of Resident 3's HWE and SP, dated 03/25/2025, showed no signatures from Resident 3 or their representative.

Record review showed the ALF admitted Resident 4 on [redacted]/2024 with multiple diagnoses. Review of Resident 4's HWE and SP, dated 03/25/2025, showed no signatures from Resident 4 or their representative.

Record review showed the ALF admitted Resident 6 on [redacted]/2023 with multiple diagnoses. Review of the HWE and SP, dated 04/02/2025, showed no signature from Resident 6 or their representative.

Record review showed the ALF admitted Resident 7 on [redacted]/2020 with multiple diagnoses. Review of the SP, dated 09/03/2024, showed no signature from Resident 7 or their representative.

Record review showed the ALF admitted Resident 8 on [redacted]/2023 with multiple diagnoses. Review of the SP, dated 03/27/2025, showed no signature from Resident 8 or

their representative.

Record review showed the ALF admitted Resident 11 on [redacted] 2023 with multiple diagnoses. Review of the HWE and SP, dated 04/02/2025, showed no signature from Resident 11 or their representative.

On 06/27/2025 at 4:02 PM, the Department received an email with additional documents from Staff G (Executive Director/Administrator). Review of Staff G's email showed that the ALF was unable to locate residents' or their representatives' signatures on the HWE or SP for Residents 1, 2, 3, 4, 5, 7, 8, and 11.

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, Quail Park of Lynnwood is or will be in compliance with this law and / or regulation on (Date) ~~8/8/25~~ 8/25/2025.

SB confirmed amended POC date with Provider on 7/28/2025.

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

Marian Sauder
Administrator (or Representative)

7/25/25
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 implement a system that supported and promoted safe medication services for 3 of 8 sampled resident (Residents 6, 10 and 13). This placed Resident 6, 10 and 13 at risk for compromised health conditions.

their representative.

Record review showed the ALF admitted Resident 11 on [redacted]/2023 with multiple diagnoses. Review of the HWE and SP, dated 04/02/2025, showed no signature from Resident 11 or their representative.

On 06/27/2025 at 4:02 PM, the Department received an email with additional documents from Staff G (Executive Director/Administrator). Review of Staff G's email showed that the ALF was unable to locate residents' or their representatives' signatures on the HWE or SP for Residents 1, 2, 3, 4, 6, 7, 8 and 11.

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, Quail Park of Lynnwood 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-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 implement a system that supported and promoted safe medication services for 3 of 8 sampled resident (Residents 6, 10 and 13). This placed Resident 6, 10 and 13 at risk for compromised health conditions.

Findings included…

Review of the undated ALF's policy titled Medication Services, under the section of Pharmacy Reviews, showed that the ALF would work closely with the pharmacy and resident's physician to provide the safest and most accurate medication assistance possible.

RESIDENT 6
Record review showed the ALF admitted Resident 6 on [redacted]/2023 with multiple diagnoses including [redacted] and a [redacted]. Review of the Assessment and Service Plan (SP – equivalent to Negotiated Service Agreement), dated 10/15/2024, showed Resident 6 required extensive assistance with medications management.

Review of a physician's order, dated 03/09/2025, showed a prescription for Resident 6 to receive estradiol vaginal cream (a hormone replacement therapy for vaginal itching and dryness) at bedtime for 21 days. Review of the March 2025 electronic Medication Administration Records (eMARs) showed the vaginal cream was coded as "DNG" (drug not given) for four days.

Review of a physician's order, dated 03/31/2025, showed a new prescription for estradiol vaginal cream to be given every other day at bedtime. Review of the April and May 2025 eMARs, showed the vaginal cream was not given to Resident 6 on 04/04/2025 and 05/16/2025.

RESIDENT 10
Records review showed that the ALF admitted Resident 10 on [redacted]/2024 with multiple disabling diagnoses. Review of Resident 10's SP, dated 12/24/2024, showed Resident 10 required extensive staff assistance with medication services.

Record review, dated 04/28/2025, showed a physician's order for Resident 10 to use a topical clotrimazole-betamethasone cream (used to treat the symptoms of fungal infections of the skin) to the right ankle twice daily for 14 to 21 days.

Review of the April, May, and June 2025 eMAR showed that staff had assisted Resident 10 with applying the clotrimazole-betamethasone cream from 04/28/2025 through 06/10/2025, for 41 days instead of the ordered 14 to 21 days.

In an interview, dated 07/09/2025 at 1:20 PM, Staff H (Health & Wellness Director) acknowledged that the medicated cream was given past the 14 -21 days as prescribed to Resident 10.

RESIDENT 13

Record review showed that the ALF admitted Resident 13 on [redacted]/2025 with multiple diagnoses, including [redacted].
Review of Resident 13's SP, dated 01/24/2025, showed that Resident 13 required staff assistance with medication services.

In an interview, on 06/13/2025 at 11:18 AM, Staff J (Medication Technician ((MT)) stated that Resident 13 was required to have injections of insulin (a hormone that is used to lower BS). MTs had been checking Resident 13's BS and afterward would set up the insulin dosage following an insulin sliding scale order.

Review of an After Visit Summary (AVS) from Resident 13's physician, dated 04/02/2025, showed that the physician ordered Resident 13 to inject Humalog (fast-acting insulin) at six units as a standard dose before meals with sliding scales as followed: if pre meal BS below 150, no additional units; BS 151-200, one additional unit; BS 201-250, two additional units; BS 251-300, three additional units; and BS 351-400, four additional units. The AVS showed a missing sliding scale Humalog dosage for BS levels between 301 and 350.

Review of the AVS, dated 04/02/2025, showed that the ALF's nurse marked a notation showing, "noted", and signed, indicating the nurse noted the physician's order. There was no documentation showing that the ALF had contacted Resident 13's physician to get clarification about the missing sliding scale Humalog dosage for BS readings of 301 and 350.

Review of the May and June 2025 eMARs showed that the 04/02/2025 sliding scale orders had been transcribed into the eMARs, still omitting the missing sliding scale Humalog dosage.

Review of the May and June 2025 eMARs showed that Medication Technicians (MTs) had been checking Resident 13's BS three times a day, and, on multiple occasions, Resident 13's BS level was between 301 and 350. But there was no documentation as to whether MTs had noted the issue and notified a nurse regarding the missing sliding scale dosage for BS between 301 and 350.

In an interview, on 06/16/2025 at 8:30 AM, when asked about the missing sliding scale Humalog dosage in the eMARs, Staff H (Health and Wellness Director) stated that they had not been aware that there was no sliding scale order for Resident 13's BS level between 301 and 350.

In a second interview, on 06/16/2025 at 10:50 AM, Staff H stated that the pharmacy transcribed the 04/02/2025 physician's order into the eMARs, and the ALF's nurse confirmed the pharmacy's entry without noting the missing sliding scale dosage. Staff H stated that MTs should have noted the missing sliding scale when checking Resident 13's BS. Staff H confirmed that the ALF had not contacted the physician to clarify the sliding scale order.

Review of the May and June 2025 eMARs showed no documentation of how many units of Humalog were given to Resident 13's BS was between 301 and 350.

In an interview, on 06/18/2025 at 10:50 AM, Staff H confirmed that the eMARs had not shown how many actual dosages of sliding scale Humalog had been given.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active 8/25/2025 measures to correct this deficiency. By taking this action, Quail Park of Lynnwood is or will be in compliance with this law and / or regulation on (Date) ~~8/8/2025~~

SB confirmed amended POC date with Provider on 7/28/2025.

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

Marian Sauls — Administrator (or Representative)

7/25/25 — Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

(d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

(e) Implementation of the nursing component of each resident's negotiated service agreement; and

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(b) Chapter 18.88A RCW, Nursing assistants;

Review of the May and June 2025 eMARs showed no documentation of how many units of Humalog were given to Resident 13's BS was between 301 and 350.

In an interview, on 06/16/2025 at 10:50 AM, Staff H confirmed that the eMARs had not shown how many actual dosages of sliding scale Humalog had been given.

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, Quail Park of Lynnwood 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-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

(d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

(e) Implementation of the nursing component of each resident's negotiated service agreement; and

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(b) Chapter 18.88A RCW, Nursing assistants;

(c) Chapter 246-840 WAC, Practical and registered nursing;

(d) Chapter 246-841 WAC, Nursing assistants; and

(e) Chapter 246-888 WAC, Medication assistance.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure that nurse delegation (ND) was in place for 2 of 3 sampled resident (Residents 10 and 13) who received blood sugar checks and medication administration by unlicensed staff. This placed Resident 10 and 13 at risk of health complications when unlicensed staff conducted blood sugar checks and administered medication without receiving proper nurse delegation and nurse oversight.

Findings included…

Note: The ND Program, under Washington State Law, allows nursing assistants and Home Care Aides working in community-based care settings to perform certain tasks such as blood sugar testing (use of a lancet to pierce the skin to obtain a blood sample), which are normally performed by licensed nurses. A registered nurse must teach and supervise the nursing assistant as well as provide nursing assessments of the resident's condition. Nurse Delegation is specific to each resident, each caregiver, and each task and is not transferrable. Documentation must be specific and include all required information as listed in Washington Administrative Code (WAC) 246-840.

NOTE: Washington Administrative Code (WAC) 246-840-930 Criteria for delegation, In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE. PLAN (10) If the registered nurse delegator determines delegation is appropriate, the nurse: (a) Discusses the delegation process with the patient or authorized representative, including the level of training of the nursing assistant or home care aide delivering care. (b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter 7.70 Revised Code of Washington (RCW). Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process. (12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes: (b) The delegated nursing task is specific to one patient and is not transferable to another patient; (c) The delegated nursing task is specific to one nursing assistant or one home care aide and is not transferable to another nursing assistant or home care aide; IMPLEMENT (15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and

procedures and appropriate documentation of the task(s). EVALUATE (18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.

NOTE: WAC 246-840-935 Nurse delegation—Blood glucose monitoring and testing in community-based and in-home care settings. In community-based and in-home care settings, the registered nurse delegator may delegate blood glucose monitoring and testing only to registered or certified nursing assistants under chapter 18.88A RCW or to home care aides certified under chapter 18.88B RCW following the criteria for the setting defined in RCW 18.79.260.

Review of the ALF's undated Disclosure of Services, showed that diabetic management by a Licensed Nurse (LN) and Nurse Delegation were determined upon a nursing assessment and availability of a LN during limited hours that the nurse was on site.

In an interview, on 06/10/2025 at 9:30 AM, Staff H (Health and Wellness Director) stated that the ALF had been providing Nurse Delegation (ND) services to residents. When asked who the Registered Nurse Delegator (RND) had been, Staff H stated that the RND was contracted from an outside company.

RESIDENT 10
Records review showed that the ALF admitted Resident 10 on [redacted]/2024 with multiple medical diagnoses including [redacted] Review of a Preadmission Assessment and Service Plan (PA/SP - equivalent to a Negotiated Service Agreement), dated 12/30/2024, showed Resident 10 required extensive staff assistance with medication management but did not require ND.

In an interview, on 06/13/2025 at 8:54 AM, Staff I (Medication Technician ((MT)) stated that the ALF's MTs pricked Resident 10's finger to check his BSs and administered the insulin.

During and interview, on 06/16/2025 at 10:05 AM, Resident 10 stated that staff checked his BS and administered his insulin injections.

Review of the March, April, May, and June 2025 electronic Medication Administration Records (eMARs) showed Resident 10 had been prescribed blood sugar (BS) checks twice a day and a daily injection of insulin. The eMARs showed Staff D (MT), Staff I (MT), Staff K (MT), Staff L (MT), Staff M (MT), Staff N (MT), Staff O (MT), and Staff P (MT) initialed the eMARs, indicating they performed BS checks and administered insulin to Resident 10 on multiple occasions.

Review of the ND documentation showed Resident 10 had no consent form signed for ND. The ND documentation showed Staff D, I, K, L, M, N, O and P were not delegated to perform BS checks or administer insulin.

In an interview, on 06/16/2025 at 11:00 AM, Staff H acknowledged the lack of ND training for the MTs to perform BS checks and administer insulin injection to Resident 10. Staff H stated that they contacted the RND and confirmed that there was no additional ND documents provided.

RESIDENT 13
Records review showed that the ALF admitted Resident 13 on [redacted]/2025 with multiple diagnoses, including [redacted].

Review of Resident 13's May and June 2025 eMAR showed that Resident 13 had orders for BS checks three times daily, at 8:00 AM, 12:00 PM, and 5:00 PM. Review of a Service Plan (SP - equivalent to Negotiated Service Agreement), dated 01/24/2025, showed that the ALF would provide nursing services as ordered, "BS checks by Nurse".

In an interview, on 06/13/2025 at 11:10 AM, Staff J (MT) stated they had been manually checking Resident 13's BS, at 8:00 AM and 12:00 PM when working as a MT.

Observation, on 06/13/2025 at 11:35 AM, showed Staff J (MT) bringing a BS monitoring machine to Resident 13's apartment. During the observation, Staff J pierced Resident 13's finger to obtain a blood sample for a BS level check.

Review of the ND binder showed no document indicating the RND had ever delegated the nursing task of BS checks to MTs.

In an interview, on 06/13/2025 at 12:00 PM, Staff H confirmed that the RND had not delegated MTs to check Resident 13's BS.

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, Quail Park of Lynnwood is or will be in compliance with this law and / or regulation on (Date) ~~9/8/2025~~ 8/25/2025

SB confirmed amended POC date with Provider on 7/28/2025.

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

Marian Sauls — Administrator (or Representative)

7/25/2025 — Date

WAC 388-78A-2410 Content of resident records. 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:

(iii) The signature or initials of the person providing any medication assistance or administration; and

(iv) Documentation of a 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 ensure that staff provided consistent and accurate documentation in the Medication Administration Records (MARs) for 4 of 7 sampled resident (Residents 6, 7, 10, and 12) who required staff assistance with their medications. This failure resulted in Residents 6, 7, 10, and 12 having incomplete and inaccurate medication records and placed them at risk for potential medication errors and health complications.

Findings included:

Review of the undated ALF Policy titled, Medication Services, under the section on Documentation, showed staff would document when a medication had been taken on the MARs. If a medication was not taken, an explanation of the omission would be documented on the MAR.

Review of the electronic Medication Administration Records (eMARs) for residents

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

WAC 388-78A-2410 Content of resident records. 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:

(iii) The signature or initials of the person providing any medication assistance or administration; and

(iv) Documentation of a 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 ensure that staff provided consistent and accurate documentation in the Medication Administration Records (MARs) for 4 of 7 sampled resident (Residents 6, 7, 10, and 12) who required staff assistance with their medications. This failure resulted in Residents 6, 7, 10, and 12 having incomplete and inaccurate medication records and placed them at risk for potential medication errors and health complications.

Findings included…

Review of the undated ALF Policy titled, Medication Services, under the section on Documentation, showed staff would document when a medication had been taken on the MARs. If a medication was not taken, an explanation of the omission would be documented on the MAR.

Review of the electronic Medication Administration Records (eMARs) for residents

showed that each prescribed medication had an associated box/column with the date and time to be taken. After a prescribed medication was given to a resident, the column was to be initialed/signed by staff, indicating and documenting that the medication was given to the resident as prescribed. The eMARs also showed notation codes, such as DNA (Drug Not Available) and REF (Resident Refused).

In an interview, on 06/13/2025 at 11:10 AM, Staff J (Medication Technician (MT)) stated that MTs were responsible for giving medications to the residents following the instructions in the eMARs. Staff J stated that MTs were required to put their initials in each column of the eMARs whether a resident had taken a medication or not. Staff J stated that there were also special notation codes to use for indicating whether medications were given or not, but no column in the eMRAs should be left empty.

RESIDENT 6
Record review showed the ALF admitted Resident 6 on [redacted]/2023 with multiple disabling diagnoses including [redacted] and [redacted]. Review of a Service Plan (SP - equivalent to Negotiated Service Agreement), dated 10/20/2024, showed Resident 6 required extensive staff assistance with medication management.

Review of the March 2025 eMARs showed that Resident 6 was prescribed multiple medications including acetaminophen (used to treat pain), two tablets every eight hours, levothyroxine (used to treat hypothyroidism and other thyroid disorders) one tablet every morning, pantoprazole (used to reduce the amount of acid in the stomach) one tablet every morning, MiraLAX (used to treat occasional constipation) daily, and Santyl external ointment (used to treat diabetic foot ulcer). The March 2025 eMAR showed no MT initials documenting medications were given for ten doses of acetaminophen, three doses of levothyroxine, three doses of pantoprazole, and three doses of MiraLAX.

Review of the April 2025 eMARs showed no MT initials documenting medications were given for 14 doses of acetaminophen, three doses of levothyroxine, and three doses of pantoprazole.

Review of the May 2025 eMARs showed no MT initials documenting medications were given for 12 doses of acetaminophen, four doses of levothyroxine, four doses of pantoprazole, four doses of MiraLAX, and two treatments for Santyl ointment.

Review of the June 2025 eMARs showed no MT initials documenting medications were given for four doses of acetaminophen and one treatment for Santyl ointment.

RESIDENT 7
Record review showed that the ALF admitted Resident 7 on [redacted]/2020 with multiple diagnoses, including [redacted]. Review of a SP, dated 09/03/2024, showed that Resident 7 required extensive staff assistance with medications, and that

medications would be provided to Resident 7 as ordered by their physician.

Review of the April 2025 eMARs showed that Resident 7 had been prescribed multiple medications, including acetaminophen, four times a day, and oxybutynin (used to treat overactive bladder (a condition in which the bladder muscles contract uncontrollably and cause frequent urination, urgent need to urinate, and inability to control urination)) once a day. The April 2025 eMARs showed a total of six doses of acetaminophen and five doses of oxybutynin were not initialed to document that the medications were given to Resident 7.

Review of the May 2025 eMARs showed that on 05/10/2025 and 05/19/2025, the 8:00 AM doses of four routine medications, including lisinopril (used to treat high blood pressure) and metoprolol (used to treat high blood pressure) were not documented as to whether Resident 7 received these medications. The eMARs also showed no documentation as to whether Resident 7 had received oxybutynin for five days.

RESIDENT 10
Record review showed that the ALF admitted Resident 10 on [redacted]/2024 with multiple disabling diagnoses including [redacted] and [redacted]. Review of a SP, dated 12/24/2024, showed that Resident 10 required extensive staff assistance with medication services.

Review of the April 2025 eMAR showed Resident 10 was prescribed multiple medications such as atorvastatin (used to lower cholesterol to help prevent heart disease, strokes, and heart attacks) one tablet daily, clopidogrel (used to lower your risk of having a stroke, blood clot, or serious heart problem) one tablet every morning, finasteride (used to treats enlarged prostate) one tablet every morning, furosemide (is a diuretic used to treat high blood pressure and edema) one tablet every morning, metoprolol (used to treat high blood pressure, heart pain, heart failure, and other conditions) daily, losartan potassium (used primarily to treat high blood pressure and reduce the risk of stroke) one tablet daily; and Vitamins B12, C, and D3 (dietary supplements) daily, and blood sugar (BS) checks twice a day.

Review of the April 2025 eMAR showed no MT initials documenting these medications were given on 04/19/2025 and 04/25/2025. There were no initials indicating BS was checked on 04/19/2025 and 04/25/2025.

RESIDENT 12
Record review showed the ALF admitted Resident 12 on [redacted]/2025 with multiple diagnoses including [redacted] and [redacted]. Review of a SP, dated 01/24/2025, showed that Resident 12 required extensive staff assistance with medication services.

Review of May 2025 eMAR showed Resident 12 was prescribed alendronate Sodium

(used to treat osteoporosis - a disease that weakens the bones and makes them more likely to break) one tablet every week. The May and June 2025 eMAR showed no MT initials documenting the alendronate sodium was given on 05/07/2025, 05/14/2025, 05/21/2025, 05/28/2025 and 06/04/2025.

Review of June 2025 eMAR showed Resident 12 was prescribed amlodipine besylate (used to treats high blood pressure and prevent chest pain) once daily, Calcitonin nasal spray (used to treat osteoporosis helping to strengthen bones and reduce the risk of fractures) one spray to alternate nostril daily, Cerovite Senior (Vitamin supplement) daily, GNP Stool softener twice daily, lisinopril (used for high blood pressure) one tablet daily, memantine (is used to treat moderate to severe dement a) one tablet twice daily, oyster shell calcium with D (calcium supplement) daily, sertraline (used to treat depression, anxiety disorders, and other mental health conditions) one tablet daily, and vitamin D3 (supplement essential for bone health and immune function) one tablet daily. The June 2025 eMAR showed no MT initials documenting these medications were given from 06/01/2025 through 06/04/2025.

In an interview on 06/18/2025 at 2:30 PM, Staff H (Health and Wellness Director) acknowledged that staff did not properly document in Resident's 6, 7, 10, and 12 eMARs.

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, Quail Park of Lynnwood is or will be in compliance with this law and / or regulation on (Date) ~~8/8/2025~~ 8/25/2025

SB confirmed amended POC date with Provider on 7/28/2025.

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

Marian Sauder
Administrator (or Representative)

7/25/2025
Date

WAC 388-78A-2300 Food and nutrition services.

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(i) Available to and used by staff persons responsible for food preparation;

(ii) Approved by a dietitian; and

(used to treat osteoporosis - a disease that weakens the bones and makes them more likely to break) one tablet every week. The May and June 2025 eMAR showed no MT initials documenting the alendronate sodium was given on 05/07/2025, 05/14/2025, 05/21/2025, 05/28/2025 and 06/04/2025.

Review of June 2025 eMAR showed Resident 12 was prescribed amlodipine besylate (used to treats high blood pressure and prevent chest pain) once daily, Calcitonin nasal spray (used to treat osteoporosis helping to strengthen bones and reduce the risk of fractures) one spray to alternate nostril daily, Cerovite Senior (Vitamin supplement) daily, GNP Stool softener twice daily, lisinopril (used for high blood pressure) one tablet daily, memantine (is used to treat moderate to severe dementia) one tablet twice daily, oyster shell calcium with D (calcium supplement) daily, sertraline (used to treat depression, anxiety disorders, and other mental health conditions) one tablet daily, and vitamin D3 (supplement essential for bone health and immune function) one tablet daily. The June 2025 eMAR showed no MT initials documenting these medications were given from 06/01/2025 through 06/04/2025.

In an interview, on 06/16/2025 at 2:30 PM, Staff H (Health and Wellness Director) acknowledged that staff did not properly document in Resident's 6, 7, 10, and 12 eMARs.

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-2300 Food and nutrition services.

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(i) Available to and used by staff persons responsible for food preparation;

(ii) Approved by a dietitian; and

(iii) Reviewed and updated as necessary or at least every five years.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that its diet manual was available or used by staff for food preparation. This placed all the residents at risk of not receiving diets that met the latest nutritional standard for prescribed and general diets.

Findings included...

Review of the ALF's undated Disclosure of Services showed that the ALF must provide prescribed general low sodium diets, general diabetic diets, and mechanical soft diets. Additionally, the ALF would provide modified diets, such as puree food, accepted in Memory Care Units and Enhanced ALF units.

Record review showed no diet manual was available in the ALF.

In an interview, on 08/18/2026 at 1:30 PM, Staff R (Director of Signature Dining) stated that the ALF had been providing modified diets to residents but there was no diet manual in the ALF.

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, Quail Park of Lynnwood is or will be in compliance with this law and / or regulation on (Date) ~~9/8/2025~~ 8/25/2025

SB confirmed amended POC date with Provider on 7/28/2025.

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

Marian Saunders
Administrator (or Representative)

7/25/2025
Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(iii) Reviewed and updated as necessary or at least every five years.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that its diet manual was available or used by staff for food preparation. This placed all the residents at risk of not receiving diets that met the latest nutritional standard for prescribed and general diets.

Findings included...

Review of the ALF's undated Disclosure of Services showed that the ALF must provide prescribed general low sodium diets, general diabetic diets, and mechanical soft diets. Additionally, the ALF would provide modified diets, such as puree food, accepted in Memory Care Units and Enhanced ALF units.

Record review showed no diet manual was available in the ALF.

In an interview, on 06/16/2025 at 1:30 PM, Staff R (Director of Signature Dining) stated that the ALF had been providing modified diets to residents but there was no diet manual in the ALF.

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

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and

implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete full assessments within 14 days of move-in date for 2 of 2 sampled residents (Residents 10 and 12). This failure placed Residents 10 and 12 at risk for unmet needs due to lack of medical history.

Findings included…

RESIDENT 10
Review of the undated Resident Characteristic Roster (RCR), showed the ALF admitted Resident 10 on [redacted]'2024, and provided services to include moderate assistance with activities of daily living (ADLs- a term used in healthcare to refer to people's daily self-care activities such as bathing, grooming, ambulation, etc.) and medication management related to diabetes (a disorder in which the body has high sugar levels for prolonged periods of time).

Record review showed the ALF completed a pre-admission Assessment for Resident 10's on 12/24/2025. Records showed there was no full Assessment completed for Resident 10.

RESIDENT 12
Review of the RCR, showed the ALF admitted Resident 12 on [redacted]'2025 with care needs related to dementia (a group of symptoms that affects memory, thinking and interferes with daily life) that required moderate assistance with ADLs. Record review showed the ALF completed a pre-admission Assessment for Resident 12's on 01/24/2025. Records showed there was no full Assessment completed for Resident 12.

In an interview, on 06/11/2025 at 2:25 PM, Staff G (Executive Director/Administrator) stated she thought the preadmission assessment was sufficient to be considered full assessment as well.

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, Quail Park of Lynnwood is or will be in compliance with this law and / or regulation on (Date) ~~8/8/2025~~ 8/25/2025

SB confirmed amended POC date with Provider on 7/28/2025.

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

Marian Sauls
Administrator (or Representative)

7/25/2025
Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120:

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

RESIDENT 10
Review of the undated Resident Characteristic Roster (RCR), showed the ALF admitted Resident 10 on [redacted]/2024, and provided services to include moderate assistance with activities of daily living (ADLs- a term used in healthcare to refer to people's daily self-care activities such as bathing, grooming, ambulation, etc.) and medication management related to diabetes (a disorder in which the body has high sugar levels for prolonged periods of time).

Record review showed the ALF completed a pre-admission Assessment for Resident 10's on 12/24/2025. Records showed there was no full Assessment completed for Resident 10.

RESIDENT 12
Review of the RCR, showed the ALF admitted Resident 12 on [redacted]/2025 with care needs related to dementia (a group of symptoms that affects memory, thinking and interferes with daily life) that required moderate assistance with ADLs. Record review showed the ALF completed a pre-admission Assessment for Resident 12's on 01/24/2025. Records showed there was no full Assessment completed for Resident 12.

In an interview, on 06/11/2025 at 2:25 PM, Staff G (Executive Director/Administrator) stated she thought the preadmission assessment was sufficient to be considered full assessment as well.

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

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure the Negotiated Service Agreement (NSA) was updated to reflect the current health status, and the care and service needs of 4 of 6 sampled residents (Residents 4, 8, 10 and 12). This placed Residents 4, 8, 10 and 12 at risk of not receiving needed care and services and for compromised health conditions.

Findings included…

RESIDENT 4
Records review showed that the ALF admitted Resident 4 on [redacted]/2024 with multiple medical diagnoses including [redacted], and [redacted].

Record review of an outdated Service Plan (SP – equivalent to an NSA), dated 02/20/2024, showed Resident 4 had a wound on her bottom, used a tilt-in-space wheelchair, and received outside services including Home Health (HH), Occupational and Physical therapy (OT/PT).

Observation and interview, on 06/13/2025 at 1:50 PM, showed Resident 4 sitting in a regular wheelchair unable to communicate related to severe memory issues. In an interview, on 06/13/2025 at 1:50 PM, Collateral Contact 1 (Resident 4's Family Representative) stated that Resident 4 no longer had wounds, and had not received HH, or OT/PT for a while.

Record review of the SP, dated 02/20/2024, had not been updated to reflect Resident 4's current mobility aid needs, skin integrity or third party health care status.

RESIDENT 8
Record review showed the ALF admitted Resident 8 on [redacted]/2025 with multiple medical diagnoses including [redacted] Review of a SP, dated 03/27/2025, showed Resident 8 required the use of 24-hour supplemental oxygen (O2) by nasal cannula (a tube that delivers O2 through the nostrils) and the use of a continuous positive airway pressure machine (CPAP- a machine that gently blows air into the airway to keep it open while sleeping). The SP showed Resident 8 required moderate assistance with O2 and CPAP such as adjusting the nasal cannula, changing tubing, and ordering supplies.

In an interview, on 06/11/2025 at 9:00 AM, Staff I (Medication Technician) stated Resident 8 managed his O2 and CPAP.

Observation and interview, on 06/13/2025 at 2:30 PM, showed Resident 8 in his apartment connected to O2 via a nasal cannula that was attached to an O2 concentrator. Resident 8 stated that he managed his own CPAP, ordered O2 supplies from his preferred company, and changed the tubing independently.

Record review of the SP, dated 03/27/2025, did not address Resident 8's current needs and preference to manage CPAP and O2 independently.

RESIDENT 10
Record review showed the ALF admitted Resident 10 on [redacted]/2024. Review of the SP, dated 12/24/2024, showed Resident 10 had an indwelling catheter (a small tube inserted into the bladder to help drain the urine).

Review of a Progress Notes (PN), dated 05/08/2025, showed Resident 10’s indwelling catheter had been removed.

Review of an SP, dated 12/24/2024, did not show Resident 10’s indwelling catheter had been removed and any associated toileting interventions associated with no longer having an indwelling catheter.

RESIDENT 12
Record review showed the ALF admitted Resident 12 on [redacted]/2025 with multiple diagnoses.

Review of a PN, dated 03/03/2025, Resident 12 was sent to the hospital due to back pain, and was diagnosed with [redacted] A PN, dated 03/18/2025, showed Resident 12 underwent kyphoplasty (is a minimally invasive treatment for spinal compression fractures).

Review of a SP, dated 01/24/2025, showed Resident 12 received third party services for PT and OT.

In an interview, on 06/16/2025 at 12:40 PM, Resident 12’s Collateral Contact 2 (Resident 12’s Spouse) stated that Resident 12 received OT/PT three times a week.

Review of the SP, dated 01/24/2025, showed no information regarding the third party PT/OT or the frequency of visits Resident 12 was receiving.

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In an interview, on 06/18/2025 at 2:07 PM, Staff H (Health and Wellness Director) acknowledged SPs for Residents 4, 8, 10 and 12 had not been updated with current care needs and health status. Staff H stated, "Moving forward, our plan is to review and update every resident's service plan."

Plan/Attestation Statement

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SB confirmed amended POC date with Provider on 7/28/2025.

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

Marian Samuel
Administrator (or Representative)

7/25/2025
Date

In an interview, on 06/16/2025 at 2:07 PM, Staff H (Health and Wellness Director) acknowledged SPs for Residents 4, 8, 10 and 12 had not been updated with current care needs and health status. Staff H stated, “Moving forward, our plan is to review and update every resident’s service plan.”

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_____ _____

Administrator (or Representative) Date