



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

ALJOYA THORNTON PLACE, LLC
ALJOYA THORNTON PLACE
450 NE 100TH ST
SEATTLE, WA 98125

RE: ALJOYA THORNTON PLACE License # 2040

Dear Administrator:

This letter addresses Compliance Determination(s) 54726 (Completion Date 02/12/2025) and 53018 (Completion Date 01/23/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/12/2025 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-2466-1-a, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-e, WAC 388-78A-2140-5, WAC 388-78A-2230-1-c-i

The Department staff who did the on-site verification:

Alma Duran, Licensor
Keiko Kitano, Licensor

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

Sincerely,



Jamie Singer, 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 #: 2040	Compliance Determination # 53018
Plan of Correction	ALJOYA THORNTON PLACE	Completion Date
Page 1 of 8	Licensee: ALJOYA THORNTON PLACE, LLC	01/23/2025

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 01/13/2025 and 01/15/2025 of:

ALJOYA THORNTON PLACE
450 NE 100TH STREET
SEATTLE, WA 98125

The following sample was selected for review during the unannounced on-site visit: 6 of 23 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensors
Keiko Kitano, 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 #: 2040	Compliance Determination # 53018
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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.

Jamie Singer
 Residential Care Services

1/27/2025
 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.


 Administrator (or Representative)

1/27/2025
 Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Washington State name and date of birth background inquiry (BGI) for 1 of 5 sampled staff (Staff E) were renewed before the two-year expiration. This placed 23 of 23 residents at risk for receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff E (Prep Cook), hired on 02/05/2020, showed their BGI expired as of 03/20/2022.

In an interview, on 01/13/2024 at 1:40 AM, Staff F (Executive Director) acknowledged Staff E's BGI expired. Staff F stated that Staff E had not worked since July 2024.

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.

Jamie Singer
Residential Care Services

1/27/2025

Date

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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, ALJOYA THORNTON PLACE 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)

1/27/25
Date

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

- (6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:
 - (a) History of substance abuse;
 - (c) Other conditions that may require behavioral intervention strategies;
 - (e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete an Assessment that identified known smoking and alcohol (ETOH) drinking behaviors for 1 of 1 sampled resident (Resident 1). This placed Resident 1 at risk for not receiving proper care and compromised health condition.

Findings included...

Record review showed the ALF admitted Resident 1 on [REDACTED] /2023 with multiple diagnoses including [REDACTED] ([REDACTED]) [REDACTED].

Review of the ALF's Smoking Policy, revised 04/02/2023, included the prospective resident and/ or resident's representative would complete the pre-admission forms and designate whether he/ she is a smoker or non-smoker. The Community Health Director (CHD) would assess the resident's ability to independently and safely manage smoking

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Findings included...

Record review showed the ALF admitted Resident 1 on [REDACTED]/2023 with multiple diagnoses including [REDACTED] ([REDACTED]) [REDACTED].

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materials.

In an interview, on 01/15/2025 at 10:50 AM, Resident 1 stated he was a smoker and smoked outside the building.

Review of a Progress Notes (PN), dated 11/01/2024, showed Resident 1 had been drinking ETOH and was reminded by staff to limit the amount. On 11/18/2024, the PN showed Resident 1 had fallen out of their power chair and sustained bruising on the right upper back possibly due to ETOH intoxication. On 12/24/2024, a PN showed Resident 1 had another fall possibly due to ETOH intoxication.

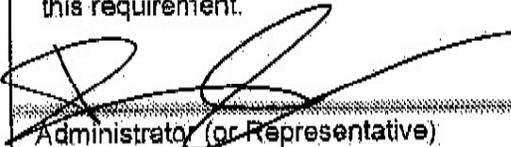
Review of the ALF's Functional Evaluation (equivalent to Assessment), dated 10/29/2024, showed no assessment of Resident 1's ability to smoke safely and unsupervised. There was no mention in the assessment about Resident 1's ETOH dependency, including concerns or need for special care related to ETOH use.

In an interview, on 01/15/2025 at 12:45 PM, Staff G (Community Health Director) acknowledged lack of assessment for Resident 1's smoking and drinking (ETOH) behavior issues.

Plan/Attestation Statement

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


Administrator (or Representative)

1/27/25
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:

- (5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop and document in the Negotiated Service Agreement (NSA) behavior Interventions

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materials.

In an interview, on 01/15/2025 at 10:50 AM, Resident 1 stated he was a smoker and smoked outside the building.

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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.

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:

(5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop and document in the Negotiated Service Agreement (NSA) behavior interventions

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appropriate to the care needs of 1 of 1 sampled resident (Residents 1). This placed Resident 1's health and safety at risk.

Findings included...

Record review showed the ALF admitted Resident 1 on [REDACTED]/2023 with multiple diagnoses including [REDACTED], [REDACTED], and [REDACTED]. Review of the ALF's Functional Evaluation (equivalent to Assessment), dated 10/29/2024, under the Behavior Management section, showed staff were to report any changes in cognition and behavior management.

Review of the October, November, December 2024, and January 2025 electronic Medication Administration Record, showed Resident 1 received daily Bupropion XL tablet (an antidepressant medication used to treat depression and seasonal affective disorder, it also supports smoking cessation and weight management), and Duloxetine capsules (used to treat depression and anxiety) twice daily.

Review of a Progress Notes (PN), dated 11/12/2024, showed Resident 1 experienced behavior issues and was yelling at staff and "demanded" more care. On 01/09/2025, a PN showed staff documented Resident 1 became "verbally abusive and calling names."

In an interview, on 01/15/2025 at 10:30 AM, Staff G (Community Health Director) stated that Resident 1's change in behavior was recent. Staff G stated Resident 1 has had episodes of anger outbursts and calling names toward staff in the last few months.

Review of the NSA, dated 11/08/2024, showed no interventions or approaches for care staff on what to do if Resident 1 exhibited outburst behaviors or demonstrated mental decompensation (worsening condition of mental illness).

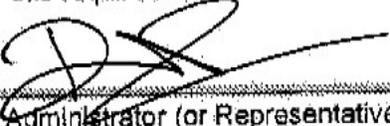
In an interview, on 01/15/2025 at 12:45 PM, Staff G acknowledged that the NSA did not include appropriate interventions for Resident 1's behavior issues.

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



Administrator (or Representative)

1/27/25

Date

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the physician and evaluate for any negative outcomes when 2 of 2 sampled residents (Resident 1 and 5) refused their prescribed medications. This placed Resident 1 and 5 at risk for compromised health.

Findings included...

Review of the ALF's Refusal of Medication Policy, revised on 04/02/2013, showed that when medications were refused, the staff were to notify the prescribing practitioner in a manner and time frame that the practitioner requested. All medication refusals were to be investigated as to why? The Community Health Nurse would follow-up on the refusal of a medication, particularly if there was a pattern of refusal, contact the prescribing practitioner and documented in the Health Record.

RESIDENT 1

Record review showed the ALF admitted Resident 1 on [redacted]/2023 with multiple

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Administrator (or Representative)

Date

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This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the physician and evaluate for any negative outcomes when 2 of 2 sampled residents (Resident 1 and 5) refused their prescribed medications. This placed Resident 1 and 5 at risk for compromised health.

Findings included...

Review of the ALF's Refusal of Medication Policy, revised on 04/02/2013, showed that when medications were refused, the staff were to notify the prescribing practitioner in a manner and time frame that the practitioner requested. All medication refusals were to be investigated as to why? The Community Health Nurse would follow-up on the refusal of a medication, particularly if there was a pattern of refusal, contact the prescribing practitioner and documented in the Health Record.

RESIDENT 1

Record review showed the ALF admitted Resident 1 on [REDACTED]/2023 with multiple

diagnoses including [REDACTED] ([REDACTED]), requiring daily medications for pain daily. Review of the Individual Service Plan (equivalent to Negotiated Service Agreement), dated 10/18/2024, showed Resident 1 required staff assistance with medications services.

Review of Physician's orders, dated 11/12/2024, showed Resident 1 was to receive a Lidocaine 5% (for pain management) adhesive patch daily. Physician's orders dated 10/10/2024, showed Resident 1 was to receive polyethylene glycol powder (or MiraLAX – used to prevent and treats occasional constipation) twice daily.

Review of the October, November, December 2024, and January 2025 electronic Medication Administration Records (eMARs) showed a pattern of refusals for the Lidocaine Patch (LP). The eMAR showed Resident 1 refused the LP 12 times in November 2024, 23 times in December 2024, and 10 times from January 1 through January 13, 2025. The eMAR showed Resident 1 refused the AM dose of MiraLAX nine times and PM dose six times in October 2024, the AM dose 13 times and PM dose six times in November 2024, the AM dose seven times and PM dose nine times in December 2024, and the AM dose five times and PM dose one time in January 2024.

Record review showed no documentation that the ALF evaluated Resident 1's refusals for the LP or MiraLAX. There was no documentation the ALF notified the prescribing physician of Resident 1's pattern of refusal.

RESIDENT 5

Record review showed the ALF admitted Resident 5 on [REDACTED]/2023 with multiple diagnoses including [REDACTED]. Review of the Individual Service Plan, dated 09/17/2024, showed Resident 5 required staff assistance with medications services.

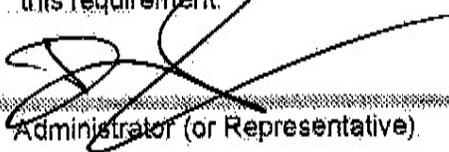
Review of Physician's Orders, dated 10/01/2024, showed Resident 5 was to receive: acetaminophen 1000 milligrams (mg) three times a day for pain, LP 4% daily, docusate sodium (used to treat constipation) 200 mg daily, PreserVision capsules (used for eye health) twice daily, and Senna and Metamucil (used to treat occasional constipation or bowel irregularity) daily.

Review of the October, November, December 2024, and January 2025 eMARs showed Resident 5 refused 27 doses of acetaminophen, 21 doses of LP, two doses of docusate sodium and two doses of PreserVision in October 2024. Resident 5 refused 36 doses of acetaminophen and 28 doses of LP, and three doses of Metamucil in November 2024. Resident 5 refused 22 doses of LP, five doses of docusate sodium, two doses of Metamucil, and one dose of senna in December 2024. Resident 5 refused three doses of LP, and Metamucil once in January 2025.

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Record review showed no documentation that the ALF evaluated Resident 5's refusals of physician's ordered medication. There was no documentation the ALF notified the prescribing physician of Resident 5's pattern of refusal.

In interview, on 01/14/2025 at 1:30 PM, Staff G (Community Health Director) acknowledged the lack of evaluating medication refusals, and failure to notify their physician for directions for Residents 1 and Resident 5.

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, ALJOYA THORNTON PLACE is or will be in compliance with this law and / or regulation on (Date) <u>1/31/25</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>1/27/25</u> Date

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Record review showed no documentation that the ALF evaluated Resident 5's refusals of physician's ordered medication. There was no documentation the ALF notified the prescribing physician of Resident 5's pattern of refusal.

In interview, on 01/14/2025 at 1:30 PM, Staff G (Community Health Director) acknowledged the lack of evaluating medication refusals, and failure to notify their physician for directions for Residents 1 and Resident 5.

Plan/Attestation Statement

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Date



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

ALJOYA THORNTON PLACE, LLC
ALJOYA THORNTON PLACE
450 NE 100TH ST
SEATTLE, WA 98125

RE: ALJOYA THORNTON PLACE # 2040

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 01/23/2025 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';
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Return the Plan/Attestation Statement and report with signatures to:

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

eFax:

Email:

Optional method:

20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

- 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-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

- (1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and
- (2) The results of the national fingerprint background check are pending.

The Assisted Living Facility failed to ensure 1 of 5 staff members (Staff C) a Resident Assistant, had completed their fingerprint background check within one hundred and twenty days of hire.

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:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225

ALJOYA THORNTON PLACE # 2040

01/23/2025

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If You Have Any Questions:

- Please contact me at (253)312-1446.

Sincerely,



Jamie Singer, Field Manager

Region 2, Unit J

Residential Care Services

Enclosure