



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

Wesley Homes Lea Hill LLC
Wesley Homes Lea Hill LLC
32049 109th Place SE
Auburn, WA 98092

RE: Wesley Homes Lea Hill LLC License # 1964

Dear Administrator:

This letter addresses Compliance Determination(s) 56442 (Completion Date 03/17/2025) and 52574 (Completion Date 01/17/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/17/2025 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-2474-2-d, WAC 388-112A-0720-2-a, WAC 388-78A-2210-2-a, WAC 388-78A-3030-2-e, WAC 388-78A-2100-2-a, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-2-a, WAC 388-78A-2480-1, WAC 388-78A-24642-1, WAC 388-78A-2100-2-a

The Department staff who did the on-site verification:

Jane Hermano, NCI
Kathy Young, Licensor

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

Sincerely,

Laurie Anderson

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



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

Statement of Deficiencies	License #. 1964	Compliance Determination #52574
Plan of Correction	Wesley Homes Lea Hill LLC	Completion Date
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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 01/06/2025 and 01/09/2025 of:

Wesley Homes Lea Hill LLC
32049 109th Place SE
Auburn, WA 98092

The following sample was selected for review during the unannounced on-site visit: 6 of 14 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jane Hermano, NCI
Kathy Young, 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

01/22/2025

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.

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Jessine Le CPT
Administrator (or Representative)

1/31/25

Date

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

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:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 2 of 4 care staff (Staff E and Staff F) met the training requirements for cardiopulmonary resuscitation (CPR) and first aid. These failures placed all 14 residents at risk of receiving inadequate care from untrained staff in an emergency.

Findings included...

Review of the facility's undated Medication Technician (Med Tech)/Certified Nursing Assistant (CNA) job description showed the Med Techs and CNAs worked directly with Memory Care residents to provide medication assistance and basic care. The job description showed the position required First Aid and CPR certifications.

STAFF E

Review of the facility's staff roster showed the facility hired Staff E as a Certified Nursing Assistant (CNA) on 02/23/2016.

Review of Staff E's records showed no documentation that Staff E completed the skills portion of the CPR course.

During an interview on 01/17/2025 at 1:11 PM, Staff B, Memory Care Manager/Licensed Practical Nurse, stated that they determined Staff E did not take the in-person skills portion of the CPR course. Staff B stated that the course was completed online only.

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STAFF F

Review of the facility's staff roster showed the facility hired Staff F as a Medication Technician (Med Tech) on 02/23/2016.

Review of Staff F's records showed no record that Staff completed the first aid certification.

Review of the facility's October 2024 through January 2025 care schedules, showed Staff F worked five shifts per week.

Observations throughout the full inspection, between 01/06/2025 through 01/09/2025, showed Staff F provided care and services to the residents in the memory care unit.

During an interview on 01/06/2025 at 1:35 PM, Staff F stated that for the last nine years, they provided care and services for residents in the facility's memory care unit.

During an interview on 01/09/2025 at 1:30 PM, Staff B, Memory Care Manager/Licensed Practical Nurse, stated that they checked the staff records and determined Staff F did not have any first aid certification.

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, Wesley Homes Lea Hill LLC is or will be in compliance with this law and / or regulation on (Date) 01/22/25.

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

Reannee W LPM
Administrator (or Representative)

1/31/25
Date

WAC 388-78A-2210 Medication services.

(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:

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Based on observation, interview, and record review, the facility failed to ensure 1 of 4 residents (Resident 2) received all medications as prescribed. This failure placed Resident 2 at risk for a decline in their health.

Findings included...

Review of the facility's policy titled, "Medication Administration", dated 03/01/2021, showed the facility assisted and administered medications and maintained records of medication assistance/administration to the residents.

Review of Resident 2's October 2024 Medication Administration Records (MARs) showed Resident 2 was prescribed Amlodipine Besylate, five milligrams (MG) for Atrial Fibrillation (an irregular heart rhythm). The MARs showed Resident 2 was prescribed Metoprolol Succinate, extended release (ER) oral tablet for hypertension (high blood pressure). The MARs showed Resident 2 was prescribed Paxlovid twice daily for COVID. Review of the October 2024 MARs showed no documentation that explained why Resident 2 did not receive the Amlodipine Besylate or the Metoprolol Succinate as prescribed. There was no documentation that explained why Resident 2 did not receive the Paxlovid on 10/02/2024.

Review Resident 2's October 2024 and December 2024 MARs showed Resident 2 was prescribed Lac-Hydrin 12% for dry skin. Review of the MARs for 10/01/2024, 10/07/2024, and 12/18/2024, showed no record the medication was administered. There was no documentation that explained why Resident 2 did not receive the medication as prescribed on these dates.

During an interview 01/07/2025 at 10:15 AM, Resident 2 stated that they did not know why they took any of the medications. Resident 2 stated that they just took the medications given to them by the facility staff.

During an interview on 01/09/2025 at 11:45 AM, Staff B, Memory Care Manager/Licensed Practical Nurse, stated that they were unaware that Resident 2 missed several doses of prescribed medication. Staff B stated that they were unsure why Resident 2 did not receive their medications as prescribed. Staff B stated that they did not have a system in place that verified the residents received their prescribed medications.

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, Wesley Homes Lea Hill LLC is or will be in compliance with this law and / or regulation on (Date) 2/22/25.

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

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<i>Reanne L. Lom</i>	1/31/25
Administrator (or Representative)	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;

WAC 388-78A-3030 Toilet rooms and bathrooms.

(2) The assisted living facility must provide each toilet room and bathroom with:

(e) Provide mechanical ventilation to the outside; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure the mechanical ventilation system in 2 of 2 common bathrooms (Spa common bathroom & Activities Room common bathroom) functioned to exchange air between the inside and outside of the facility. This failure placed all 14 residents at risk of respiratory distress and a diminished quality of life.

Findings included...

Observations on 01/06/2025 at 10:09 AM, 10:28 AM, 11:30 AM, and 11:35 AM, showed non-functioning ventilation systems in the two common bathrooms in the memory care unit.

During an interview on 01/06/2025 at 11:35 AM, Staff G, Environmental Services Manager, confirmed that both common bathroom vents were not functioning to exchange air to the outside of the building. Staff G stated that an outside the heating, ventilation, and air conditioning (HVAC) company checked the ventilation system every six months. Staff G stated that the facility had no system in place to check the vents between the HVAC company's twice-yearly visits.

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, Wesley Homes Lea Hill LLC is or will be in compliance with this law and / or regulation on (Date) 2/7/25.

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

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Marvin W. LPN

Administrator (or Representative)

1/8/25

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:
 - (ii) The resident's full assessments;
- (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 interview and record review, the facility failed to document in 3 of 6 residents (Resident 2, Resident 3, and Resident 5) Negotiated Service Agreements (NSA), the care and services needed to support each residents' capabilities and needs. This failure placed Resident 2, Resident 3, and Resident 5 at risk of unmet care needs and potential for worsening of medical conditions.

Findings included...

RESIDENT 2

Review of Resident 2's Temporary Service Plan, dated 12/20/2024, showed an outside homecare agency provided wound care for Resident 2 related to a staph infection (a highly contagious infection caused by bacteria commonly found on the skin or in the nose). The records showed no documentation of a plan to follow if the homecare agency staff were unavailable to provide wound care.

During an interview on 01/09/2025 at 11:45 AM, Staff B, Memory Care Manager and Licensed Practical Nurse, stated that they were unaware a backup plan was needed for Resident 2's wound care.

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RESIDENT 3

Review of Resident 3's December 2024 and January 2025 electronic Medication Administration Records (eMARs) showed Resident 3 received 75 milligrams (mg) of Clopidogrel Bisulfate (medication with blood thinner qualities, used to prevent blood clots), one tablet, by mouth, once daily in the morning.

Review of Resident 3's NSA, dated 11/01/2024, showed Resident 3 received Clopidogrel. There was no documentation in the plan the explained the possible side effects from the use of Clopidogrel, such as an increased risk of bleeding. There were no staff instructions about when to report to the nurse if Resident 3 showed any signs and symptoms of the possible side effects.

RESIDENT 6

Review of Resident 6's December 2024 and January 2025 eMARs showed Resident 6 received 75 mg of Clopidogrel Bisulfate, one tablet by mouth, once daily in the evening for Trans ischemic attack (a brief stroke like attack).

Review of Resident 6's undated service plan showed no documentation Resident 6 received Clopidogrel. The plan showed no documentation about the possible side effects from the use of Clopidogrel, such as an increased risk of bleeding. The plan showed no instructions for staff about what actions were needed if Resident 6 showed any signs and syrnptoms of the possible side effects. There were no staff instructions about when to report to the nurse if Resident 6 showed any signs and symptoms of the possible side effects.

During an interview on 01/09/2025 at 11:56 AM, Staff B, stated that the NSAs for residents on blood thinners needed a documented safety plan. Staff B stated that they were unaware there were no safety plans in Resident 3 and Resident 6's service plans.

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, Wesley Homes Lea Hill LLC is or will be in compliance with this law and / or regulation on (Date) 2/1/25.

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

Reannee Le Lien
Administrator (or Representative)

1/31/25
Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 6 staff (Staff B) was tested for Tuberculosis (TB) within three days of employment. This failure placed all 16 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Review of the facility's employee records showed the facility hired Staff B, Memory Care Manager, on 02/26/2023. Review of Staff B's record showed from 02/27/2023 through 01/06/2025, Staff B worked at the Memory Care Unit to assess the residents and supervise staff who provided care and services for residents. Review of Staff B's personnel records showed documentation that on 04/27/2023, Staff B completed a T-Spot Blood Test (a test for TB), with a negative result. The test was completed 60 days after Staff B's hire date.

During an interview on 01/09/2025 at 11:16 AM, Staff B, stated that they previously worked at a nursing home and received annual TB screenings. Staff B stated that they did not complete a TB test within three days of employment, when they were hired at this facility.

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, Wesley Homes Lea Hill LLC is or will be in compliance with this law and / or regulation on (Date) 1/31/25.

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

Reedaine CW LPN
Administrator (or Representative)

1/31/25

Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 6 staff (Staff B)

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completed a national fingerprint background check, as required. This failure placed all 16 residents at risk for potential abuse, neglect, or exploitation from a staff with an unknown background.

Findings included...

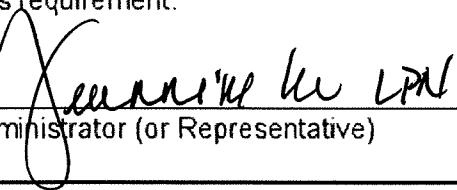
Review of Staff B's facility's personnel records showed the facility hired Staff B, Memory Care Manager, on 02/26/2023. Review of the records showed Staff B completed and renewed their Washington State Name and Date of Background Inquiry (BGI) on 09/27/2023. The BGI showed no disqualifying results. Review of Staff B's records showed no documentation that Staff B completed a fingerprint background check.

During an interview on 01/07/2025 at 10:16 AM, Staff B, stated that they assessed and had direct access to residents. Staff B stated they were unable to find the copy of their fingerprint background check. Staff B stated they previously worked on another facility for the same company. Staff B stated that they thought their fingerprint background check result was kept with their personnel records.

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, Wesley Homes Lea Hill LLC is or will be in compliance with this law and / or regulation on (Date) 1/31/25.

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


Administrator (or Representative)

1/31/25
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 observations, interviews, and record reviews, the facility failed to assess 2 of 4 residents (Resident 3 and Resident 5) for safe and proper use of a medical device. This failure placed Resident 3 and Resident 5 at risk of potential entrapment and injury when using the medical device.

Findings included...

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Review of the facility's policy titled, "Proper Use of Bed Rails," revised 07/26/2024, showed that the facility used a resident-centered approach to determine the use of a bed rail. The policy showed bed rails included side rails, bed side rails, safety rails, grab bars, and assist bars used along the side of the bed. The policy stated an assigned nurse was responsible for the ongoing assessment to ensure that the bed rail used met the resident's needs, as well as an ongoing evaluation of the bed rail for potential risks, such as entrapment and other bodily injuries. The policy showed the resident's assessment were completed as scheduled, or upon a significant change in resident's status, or a change in the type of bed, mattress, or rail.

Review of the Dear Provider Letter titled, "Safety Risk of Medical Devices", dated 05/15/2013, showed the potential risks of using bed rails included strangulation, suffocation, and bodily injury. The letter showed the importance of evaluating the safety of each resident and recognize the risks of using medical devices, such as side bed rails.

RESIDENT 3

Observation of Resident 3's apartment on 01/09/2025 at 9:42 AM, showed half-length bed rails (adjustable metal or rigid plastic bars that attach to the bed to assist resident with repositioning and movement) were attached near the head of the bed, along both the right and left side. Observation showed the left side rail next to the wall was in the raised position. The bed rails were firmly attached to the bed frame.

During an interview on 01/09/2025 at 9:43 AM, Staff H, Wesley Home Care Aide, stated that Resident 3 did not use the bed rail. Staff H stated the left side rail was in the raised position, before they started their shift. Staff H stated that Resident 3 was unable to independently raise or lower the side rails.

Review of Resident 3's records showed the facility admitted Resident 3 on █/2022. The records showed no documentation that Resident 3 was assessed to safely use the bed rail.

Review of Resident 3's undated service plan showed Resident 3 require one person oversight and cueing with mobility. The plan showed no documentation Resident 3 used a bedside rail.

RESIDENT 5

Observation on Resident 5's apartment on 01/09/2025 at 9:50 AM, showed a U-shaped bed rail was attached near the head of the bed, along the left side. Observation showed the bed rail was in the raised position and the bed remote control hung on the rail. The rail had a 14-inch gap between the rail and mattress and a 13-inch gap between the rail bars. The bed rail was secured to the bed frame with a zip tie.

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Review of Resident 5's records showed the facility admitted Resident 5 on [REDACTED]/2020. The records showed no documentation that Resident 5 was assessed to safely use the bed rail.

Review of Resident 5's undated service plan showed Resident 5 was able to transfer at will and may occasionally require extensive assistance with transfers. The plan showed no documentation Resident 5 used a bedside rail.

During an interview on 01/09/2025 at 9:53 AM, Resident 5 stated that they used the rail to sit up, and to get in and out of the bed.

During an interview on 01/09/2024 at 11:00 AM, Staff B, Memory Care Manager, stated that the facility required a comprehensive assessment of residents for bed rail use. Staff B was unaware Resident 3 had a bed rail. Staff B stated Resident 5 used an assist bar and the facility did not consider it as a bed rail. Staff B stated that they did not complete an assessment to determine Resident 3's and Resident 5's need to use a bed rail.

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, Wesley Homes Lea Hill LLC is or will be in compliance with this law and / or regulation on (Date) 01/17/25.

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

Reanne L. LPN
Administrator (or Representative)

1/31/25
Date



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

01/22/2025

Wesley Homes Lea Hill LLC
Wesley Homes Lea Hill LLC
32049 109th Place SE
Auburn, WA 98092

RE: Wesley Homes Lea Hill LLC # 1964

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 01/17/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
 - Sign and date the enclosed report;
 - For each deficiency, indicate the date you have or will correct each deficiency;
 - Mail the Plan/Attestation Statement and report with original signatures to:

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
20425 72nd Avenue S, Suite 400

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

Kent, WA 98032

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

- (e) Make sure first-aid supplies are:
 - (i) Readily available and not locked;
 - (ii) Clearly marked;

The facility failed to ensure first aid kits were clearly marked and readily available. During the full inspection, the facility staff made signs that clearly marked the location of first aid kits that were readily available.

WAC 388-78A-2730 Licensee's responsibilities.

(2) The licensee must:

- (b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:
 - (iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

The facility failed to post a copy of the last full inspection report in a conspicuous location within the facility that was available to residents and guests. During the inspection, the facility corrected this issue per the regulation.

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

- (6) Be signed and dated by the resident and be kept in the resident record after signature.

The facility failed to maintain a signed and dated copy of the Medicaid policy in three sampled residents' records. During the inspection, the facility obtained all three residents' signatures on the facility's Medicaid policy and placed in each resident's record.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

- Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
 - o What specific deficiency or deficiencies you disagree with;
 - o Why you disagree with each deficiency; and
 - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
 - o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

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

Enclosure