STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Heron's Key
Heron's Key
4340 Borgen Blvd NW
Gig Harbor, WA 98332

RE: Heron's Key License # 2425

Dear Administrator:

This letter addresses Compliance Determination(s) 21174 (Completion Date 03/20/2023) and 17349 (Completion Date 01/12/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/20/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

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

The Department staff who did the on-site verification:
Michael Goulet, Complaint Investigator

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Heron's Key
Provider Type: Assisted Living Facility
License/Cert.#: 2425
Compliance Determination #: 17349
Intake ID: 61538
Investigator: Michael Goulet
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 12/14/2022 through 01/12/2023
Complainant Contact Date(s):

Allegation(s):
1) One resident not administered blood thinner medication (Coumadin) from 11-7-22 to 12-9-22.

Investigation Methods:

Sample:	Total residents: 30 Resident sample size: 1 Closed records sample size:
Observations:	General environment Resident Condition Residents in their rooms
Interviews:	Resident Staff
Record Reviews:	Facility Incident Report Fax communication between facility and anticoagulation clinic (3) Progress Notes Medication Administration Records (3) Facility Policy for Coumadin administration and documentation

Investigation Summary:
1) Per facility staff Director of Nursing Services (DNS) interview, the named resident was not administered Coumadin (blood thinner medication) between 11-7-22 and 12-9-22 due to staff error and lack of follow up with both the anticoagulation clinic and the resident's primary physician. Per interview, the DNS did make an attempt to contact the resident's physician's office, as per facility procedure, on 11-10-22. As no staff were available at the physician's office, the DNS left a message asking for orders per the resident's latest lab results. There was no indication per staff interview and facility records that any facility staff tried to follow up on this query related to the named resident's Coumadin orders with either the resident's physician or with the anticoagulation clinic staff until the clinic faxed the facility on 12-8-22, asking if the resident was still taking the medication. The DNS did state during interview that facility staff do not expect the anticoagulation clinic to notify the facility of lab outcomes, and

that the facility staff have to contact the clinic to get this information and then contact the physician to get new orders, as per facility policy. Facility medication administration records (MARs) documented "missing Coumadin" on both the November and December MARS, yet there was no indication that medication technicians brought this to the attention of nursing or administrative staff. Per DNS interview, the facility software should have alerted medication technicians to the fact that there was no new order on the following Saturday (11-12-22), and it was not clear why this went apparently unnoticed by facility staff. The named resident had blood drawn at the facility on 11-17-22, for the express purpose of determining the resident's upcoming Coumadin dosage, but this also did not alert the facility to the issue that the medication was not available. The DNS stated bluntly, "We dropped the ball" in relation to the error.
Per staff and resident interviews, there was no harm to the named resident due to this medication error,
Cited as per WAC 388-78A-2210 (1b) Medication Services.

Conclusion / Action:

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

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PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2425	Compliance Determination # 17349
Plan of Correction	Heron's Key	Completion Date
Page 1 of 3	Licensee: Heron's Key	01/12/2023

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

The department completed data collection for an unannounced on-site complaint investigation on 12/14/2022 and 12/14/2022 of:

Heron's Key
4340 Borgen Blvd NW
Gig Harbor, WA 98332

This document references the following complaint number(s): 61538

The following sample was selected for review during the unannounced on-site visit: 1 of 30 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Michael Goulet, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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 — 01/18/2023 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.

Statement of Deficiencies	License #: 2425	Compliance Determination # 17349
Plan of Correction	Heron's Key	Completion Date
Page 2 of 3	Licensee: Heron's Key	01/12/2023

Administrator (or Representative) Kathera Date 1/25/23

WAC 388-78A-2210 Medication services.

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

(b) Develop and implement systems that support and promote safe medication service for each resident. KeR 2/3/23

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 1 resident (Resident 1) received anticoagulant medication as ordered between 11/10/2022 and 12/09/2022. This failure placed the resident at risk of significant physical harm.

Findings Included...

During an interview on 12/16/2022 at 11:50am, facility Director of Nursing (DNS, Staff A) stated that they attempted to contact the Resident 1's (R1) physician's office on 11/10/2022 to get new orders for the R1's anticoagulant medication, Coumadin. As no staff were in the physician's office, the DNS stated they left a message. The facility DNS stated they did not follow up on this medication order with either the physician's office or with the anticoagulation clinic until 12/09/2022 when it became known that the resident had been without this medication since 11/06/2022. The DNS further stated that facility medication technicians should have been alerted by the facility's medication administration software that the medication order was lacking on 11/12/2022 and had no other explanation as to why the medication order was not followed up on by numerous facility staff members other than to state, "We dropped the ball."

Record review on 12/19/2022 of the facility's incident report dated 12/09/2022 showed that the facility DNS left a message for R1's anticoagulation clinic and the resident's POA on 11/10/2022, stating that the resident "needs new Coumadin order...asap." Facility documents do not show any action was taken to follow up on R1's Coumadin order until 12/09/2022 when the DNS was noted to have spoken with anticoagulation clinic staff.

Record review on 12/19/2022 of facility progress notes dated 11/10/2022 showed that the DNS was noted as having called R1's physician and leaving a message in relation to Coumadin orders for R1, but progress notes do not show any further action taken on the part of any facility staff regarding this issue until 12/09/2022.

Statement of Deficiencies	License #: 2425	Compliance Determination # 17349
Plan of Correction	Heron's Key	Completion Date
Page 3 of 3	Licensee: Heron's Key	01/12/2023

Record review on 12/19/2022 of R1's Medication Administration Records (MARs) for November and December 2022 show that the words "missing Coumadin" are written in these records from 11/09/2022 to 12/08/2022 supporting that staff were aware of the medication non-availability.

Record review on 12/19/2022 of fax communication between the anticoagulation clinic and the facility show that R1 had blood drawn at the facility on 11/17/2022 to determine the resident's upcoming Coumadin level. No communication or action on the part of the facility was noted in relation to this blood work or to follow up on the results.

During an interview on 01/12/2023 at 11:55am, DNS stated that the facility is expected to contact the anticoagulation clinic in relation to resident lab results, and that this information is not forwarded to the facility without the facility first requesting it.

Record review on 01/12/2023 of the facility's "Policy Related to Coumadin Administration," written on 08/01/2017 showed that facility staff were to use the facility's Coumadin Flow Sheet to document lab results and orders for this medication. It is not clear that this was done as no such flow sheet was provided by facility staff in relation to request for records regarding this incident.

During an interview on 12/16/2022 at 11:50am, DNS stated, "There was no Coumadin book, so we made one to track that medication." Although as documented above, the facility had had a flow sheet in place for several years to document this information, there was no indication that it had been used to document R1's Coumadin administration.

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, Heron's Key is or will be in compliance with this law and / or regulation on (Date) 2/3/23.

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

Administrator (or Representative) Kawlor Date 1/25/23

Plan of Correction

1. Coumadin Administration policy has been reviewed and updated.
2. Assisted Living Nurse Manager has been educated on follow up to include notification of and communication with anticoagulant clinic and provider
3. Licensed Nurses and Medication Technicians have been educated on follow up communication with anticoagulant clinic and provider for Coumadin orders.
4. Licensed Nurses and Medication Technicians have been educated on Coumadin policy to include Coumadin Flow sheet.
5. Residents who are on Coumadin will have an audit conducted of their Coumadin medication Administration Record, Coumadin flow sheet, and nursing notes daily.
6. Audits to be brought to Stand Up meeting Monday through Friday for review and discussion for process improvement.
7. Person Responsible: Assisted Living Nurse Manager
8. Date of Compliance: 02/03/2023