



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

BRIGHTON ASSOCIATES I, LLC
FAIRWINDS - BRIGHTON COURT
6520 196TH ST SW
LYNNWOOD, WA 98036

RE: FAIRWINDS - BRIGHTON COURT License # 1342

Dear Administrator:

This letter addresses Compliance Determination(s) 62508 (Completion Date 07/14/2025) and 59253 (Completion Date 05/19/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/14/2025 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-2100-2-a, WAC 388-78A-2290-3, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-d, WAC 388-78A-2290-3-e, WAC 388-78A-2290-4, WAC 388-78A-2290-4-a, WAC 388-78A-2290-4-b, WAC 388-78A-2290-4-c, WAC 388-78A-2290-4-d, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-e, WAC 388-78A-2483-1, WAC 388-78A-2240, WAC 388-78A-2320-1, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2320-2-a, WAC 388-78A-2320-2-b, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-2-a

The Department staff who did the on-site verification:

Alma Duran, Licenser
Keiko Kitano, Licenser

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

Sincerely,


Jamie Singer, Field Manager
Region 2, Unit J

FAIRWINDS - BRIGHTON COURT # 1342

07/14/2025

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Residential Care Services

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



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

Statement of Deficiencies	License #: 1342	Compliance Determination # 59253
Plan of Correction	FAIRWINDS - BRIGHTON COURT	Completion Date
Page 1 of 14	Licensee: BRIGHTON ASSOCIATES I, LLC	05/19/2025

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

The department completed data collection for the unannounced on-site full inspection on 05/05/2025 and 05/07/2025 of:

FAIRWINDS - BRIGHTON COURT
6520 196th St SW
LYNNWOOD, WA 98036

The following sample was selected for review during the unannounced on-site visit: 8 of 56 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Keiko Kitano, Licensors
Alma Duran, Licensors

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

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

Statement of Deficiencies	License #: 1942	Compliance Determination # 59285
Plan of Correction	FAIRWINDS - BRIGHTON COURT	Completion Date
Page 2 of 14	Licenses: BRIGHTON ASSOCIATES I, LLC	05/13/2026

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.

Jennie Singer
 Residential Care Services

5/20/2025
 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.

Margaret Hall
 Administrator (or Representative)

5/29/2025
~~*7/3/2024*~~ 2025
 Date

WAC 388-78A-2100 Ongoing assessments.

- (2) The assisted living facility must:
 - (a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to use an appropriate tool to annually assess the special needs related to dementia (a group of symptoms that affects memory, thinking, and interferes with daily life) for 1 of 1 sampled resident (Resident 5). This placed Resident 5 at risk for not receiving proper care and services related to cognitive needs and decline.

Findings included...

NOTE: Washington Administration Code 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: (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: (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.

Record review showed that the ALF admitted Resident 5 on [REDACTED] 2023 with multiple

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

Residential Care Services	Date
<p>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.</p>	
Administrator (or Representative)	Date

WAC 388-78A-2100 Ongoing assessments.

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(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

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Based on interview and record review, the Assisted Living Facility (ALF) failed to use an appropriate tool to annually assess the special needs related to dementia (a group of symptoms that affects memory, thinking, and interferes with daily life) for 1 of 1 sampled resident (Resident 5). This placed Resident 5 at risk for not receiving proper care and services related to cognitive needs and decline.

Findings included...

NOTE: Washington Administration Code 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: (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: (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.

Record review showed that the ALF admitted Resident 5 on [REDACTED]/2023 with multiple

Statement of Deficiencies	License # 1342	Compliance Determination # 58263
Plan of Correction	FAIRWINDS - BRIGHTON COURT	Completion Date
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diagnoses, including [REDACTED]

On 05/06/2025, review of Resident 5's active records showed no documentation of whether the ALF used an appropriate tool to annually evaluate when screening Resident 5 for dementia.

In an interview, on 05/07/2025 at 2:30 PM, Staff F (General Manager/Administrator) stated that the ALF should have assessed any residents diagnosed with [REDACTED] using a special dementia assessment tool, called St. Louis University Mental State Examination (SLUMS, a screening test tool for cognitive dysfunction that is designed and validated to screen for Mild Cognitive Impairment and dementia among older adults ages 60+).

In a follow-up telephone interview, on 05/13/2025 at 10:18 AM, Staff G (Health and Wellness Nurse) confirmed that she had not assessed Resident 5's dementia condition by utilizing the SLUMS or other test tool.

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, FAIRWINDS - BRIGHTON COURT is or will be in compliance with this law and / or regulation on (Date) <u>7/3/2025</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
<u>[Signature]</u> Administrator (or Representative)	<u>7/3/25 5/29/2025</u> Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

- (a) By name, the family member who will provide the medication or treatment assistance or administration;
- (b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;
- (c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

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

diagnoses, including [REDACTED].

On 05/06/2025, review of Resident 5's active records showed no documentation of whether the ALF used an appropriate tool to annually evaluate when screening Resident 5 for dementia.

In an interview, on 05/07/2025 at 2:30 PM, Staff F (General Manager/Administrator) stated that the ALF should have assessed any residents diagnosed with [REDACTED] using a special dementia assessment tool, called St. Louis University Mental State Examination (SLUMS, a screening test tool for cognitive dysfunction that is designed and validated to screen for Mild Cognitive Impairment and dementia among older adults ages 60+).

In a follow-up telephone interview, on 05/13/2025 at 10:18 AM, Staff G (Health and Wellness Nurse) confirmed that she had not assessed Resident 5's dementia condition by utilizing the SLUMS or other test tool.

Plan/Attestation Statement	
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<p>_____</p> <p>Administrator (or Representative)</p>	<p>_____</p> <p>Date</p>

WAC 388-78A-2290 Family assistance with medications and treatments.

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- (a) By name, the family member who will provide the medication or treatment assistance or administration;
- (b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;
- (c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure that a written plan was in place for the family assistance with medications for 2 of 3 sampled residents (Residents 1 and 3). This placed Residents 1 and 3 at risk for not receiving medications when their family members were unavailable, thereby compromising health conditions.

Findings included...

Note: Washington Administration Code (WAC) 388-78A-2020 defined a "Medication organizer" as a container with separate compartments for storing oral medications organized in daily doses.

Review of the ALF's policy titled Medication Services, revised 11/2024, under the section of Family Assistance with Medications showed that the ALF may allow family assistance with medications. The ALF would be involved in the plan to assist with the resident and the family; ensure the family had a back-up plan if they failed to provide the assistance; and, document each party's respective responsibilities in detail.

Review of an ALF's Family Assistance with Medications and Treatments (FAMT) form, revised 04/2017, showed the ALF must request that the family member who would assist with medications or treatments submit to the ALF a written plan for such assistance or administration.

RESIDENT 1

Record review showed that the ALF admitted Resident 1 on [REDACTED]/2024 with multiple medical diagnoses. Review of Resident 1's March, April, and May 2025 electronic Medication Administration Records (eMARs) showed they had been taking multiple prescribed medications.

Observation and interview, on 05/07/2025 at 10:43 AM, showed a medication organizer sitting on the kitchen counter in Resident 1's apartment. Resident 1 stated that their family member had been managing their medications, including the placing of medications in a medication organizer.

On 05/05/2025, review of Resident 1's active record showed no FAMT plan, including a back-up plan for when the primary responsible person would not be able to fulfil the duty.

In an interview, on 05/06/2025 at 11:00 AM, Staff G (Health and Wellness Nurse) stated that she had been unaware that Resident 1's FAMT plan was not in Resident 1's record. Staff G acknowledged that there was no FAMT plan for Resident 1's medications.

RESIDENT 3

Record review showed that the ALF admitted Resident 3 on [REDACTED]/2024 with multiple diagnoses, and that Resident 3 had been prescribed multiple medications.

In an interview, on 05/06/2025 at 8:55 AM, Staff G stated that Resident 3's family members had been managing Resident 3's medications such as ordering medications.

Observation and interview, on 05/07/2025 at 1:30 PM, showed a medication organizer sitting on a bathroom sink in Resident 3's apartment. Resident 3 stated that one of their family members had been managing their medications, including the weekly placing of medications in a medication organizer.

On 05/05/2025, review of Resident 3's active records showed no FAMT plan, including a back-up plan.

In a follow-up telephone interview, on 05/13/2025 at 10:18 AM, Staff G stated that Resident 3's FAMT plan had not been developed, and said, "it slipped my mind."

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Plan/Attestation Statement	
<p>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, FAIRWINDS - BRIGHTON COURT is or will be in compliance with this law and / or regulation on (Date) <u>7/3/2025</u></p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
 Administrator (or Representative)	<p><u>7/3/2025</u> <u>5/29/2025</u> Date</p>

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
- (e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 2 of 3 sampled staff members (Staff B and D), who were caregivers, met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112. This placed 56 residents in the ALF at risk for not receiving proper care and services from inadequately trained staff members and potentially compromised the residents' health conditions.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2509 - Specialized training for mental illness. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with mental illness, whenever at least one of the residents in the assisted living facility has a mental illness that is the resident's primary special need and is a person who has been diagnosed with or treated for an Axis I or Axis II diagnosis, as described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision.

NOTE: WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities.

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<p>_____</p> <p>Administrator (or Representative)</p>	<p>_____</p> <p>Date</p>

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- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
 - (e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 2 of 3 sampled staff members (Staff B and D), who were caregivers, met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112. This placed 56 residents in the ALF at risk for not receiving proper care and services from inadequately trained staff members and potentially compromised the residents' health conditions.

Findings included....

NOTE: Washington Administrative Code (WAC) 388-78A-2500 - Specialized training for mental illness. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with mental illness, whenever at least one of the residents in the assisted living facility has a mental illness that is the resident's primary special need and is a person who has been diagnosed with or treated for an Axis I or Axis II diagnosis, as described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision.

NOTE: WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities,

and enhanced services facilities? Assisted living facilities. (4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within 120 days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within 90 days of completion of basic training.

NOTE: WAC 388-112A-0611 Who is an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed? (1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described in this section. (a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year: (i) A certified home care aide;

Review of the Residents' Characteristics Roster (RCR), updated 05/07/2025, showed that the ALF had been providing care and services for 56 residents. The RCR showed that one resident was identified as having mental health issues.

MENTAL HEALTH SPECIALTY TRAINING

In an interview, on 05/06/2025 at 8:55 AM, Staff G (Registered Nurse) stated that the ALF required each Resident Assistant/Caregiver (RA/CG) to have a certificate of Mental health (MH) specialty training

Review of staff records showed that the ALF hired Staff B (RA/CG) on 06/27/2024. Staff B's record did not show whether Staff B had completed MH specialty training within 120 days of their employment.

In an interview, on 05/06/2025 at 11:45 AM, Staff F (General Manager/Administrator) confirmed that Staff B had not yet completed the MH specialty training.

12 HOURS CONTINUING EDUCATION

Review of staff records showed that the ALF hired Staff D (RA/CG) on 02/27/2022. Staff D's record showed that Staff D was a Home Care Aide and had completed 10.25 hours of the continuing education (CE) credits between their birthdates, 03/10/2024 and 03/10/2025. Staff D's records showed no additional CE credits between their birthdates to meet the required 12 hours of CE.

In an interview, on 05/06/2025 at 11:45 AM, Staff F stated that there was no additional CE training for Staff D between their birthdates.

This is a deficiency previously cited under WAC 388-78A-2474 (2)(c) on 12/05/2023.

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Plan/Attestation Statement

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

[Signature]
Administrator (or Representative)

5/29/2025
Date

WAC 388-76A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 3 sampled staff members (Staff A) completed the required one tuberculin (TB) screening test within three days of their hire date. This placed 58 current residents at risk of exposure to a communicable disease.

Findings included...

Review of the Residents' Characteristics Roster, updated 05/07/2025, showed that the ALF had been providing care and services for 58 residents.

Review of Staff A's records showed that the ALF hired Staff A on 10/23/2024. Staff A's record showed that they had a documented history of negative TB skin test results from 07/29/2024 and 08/07/2024. Staff A's records showed no other documentation as to whether Staff A had received a TB screening test within three days of being hired.

In an interview, on 05/06/2025 at 11:45 AM, Staff F (General Manager/Administrator) confirmed that Staff A had not had any TB test after being hired.

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<p>_____ Administrator (or Representative)</p>	<p>_____ Date</p>

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 3 sampled staff members (Staff A) completed the required one tuberculin (TB) screening test within three days of their hire date. This placed 56 current residents at risk of exposure to a communicable disease.

Findings included...

Review of the Residents' Characteristics Roster, updated 05/07/2025, showed that the ALF had been providing care and services for 56 residents.

Review of Staff A's records showed that the ALF hired Staff A on 10/23/2024. Staff A's record showed that they had a documented history of negative TB skin test results from 07/29/2024 and 08/07/2024. Staff A's records showed no other documentation as to whether Staff A had received a TB screening test within three days of being hired.

In an interview, on 05/06/2025 at 11:45 AM, Staff F (General Manager/Administrator) confirmed that Staff A had not had any TB test after being hired.

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

[Signature]
Administrator (or Representative)

5/29/2025
Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain medications in a timely manner for 1 of 2 sampled residents (Resident 4). This failure resulted in Resident 4 not receiving prescribed medications and placed Resident 4 at risk for compromised health status.

Findings included:

Record review of the ALF's Medication Services policy on Non-availability of Medication, revised in November 2024, showed "When the community assumed responsibility for obtaining a resident's medications, the community will obtain them in a correct and timely manner."

Record review showed, the ALF admitted Resident 4 on [redacted] 2025 with multiple medical diagnosis including [redacted]

[redacted] Review of Resident 4's Negotiated Service Agreement (NSA), dated 03/25/2025 showed Resident 4 required medication assistance.

Review of the April 2025 electronic Medication Administration Records (eMAR) showed Resident 4 was prescribed citalopram (used for depression and other mood disorders) and omeprazole for gastroesophageal reflux (GERD - a condition where stomach acid backs up into the esophagus, causing heartburn, regurgitation, and other symptoms). The April 2025 eMAR showed Resident 4's omeprazole was not available for two days and Citalopram was not available for eight days.

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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-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain medications in a timely manner for 1 of 2 sampled residents (Resident 4). This failure resulted in Resident 4 not receiving prescribed medications and placed Resident 4 at risk for compromised health status.

Findings included...

Record review of the ALF's Medication Services policy on Non-availability of Medication, revised in November 2024, showed "When the community assumed responsibility for obtaining a resident's medications, the community will obtain them in a correct and timely manner."

Record review showed, the ALF admitted Resident 4 on [REDACTED]/2025 with multiple medical diagnosis including [REDACTED]. Review of Resident 4's Negotiated Service Agreement (NSA), dated 03/26/2025 showed Resident 4 required medication assistance.

Review of the April 2025 electronic Medication Administration Records (eMAR) showed Resident 4 was prescribed citalopram (used for depression and other mood disorders) and omeprazole for gastroesophageal reflux (GERD - a condition where stomach acid backs up into the esophagus, causing heartburn, regurgitation, and other symptoms). The April 2025 eMAR showed Resident 4's omeprazole was not available for two days and Citalopram was not available for eight days.

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In an interview on 05/06/2025 at 11:15 AM, Staff G (Health and Wellness Nurse) confirmed that Resident 4 did not receive citalopram and omeprazole due to changes in pharmacy providers. Staff G acknowledged her failure to document the reason for Resident 4's unavailable medications.

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 Administrator (or Representative)	<u>5/29/2025</u> 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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to follow the criteria for nurse delegation (ND) for 1 of 2 sampled residents (Resident 4) who required staff to administer medications and treatments. This resulted in unqualified staff members conducting nursing tasks without having the proper credentials or receiving ND training and placed Resident 4 at risk for compromised health conditions.

Findings included...

NOTE: The Nurse Delegation (ND) Program, under Washington State law, allows nursing

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In an interview on 05/06/2025 at 11:15 AM, Staff G (Health and Wellness Nurse) confirmed that Resident 4 did not receive citalopram and omeprazole due to changes in pharmacy providers. Staff G acknowledged her failure to document the reason for Resident 4's unavailable medications.

Plan/Attestation Statement	
<p>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, FAIRWINDS - BRIGHTON COURT is or will be in compliance with this law and / or regulation on (Date)_____ .</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
_____	_____
Administrator (or Representative)	Date

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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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to follow the criteria for nurse delegation (ND) for 1 of 2 sampled residents (Resident 4) who required staff to administer medications and treatments. This resulted in unqualified staff members conducting nursing tasks without having the proper credentials or receiving ND training and placed Resident 4 at risk for compromised health conditions.

Findings included...

NOTE: The Nurse Delegation (ND) Program, under Washington State law, allows nursing

assistants (NAs) and Home Care Aides (HCAs) working in certain settings to perform certain tasks--such as administer medications--normally performed only by licensed nurses. A Registered Nurse (RN) must teach and supervise the nursing assistant, as well as provide nursing assessments of the patient's condition.

NOTE: Washington Administrative Code (WAC) 246-840-930 Criteria for delegation, includes the following subsections: (14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator. (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). (17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems.

Review of the ALF's undated Disclosure of Services, under the section of Intermittent Nursing Services, showed the ALF did not allow nursing assistants (NAs) to administer eye drops, oral, and topical medications unless delegated by a Registered Nurse (RN).

In an interview, on 05/06/2025 at 8:39 AM, Staff G (Registered Nurse Delegator) stated that only delegated caregivers / medication technicians (MTs) provided ND services to residents.

Record review showed the ALF admitted Resident 4 on [REDACTED]/2025 with multiple medical diagnoses including [REDACTED] and [REDACTED] [REDACTED] and was receiving hospice care (end of life care). Review of the Negotiated Service Agreement (NSA), dated 03/26/2025, showed Resident 4 required staff assistance with medication management.

Observation and interview, on 05/07/2025 at 10:00 AM, Resident 4 stated that staff helped with medications. Resident 4 was observed to have limited hand movement due to contractures (tightening of muscles, tendons, or skin that limit joint mobility and function).

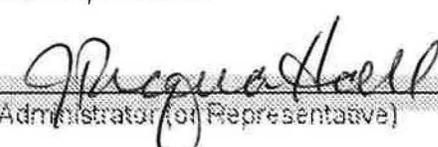
Review of the March, April, and May 2025 electronic Medication Administration Records (eMARs) showed that Resident 4 had been prescribed multiple medications including eye drops for dry eyes four times a day, daily nasal spray Fluticasone nasal spray (used to treat nasal congestion, sneezing, runny nose, and itchy or watery eyes caused by seasonal allergies), and topical ointment (voltaren gel) for pain.

Statement of Deficiencies	License #: 1342	Compliance Determination # 59253
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Review of the RN Delegated Task Assessment binder showed Staff D (Resident Assistant - RA), Staff H (RA), Staff I (RA), and Staff J (RA) did not have ND certificates.

Review of the April and May 2025 eMARs, showed Staff D, H, I, and J signed they had been administering medicated eye drops, nasal spray, and topical ointment to Resident 4 without ND.

In an interview, on 05/06/2025 at 12:30 PM, Staff G confirmed that Staff D, H, I and J had not been delegated to perform medication administration of eye drops, nasal spray, and medicated topical ointment.

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, FAIRWINDS - BRIGHTON COURT is or will be in compliance with this law and / or regulation on (Date) <u>7/3/2025</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>5/29/2025</u> 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:
 - (iii) On-going assessments of the resident;
- (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

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Review of the RN Delegated Task Assessment binder showed Staff D (Resident Assistant - RA), Staff H (RA), Staff I (RA), and Staff J (RA) did not have ND certificates.

Review of the April and May 2025 eMARs, showed Staff D, H, I, and J signed they had been administering medicated eye drops, nasal spray, and topical ointment to Resident 4 without ND.

In an interview, on 05/06/2025 at 12:30 PM, Staff G confirmed that Staff D, H, I and J had not been delegated to perform medication administration of eye drops, nasal spray, and medicated topical ointment.

Plan/Attestation Statement	
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_____ 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:

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 - (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

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to develop and document care and services necessary to meet the needs of 2 of 2 sampled residents (Resident 4 and 8) in the Negotiated Service Agreement (NSA). This placed the Residents 4 and 8 at risk for compromised health condition.

Findings included...

RESIDENT 4

Record reviews showed that the ALF admitted Resident 4 on [REDACTED]/2025 with multiple medical diagnoses including [REDACTED]. Records showed Resident 4 was also receiving hospice care (end of life care).

Review of the Negotiated Service Agreement (NSA), dated 03/26/2025, showed Resident 4 required moderate assistance with activities of daily living (a term used in healthcare to refer to people's daily self-care activities such as bathing, grooming, ambulation, etc.) including showers. Review of the NSA showed Resident 4 received weekly showers provided by a Hospice bath aide. However, the NSA did not include an alternate plan for when the Hospice bath aide was unavailable.

RESIDENT 8

Note: According to the Davis Drug Guide for Nurses, January 2023, Eliquis (also known as apixaban), was prescribed to lower the risk of stroke or a blood clot in people with a heart rhythm disorder and reduces the risk of forming a blood clot in the legs and lungs who have just had hip or knee replacement surgery. Adverse reactions include bleeding (unusual bruising, pink or brown urine, red or black, tarry stools, coughing up blood, vomiting blood, pain or swelling in a joint, headache, dizziness, weakness, recurring nose bleeds, unusual bleeding from gums, heavier than normal menstrual bleeding, dyspepsia, abdominal pain, epigastric pain). Bleeding could occur following an injury occurs, especially head injury.

Record review showed that the ALF admitted Resident 8 on [REDACTED]/2024 with multiple medical diagnoses including [REDACTED]. Review of the NSA, dated 04/18/2025, showed Resident 8 required family assistance with medication management.

Record review, dated 01/25/2025, showed a physician order for apixaban twice daily for Resident 8.

Review of Resident 8's NSA, dated 04/18/2025, showed the ALF did not develop a safety plan to alert staff of the side effects or other issues related to the use of blood thinner, including signs of unusual bruising, bleeding, or symptoms of internal bleeding. The NSA

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did not include interventions on how to monitor Resident 8 and address risks associated with taking blood thinning medication.

During an interview, on 05/06/2024 at 2:15 PM, Staff G (Health and Wellness Nurse) acknowledged that blood thinner safety instructions should be part of the service plan.

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, FAIRWINDS - BRIGHTON COURT is or will be in compliance with this law and / or regulation on (Date) 7/3/2025

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

[Signature]
Administrator (or Representative)

5/29/2025
Date

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did not include interventions on how to monitor Resident 8 and address risks associated with taking blood thinning medication.

During an interview, on 05/06/2024 at 2:15 PM, Staff G (Health and Wellness Nurse) acknowledged that blood thinner safety instructions should be part of the service plan.

Plan/Attestation Statement

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Administrator (or Representative)

Date