



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

LUTHERAN RETIREMENT HOME OF GREATER  
HEARTHSTONE  
6720 E Greenlake Way N  
Seattle, WA 981035439

RE: HEARTHSTONE License # 193

Dear Administrator:

This letter addresses Compliance Determination(s) 61911 (Completion Date 07/02/2025) and 58765 (Completion Date 05/06/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/02/2025 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-2410-8-a-i, WAC 388-78A-2410-8-a-ii, WAC 388-78A-2410-8-a-iii

The Department staff who did the on-site verification:  
Sunny Kent, Licensor  
Scottie Sindora, ALF Licensor

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

Sincerely,

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

Statement of Deficiencies	License # 193	Compliance Determination # 58765
Plan of Correction	HEARTHSTONE	Completion Date
Page 1 of 5	Licensee: LUTHERAN RETIREMENT HOME OF GREATER SEATTLE	05/06/2025

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 04/29/2025 and 05/01/2025 of:

HEARTHSTONE  
 6720 E Green Lake Way N  
 Seattle, WA 98103

The following sample was selected for review during the unannounced on-site visit: 7 of 42 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensor  
 Scottie Sindora, ALF Licensor

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit J  
 20311 52nd Ave W, Suite 100  
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Page 1 of 5	Licensee: LUTHERAN RETIREMENT HOME OF GREATER SEATTLE	05/06/2025

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Scottie Sindora, ALF 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 #: 193	Compliance Determination # 58765
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Page 2 of 5	Licensee: LUTHERAN RETIREMENT HOME OF GREATER	05/06/2025

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

5/7/2025  
 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.

*[Signature]*  
 Administrator (or Representative)

05/21/2025  
 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:

(i) The medication name, dose, and route of administration;

(ii) The time and date of any medication assistance or administration;

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

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff consistently documented medications as missed, refused, passed, or held; and did not ensure staff documented their initials and signatures on the electronic Medication Administration Record (eMAR) for 4 of 7 sampled residents (Resident 1, 2, 5, and 7). This failure resulted in the ALF not being able to ensure Resident 1, 2, 5, and 7 received their medications as prescribed and placed them at risk for medication errors and harm.

Findings included...

Resident 1

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

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

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff consistently documented medications as missed, refused, passed, or held; and did not ensure staff documented their initials and signatures on the electronic Medication Administration Record (eMAR) for 4 of 7 sampled residents (Resident 1, 2, 5, and 7). This failure resulted in the ALF not being able to ensure Resident 1, 2, 5, and 7 received their medications as prescribed and placed them at risk for medication errors and harm.

Findings included...

Resident 1

Statement of Deficiencies	License #: 193	Compliance Determination # 58765
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Record review of an undated Resident Characteristic Roster showed the ALF admitted Resident 1 on [REDACTED] /2025 with a diagnosis of [REDACTED]

[REDACTED]. Record review of an eMAR for April, 2025 showed missing medication documentation for the following dates and times:

04/04/2025 – Bedtime. Seven scheduled medications showed no documentation in the form of initials or codes indicating the medication was missed, refused, passed, or held. One medication was prescribed to treat Resident 1's [REDACTED] diagnosis.

04/17/2025 – Bedtime. One medication showed no documentation. The medication was prescribed to treat Resident 1's [REDACTED] diagnosis.

04/21/2025 – 12:00 PM. One medication showed no documentation.

04/22/2025 -- 2:00 PM. One medication showed no documentation

Resident 2

Record review of an undated Resident Characteristic Roster showed the ALF admitted Resident 2 on [REDACTED] /2024 with diagnoses of [REDACTED] and [REDACTED]

[REDACTED]. Record review of an eMAR for March, 2025 showed missing medication documentation for the following date and time:

03/19/2025 – Bedtime. Two medications showed no documentation in the form of initials or codes indicating the medication was missed, refused, passed, or held. One medication was prescribed to treat Resident 1's [REDACTED] diagnosis.

Resident 5

Record review of an undated Resident Characteristic Roster showed the ALF admitted Resident 5 on [REDACTED] 2024 with a diagnosis of [REDACTED]. Record review of an eMAR for March, 2025 showed missing medication documentation for the following date and time:

03/19/2025 – Bedtime. Two medications showed no documentation in the form of initials or codes indicating the medication was missed, refused, passed, or held.

Record review of an undated Resident Characteristic Roster showed the ALF admitted Resident 1 on [REDACTED]/2025 with a diagnosis of [REDACTED] ([REDACTED] [REDACTED]). Record review of an eMAR for April, 2025 showed missing medication documentation for the following dates and times:

04/04/2025 – Bedtime. Seven scheduled medications showed no documentation in the form of initials or codes indicating the medication was missed, refused, passed, or held. One medication was prescribed to treat Resident 1's [REDACTED] diagnosis.

04/17/2025 – Bedtime. One medication showed no documentation. The medication was prescribed to treat Resident 1's [REDACTED] diagnosis.

04/21/2025 – 12:00 PM. One medication showed no documentation.

04/22/2025 – 2:00 PM. One medication showed no documentation.

#### Resident 2

Record review of an undated Resident Characteristic Roster showed the ALF admitted Resident 2 on [REDACTED]/2024 with diagnoses of [REDACTED] ([REDACTED] [REDACTED]) and [REDACTED] ([REDACTED] [REDACTED]). Record review of an eMAR for March, 2025 showed missing medication documentation for the following date and time:

03/10/2025 – Bedtime. Two medications showed no documentation in the form of initials or codes indicating the medication was missed, refused, passed, or held. One medication was prescribed to treat Resident 1's [REDACTED] diagnosis.

#### Resident 5

Record review of an undated Resident Characteristic Roster showed the ALF admitted Resident 5 on [REDACTED]/2024 with a diagnosis of [REDACTED]. Record review of an eMAR for March, 2025 showed missing medication documentation for the following date and time:

03/10/2025 – Bedtime. Two medications showed no documentation in the form of initials or codes indicating the medication was missed, refused, passed, or held.

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Resident 7

Record review of an undated Resident Characteristic Roster showed the ALF admitted Resident 7 on [REDACTED] 2022 with diagnoses of [REDACTED]. Record review of an eMAR for February, 2025 showed missing medication documentation for the following dates and times:

02/03/2025 -- 1:00 PM. One medication showed no documentation in the form of initials or codes indicating the medication was missed, refused, passed, or held. One medication showed no documentation. The medication was prescribed to treat Resident 7's [REDACTED] diagnosis.

02/13/2025 -- Bedtime. Two medications showed no documentation. One medication was prescribed to treat Resident 7's [REDACTED] diagnosis.

Record review of an eMAR for March, 2025 showed missing medication documentation for the following dates and times:

03/04/2025 -- 6:00 PM. Two medications showed no documentation. Both medications were prescribed to treat Resident 7's [REDACTED] diagnosis.

03/04/2025 -- 9:00 PM. Two medications showed no documentation. Both medications were prescribed to treat Resident 7's [REDACTED] diagnosis.

03/04/2025 -- Bedtime. Six medications showed no documentation.

03/11/2025 -- 1:00 PM. Three medications showed no documentation. Two medications were prescribed to treat Resident 7's [REDACTED] diagnosis. One medication was a controlled substance.

03/20/2025 -- 5:00 PM. Three medications showed no documentation. Two medications were prescribed to treat Resident 7's [REDACTED] diagnosis.

03/26/2025 -- 1:00 PM. Three medications showed no documentation. Two medications were prescribed to treat Resident 7's [REDACTED] diagnosis. One medication was a controlled substance.

Record review of an eMAR for April, 2025 showed missing medication documentation for the following dates and times:

**Resident 7**

Record review of an undated Resident Characteristic Roster showed the ALF admitted Resident 7 on [REDACTED]/2022 with diagnoses of [REDACTED] disease. Record review of an eMAR for February, 2025 showed missing medication documentation for the following dates and times:

02/03/2025 – 1:00 PM. One medication showed no documentation in the form of initials or codes indicating the medication was missed, refused, passed, or held. One medication showed no documentation. The medication was prescribed to treat Resident 7's [REDACTED] diagnosis.

02/13/2025 – Bedtime. Two medications showed no documentation. One medication was prescribed to treat Resident 7's [REDACTED] diagnosis.

Record review of an eMAR for March, 2025 showed missing medication documentation for the following dates and times:

03/04/2025 – 5:00 PM. Two medications showed no documentation. Both medications were prescribed to treat Resident 7's [REDACTED] diagnosis.

03/04/2025 – 9:00 PM. Two medications showed no documentation. Both medications were prescribed to treat Resident 7's [REDACTED] diagnosis.

03/04/2025 – Bedtime. Six medications showed no documentation.

03/11/2025 – 1:00 PM. Three medications showed no documentation. Two medications were prescribed to treat Resident 7's [REDACTED] diagnosis. One medication was a controlled substance.

03/20/2025 – 5:00 PM. Three medications showed no documentation. Two medications were prescribed to treat Resident 7's [REDACTED] diagnosis.

03/26/2025 – 1:00 PM. Three medications showed no documentation. Two medications were prescribed to treat Resident 7's [REDACTED] diagnosis. One medication was a controlled substance.

Record review of an eMAR for April, 2025 showed missing medication documentation for the following dates and times:

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04/14/2025 – 1:00 PM. Four medications showed no documentation. Two medications were prescribed to treat Resident 7's [REDACTED] diagnosis. One medication was a controlled substance.

04/23/2025 – 9:00 PM. One medication showed no documentation.

04/23/2025 – 9:00 PM. One medication showed no documentation. The medication was prescribed to treat Resident 7's [REDACTED] diagnosis.

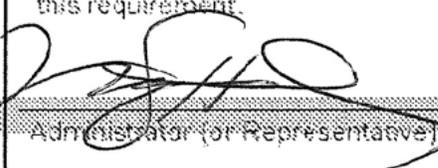
04/23/2025 – Bedtime. Six medications showed no documentation. One medication was prescribed to treat Resident 7's [REDACTED] diagnosis.

In an interview, on 05/05/2025 at 10:35 AM, Staff F (Health and Wellness Director) explained they interviewed the nurses who passed medications on the dates in question. The nurses responded they were confident the medications were administered as ordered, but that they did not return to the eMARs after residents took their medications to click the "save" button. Clicking "save" finalizes the medication pass.

**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, HEARTHSTONE is or will be in compliance with this law and / or regulation on (Date) 6/26/2025

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

 \_\_\_\_\_  
Administrator (or Representative)

05/21/2025  
Date

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

04/14/2025 – 1:00 PM. Four medications showed no documentation. Two medications were prescribed to treat Resident 7's [REDACTED] diagnosis. One medication was a controlled substance.

04/23/2025 – 8:00 PM. One medication showed no documentation.

04/23/2025 – 9:00 PM. One medication showed no documentation. The medication was prescribed to treat Resident 7's [REDACTED] diagnosis.

04/23/2025 – Bedtime. Six medications showed no documentation. One medication was prescribed to treat Resident 7's [REDACTED] diagnosis.

In an interview, on 05/06/2025 at 10:35 AM, Staff F (Health and Wellness Director) explained they interviewed the nurses who passed medications on the dates in question. The nurses responded they were confident the medications were administered as ordered, but that they did not return to the eMARs after residents took their medications to click the "save" button. Clicking "save" finalizes the medication pass.

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

\_\_\_\_\_  
Administrator (or Representative)

\_\_\_\_\_  
Date