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

Humangood Washington
JUDSON PARK RETIREMENT COMMUNITY
23600 MARINE VIEW DR S
DES MOINES, WA 98198

RE: JUDSON PARK RETIREMENT COMMUNITY License # 681

Dear Administrator:

This letter addresses Compliance Determination(s) 41990 (Completion Date 05/29/2024) and 38852 (Completion Date 04/24/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/29/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2210-1-b

The Department staff who did the on-site verification:
Kailash Sharma, ALF Licensor

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

Sincerely,

Laurie Anderson

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

Residential Care Services
Investigation Summary Report

Provider/Facility: JUDSON PARK RETIREMENT COMMUNITY
License/Cert.#: 681
Compliance Determination #: 38852
Investigator: Kailash Sharma
Provider Type: Assisted Living Facility
Intake ID: 122691
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 03/25/2024 through 04/24/2024
Complainant Contact Date(s): 03/25/2024, 04/23/2024, 04/24/2024

Allegation(s):

Medication Management: Medication Error:
A medication was increased per family request. Dose of medication was increased form 50 mg to 150 mg mistakenly.
Medication increase lead to overt sedation, missing of eating meals, change in condition prompted Hospice services. Facility failed to recognize sudden changes.

Investigation Methods:

Sample:	Total residents: 26 Resident sample size: 1 Closed records sample size: 0
Observations:	General tour of the facility, lobby, common areas, general activities, staff resident interaction.
Interviews:	Reporter, family member, Director of Wellness.
Record Reviews:	Incident report. characteristic roster, medication records, physician's orders, medication history, progress notes, service plan.

Investigation Summary:

Facility cooperated with investigation. Record review and interview showed NR admitted to Independent Living (IL) in [redacted] 2021 with order of Seroquel 25 milligrams (mg), twice a day. In [redacted] 2023, NR went to Skilled Facility. In [redacted] 2023, NR moved to Assisted Living with order for Seroquel, 100 mg daily. On 01/27/2024, the medication was abruptly decreased from 100 mg a day to 25 mg a day. On 02/14/2024, the medication suddenly increased from 25 mg a day to 75 mg, twice daily. From 02/15/2024 to 02/18/2024 NR received 75 mg twice daily. There was no documentation that showed the facility contacted NR's physician to validate the medication changes. On 02/19/2024, NR was admitted to Hospice for decline in cognitive functioning. On 02/21/2024, the medication was discontinued. After few days of discontinuation of the medication, NR's mentation and activities improved. Failed practice identified. Citation issued for WAC 388-78A-2210 (1)(b).

Conclusion / Action:

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

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Statement of Deficiencies	License #: 681	Compliance Determination #:38852
Plan of Correction	JUDSON PARK RETIREMENT COMMUNITY	Completion Date
Page 1 of 3	Licensee: Humangood Washington	04/24/2024

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

The department completed data collection for an unannounced on-site complaint investigation on 03/25/2024, 03/25/2024 and 03/25/2024 at:

JUDSON PARK RETIREMENT COMMUNITY
23600 MARINE VIEW DR S
DES MOINES, WA 98198

This document references the following complaint number(s): 122691

The following sample was selected for review during the unannounced on-site visit: 1 of 26 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Kailash Sharma, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

Laurie Anderson — Residential Care Services

04/25/2024 — 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.

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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Statement of Deficiencies	License #: 681	Compliance Determination # 38852
Plan of Correction	JUDSON PARK RETIREMENT COMMUNITY	Completion Date
Page 1 of 3	Licensee: Humangood Washington	04/24/2024

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

The department completed data collection for an unannounced on-site complaint investigation on 03/25/2024, 03/25/2024 and 03/25/2024 of:

JUDSON PARK RETIREMENT COMMUNITY
23600 MARINE VIEW DR S
DES MOINES, WA 98198

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Laurie Anderson — Residential Care Services

04/25/2024 — 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) 5-3-24 Date

WAC 388-78A-2210 Medication services.

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

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

This requirement was not met as evidenced by:

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.

Based on interview, and record review, the facility failed to validate and follow the physician's orders for the administration of medications for 1 of 1 resident (Resident 1). This failure placed Resident 1 at risk of harm related to withdrawal or overdose from drastic changes in medication dosage.

Findings included...

Review of Resident 1's Individualized Service Plan (ISP), dated 03/20/2024, showed a diagnosis of [redacted] and [redacted]. The ISP showed Resident 1 was prescribed Seroquel (medication used to manage and treat anxiety and behavior disturbances) to treat their anxiety and behavior problem. Further review of the ISP showed the facility assisted Resident 1 with medication management.

Review of the recommended guidelines for the use of Seroquel showed the medication should be taken as directed by the physician. Recommendations stated the medication should be up-titrated or down-titrated (the process of increasing or decreasing the dosage slowly over time). A sudden increase or decrease in the dosage of Seroquel may lead to possible overdose or withdrawal. Possible symptoms include profound drowsiness or sedation, drop in blood pressure, loss of consciousness, coma, and even death.

Review of Resident 1's January 2024 electronic Medication Administration Record (eMAR) showed Resident 1 received 100 milligrams (mg) of Seroquel daily, from 01/01/2024 through 01/27/2024. Review of Resident 1's January 2024 eMAR showed that on 01/28/2024, there was a sudden decrease of the Seroquel dose, from 100 mg to 25 mg.

Administrator (or Representative) Date

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Review of the recommended guidelines for the use of Seroquel showed the medication should be taken as directed by the physician. Recommendations stated the medication should be up-titrated or down-titrated (the process of increasing or decreasing the dosage slowly over time). A sudden increase or decrease in the dosage of Seroquel may lead to possible overdose or withdrawal. Possible symptoms include profound drowsiness or sedation, drop in blood pressure, loss of consciousness, coma, and even death.

Review of Resident 1's January 2024 electronic Medication Administration Record (eMAR) showed Resident 1 received 100 milligrams (mg) of Seroquel daily, from 01/01/2024 through 01/27/2024. Review of Resident 1's January 2024 eMAR showed that on 01/28/2024, there was a sudden decrease of the Seroquel dose, from 100 mg to 25 mg.

There was no documentation that showed the facility staff verified the dosage change with Resident 1's physician.

Review of Resident 1's January 2024 and February 2024 eMAR showed Resident 1 received Seroquel 25 mg from 01/28/2024 through 02/14/2024.

Review of Resident 1's February eMAR showed that on 02/15/2024, there was a sudden increase in the Seroquel dose, from 25 mg to 150 mg. The eMAR showed Resident 1 received Seroquel 75 mg twice daily, from 02/15/2024 to 02/20/2024. There was no documentation that showed the facility staff verified the dosage change with Resident 1's physician.

Review of Resident 1's February 2024 eMAR showed that on 02/19/2024 and 02/20/2024, the Seroquel was held due to Resident 1's lethargy. The eMAR showed that on 02/20/2024, the Seroquel order was discontinued due to decline in Resident 1's cognitive decline related to the drastic change in medication dosage. Review of Resident 1's progress notes showed that Resident 1's cognitive function returned a few days after the medication was stopped.

During an interview on 03/25/2024 at 2:45 PM Staff A, Director Wellness Program (DWP) stated that on 01/27/2024, one of the Med-Techs received an order for Resident 1 to receive 25 mg of Seroquel at bedtime. Staff A stated that the Med-Tech placed the new order into Resident 1's eMAR. Staff A stated that the Med-Tech discontinued the administration of the Seroquel 100 mg dosage. Staff A stated that there was no record that showed the physician ordered the Seroquel 100 mg dosage be discontinued. Staff A stated that they were unaware of all the discrepancies in the changes of the medication dosages.

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, JUDSON PARK RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 5.24.24.

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

Jessica Cobb
Administrator (or Representative)

5.3.24
Date

There was no documentation that showed the facility staff verified the dosage change with Resident 1's physician.

Review of Resident 1's January 2024 and February 2024 eMAR showed Resident 1 received Seroquel 25 mg from 01/28/2024 through 02/14/2024.

Review of Resident 1's February eMAR showed that on 02/15/2024, there was a sudden increase in the Seroquel dose, from 25 mg to 150 mg. The eMAR showed Resident 1 received Seroquel 75 mg twice daily, from 02/15/2024 to 02/20/2024. There was no documentation that showed the facility staff verified the dosage change with Resident 1's physician.

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During an interview on 03/25/2024 at 2:45 PM Staff A, Director Wellness Program (DWP) stated that on 01/27/2024, one of the Med-Techs received an order for Resident 1 to receive 25 mg of Seroquel at bedtime. Staff A stated that the Med-Tech placed the new order into Resident 1's eMAR. Staff A stated that the Med-Tech discontinued the administration of the Seroquel 100 mg dosage. Staff A stated that there was no record that showed the physician ordered the Seroquel 100 mg dosage be discontinued. Staff A stated that they were unaware of all the discrepancies in the changes of the medication dosages.

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, JUDSON PARK RETIREMENT COMMUNITY 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