STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

WELL Frontier Tenant LLC
Where The Heart Is
410 S NORRIS ST
BURLINGTON, WA 98233

RE: Where The Heart Is License # 2500

Dear Administrator:

This letter addresses Compliance Determination(s) 52362 (Completion Date 01/07/2025) and 40286 (Completion Date 08/29/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/07/2025 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-2710-2, WAC 388-78A-2600-1-a, WAC 388-78A-2600-1-b, WAC 388-78A-2600-2-p, WAC 388-78A-2350-1, WAC 388-78A-2350-6-c

The Department staff who did the on-site verification:
Karen Glover, Complaint Investigator

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Where The Heart Is
Provider Type: Assisted Living Facility
License/Cert.#: 2500
Compliance Determination #: 40286
Intake ID: 127725
Investigator: Karen Glover
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 04/24/2024 through 08/29/2024
Complainant Contact Date(s): 04/22/2024, 09/04/2024

Allegation(s):

1. The Named Resident (NR) has bed sores all over their body. The caregivers refuse to move the NR from chair to bed at night.
2. The NR was losing their teeth and was unable to eat. They are refusing to provide the NR with a mechanical soft diet or softer foods. If the NR refuses to eat they are not offered an alternative.
3.The NR has been found in soiled pants and vomit on their clothes, with their clothes not getting changed.
4-The NR was complaining of their feet being sore. The NR's toe nail fell off and was bloody and infected.
5-No communication with the family regarding moving the NR to a higher level of care.

Investigation Methods:

Sample:	Total residents: 65 Resident sample size: 5 Closed records sample size: 0
Observations:	Residents Resident rooms Staff to resident interactions
Interviews:	Family members Nursing staff
Record Reviews:	Negotiated Service agreement Progress notes

Investigation Summary:

1. The NR was cognitively impaired. The NR had a pressure ulcer on her sacrum (tail bone) that was identified by facility staff on 04/04/2024. The facility did not have nursing oversight for the pressure ulcer and staff did not follow up with the medical provider regarding the wound. The facility was cited for 388-78A-2710 Disclosure of Services, 388-78A-2600 Policy and Procedures and 388-78A-2350 Coordination of health care services.
2. Review of weight logs showed Resident 1 had no recent weight loss. The NR's care plan showed the NR was on a regular texture, no concentrated sweets with thin

liquid diet. The NR was placed on alert charting for not eating and loss of appetite. The NR was encouraged to eat but often refused dinner, snacks and fluids. Interview with staff revealed they were unaware of any missing teeth. The facility staff did not follow up with the medical provider regarding the refusal to eat. The facility was cited for 388-78A-2710 Disclosure of Services, 388-78A-2600 Policy and Procedures and 388-78A-2350 Coordination of health care services.
3. Interviews with facility staff revealed the NR at times would decline having their clothes changed. Observation of sampled residents showed all were appropriately dressed in clean clothes.
4. Interview and record review showed the facility staff identified the NR's toenail falling off and had been monitoring it daily. The facility faxed the medical provider on 01/16/24 . The NR went to see their medical provider and was prescribed an antibiotic.
5. Review of progress notes showed that the NR was discussed at the weekly "high risk" meetings with no discussion regarding moving to a higher level of care. The administration received an email from the Power of Attorney (POA) appointing another family member as a representative to make medical and care decisions for the NR. This email was received on the Saturday before the NR was sent to the hospital on Monday (three days).

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Where The Heart Is
Provider Type: Assisted Living Facility
License/Cert.#: 2500
Compliance Determination #: 40286
Intake ID: 127873
Investigator: Karen Glover
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 04/24/2024 through 08/29/2024
Complainant Contact Date(s): 04/22/2024, 09/04/2024

Allegation(s):

1.The Named Resident (NR) was being neglected by the Assisted Living Facility (ALF) staff and had open sores in her diaper region.
2. The NR is in so much pain they cannot eat.
3. The NR's representative had not received any communication from the facility and thinks they maybe behind on their bills and the staff maybe taking it out on the NR.
4. The NR had been left in dirty diapers.
5. The hospital doesn't want to send the NR back to the ALF.

Investigation Methods:

Sample:	Total residents: 65 Resident sample size: 5 Closed records sample size: 0
Observations:	Residents Resident rooms Staff to resident interactions
Interviews:	Nursing staff Family members Administration
Record Reviews:	Progress notes Facility policies Hospital records Medical records

Investigation Summary:

1. Review of the NR's progress notes showed the pressure ulcer had been identified on 04/06/2024 by facility staff and the NR's medical provider had been notified on 04/06/2024, 04/10/2024, and 04/20/2024. The facility did not have nurse oversight and care staff did not follow up with medical provider in a timely manner. The facility was cited for 388-78A-2710 Disclosure of Services, 388-78A-2600 Policy and Procedures and 388-78A-2350 Coordination of health care services.
2. Review of weight logs showed Resident 1 had no recent weight loss. The NR's care plan showed the NR was on a regular texture, no concentrated sweets with thin

liquid diet. The NR was placed on alert charting for not eating and loss of appetite. The NR was encouraged to eat but often refused dinner, snacks and fluids. Interview with staff revealed they were unaware of any missing teeth. The facility staff did not follow up with the medical provider. The facility was cited for 388-78A-2350 Coordination of Health care services.
3. Interviews and emails showed the facility was attempting to reach the NR's representative. Interview with facility caregivers revealed they are not made aware of any financial issues that a resident may have with the facility.
4. Interviews with care staff revealed that the NR would often decline cares. The care staff would have to change the NR's brief while in their recliner because they refused to get up to the bathroom or bed. Observation of sampled residents showed no wet or dirty briefs.
5. Record review of hospital notes dated [redacted]/2024 and [redacted]/2024 showed communication between the hospital and the ALF regarding what additional needs the NR would need when she returned to the ALF.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Where The Heart Is
Provider Type: Assisted Living Facility
License/Cert.#: 2500
Compliance Determination #: 40286
Intake ID: 128539
Investigator: Karen Glover
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 04/24/2024 through 08/29/2024
Complainant Contact Date(s): 04/22/2024, 09/04/2024

Allegation(s):
The Named Resident (NR) was admitted to the hospital with a pressure sore on their coccyx.

Investigation Methods:

Sample:	Total residents: 65 Resident sample size: 5 Closed records sample size: 0
Observations:	Residents Resident rooms
Interviews:	Family members Nursing staff
Record Reviews:	Incident investigation Hospital records Negotiated Service Agreement Medication Administration Record

Investigation Summary:
Review of the NR's progress notes showed the pressure ulcer had been identified by care staff on 04/06/2024 and the NR's medical provider had been notified on 04/06/2024, 04/10/2024, and 04/20/2024. The facility had no nursing oversight and did not follow up with NR's medical provider in a timely manner for new orders. The facility was cited for 388-78A-2710 Disclosure of Services, 388-78A-2600 Policy and Procedures and 388-78A-2350 Coordination of health care services.

Conclusion / Action:

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 04/24/2024 and 04/24/2024 of:

Where The Heart Is
410 S NORRIS ST
BURLINGTON, WA 98233

This document references the following complaint number(s): 127725, 128100, 127873, 128539

The following sample was selected for review during the unannounced on-site visit: 5 of 65 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Karen Glover, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley
Residential Care Services

09/05/2024
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) Date

WAC 388-78A-2710 Disclosure of services.

(2) The assisted living facility must provide the services disclosed.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to have a nurse on site as noted in the ALF's Disclosure of Services for 1 of 3 residents (Resident 1). This failure resulted in care staff providing care for Resident 1's pressure sore, unstable blood sugars, refusal to eat, and general decline with no nursing direction or supervision and placed all residents requiring nursing services at risk of unmet healthcare needs.

Findings included…

Review of the ALF's Disclosure of Services, undated, showed a Registered Nurse (RN) would typically be in the ALF 5-7 days per week, totaling 40 hours per week, and that a Licensed Practical Nurse (LPN) would typically be in the ALF 7 days per week totaling 112 hours per week. The Disclosure of Services also showed the ALF had nurses that were available to provide daily assessment of residents with health changes and service residents with diabetes whose condition was determined to be stable and predictable.

Review of the resident characteristic roster dated 04/05/2024 showed 21 residents needed nursing services.

Resident 1 was admitted to the Assisted Living Facility (ALF) on [redacted]/2021 with multiple diagnoses including [redacted] ([redacted]) and [redacted] ([redacted]).

Record review of Resident 1's progress notes for April 2024 showed there was no evidence of any nursing oversight.

On 04/24/2024 at 1:37 PM, Staff A, Executive Director (ED), stated that the ALF was without a nurse currently and Staff F, Regional Nurse Consultant, was on call for their building. Staff A stated that they did not see Resident 1's pressure wound until the day Resident 1 was sent to the hospital. Staff A stated that Staff F was not aware of Resident 1's skin issues or fluctuating blood sugars.

On 08/07/2024 at 1:05 PM, Staff F, Regional Nurse Consultant, stated that they were on-call and available by phone to the ED. If the ED needed something, the ED would call Staff F. Staff F stated that they had not received any calls from the ED regarding skin issues or fluctuating blood sugars. Staff F stated that they had not been asked to be in the building.

On 08/07/2024 at 10:19 PM in an email Staff G, Vice President of Regional Operations, stated that the last day for Staff H, previous Health Services Director, was 03/08/2024. Staff I, current Health Services Director, started on 05/06/2024. Showing the ALF was without a full-time nurse for 8 weeks.

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, Where The Heart Is is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(a) Maintain or enhance the quality of life for residents including resident decision-making rights;

(b) Provide the necessary care and services for residents, including those with special needs;

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(p) To coordinate services and share resident information with outside resources, consistent with WAC 388-78A-2350 ;

This requirement was not met as evidenced by:

Based on the interviews and record reviews the Assisted Living Facility (ALF) failed to follow their policy regarding high-risk residents being reviewed on a weekly basis by the interdisciplinary team for 1 of 1 resident (Resident 1) when they held meetings for

Resident 1 but failed to address Resident 1's deteriorating health conditions. These failures resulted in delayed medical treatment for Resident 1.

Findings included…

Review of the ALF's policy titled, "High Risk Resident Meeting Guidelines", dated 01/2022, showed that residents meeting the following criteria will be reviewed weekly by an interdisciplinary team to consist of at least (ED, HSD, RCC, LEC, ESD, Dietary Director). ED may opt to add additional members as they see necessary in their community. A log of all resident's names and why they were reviewed will be kept in the EDs office for reference; however, all documentation and interventions will be noted in the resident's medical record and service plan. The timelines below are general guidelines and the Intradisciplinary team should make the decision when to remove someone from High-Risk Review.
Falls- Review all falls for last 7 days or any resident that has had >2 falls last 30 days or >3 falls last 90 days.
Weight Loss- Weight loss or gain > 5% in 30 days 7.5 % 90 days or 10% in 180 days,
Wound/Significant Skin Impairment – all pressure, stasis, diabetic ulcers, any bruising, or skin tears of unknown origin.
Psychotropic Medication – Initial review and new admissions review all psychotropic medications. After initial review residents should be added to High Risk for new medications, increases in dosage or changes in medications related in side effects or ineffective outcomes of previous medication.
New or Escalating Behaviors – All until resolved or behavior plan in in place, all education in completed and behaviors are no longer negatively impacting day to day function of the resident
Resident or RP Concerns – until concern is resolved. If they have repeat concerns keep on for focus to improve satisfaction.
Hospice Residents – Review weekly during initial placement on hospice until stable on program and if Resident is transitioning into End of Life.
Other- Other High-Risk areas may be added and defined by community as needed which may include residents with short-term/significant change in condition monitoring.

Resident 1 was admitted to the Assisted Living Facility (ALF) on [redacted]/2021 with multiple diagnoses including [redacted] ([redacted]) and [redacted] ([redacted]).

Record review of Resident 1's progress notes for April 2024 showed the following faxes had been sent to the medical provider regarding Resident 1:
-04/01/2024 a fax was sent to the medical provider for a report of low blood sugars.
-04/03/2024 a fax was sent to the medical provider for a report of low blood sugars.
-04/06/2024 a fax was sent to the medical provider for a sacral wound.

-04/10/2024 a fax was sent to the medical provider for a sacral wound.

Record review of progress notes showed on 04/05/2024 Resident 1 was discussed at the weekly high-risk meeting for having non-health care related issues. Resident 1 had been removed from droplet precautions with symptoms improving and "no other health concerns at this time".

Record review of progress notes dated 04/11/2024 showed Resident 1 was discussed during the weekly high-risk meeting for having non-health care related issues and they had "no other concerns at that time".

On 04/24/2024 at 1:37 PM, Staff A, Executive Director (ED), stated that the ALF was without a nurse currently and Staff F, Regional Nurse Consultant, was on call for their building. Staff A stated that they did not see Resident 1's pressure wound until the day Resident 1 was sent to the hospital. Staff A stated that Staff F was not aware of Resident 1's skin issues or fluctuating blood sugars.

On 08/20/2024 at 3:19 PM, Staff J, Operations Specialist, stated that the High-risk meetings are held weekly, and the team discusses residents with weight loss, frequent falls, hospice, wounds, etc. and they have a policy that outlines the process. Staff J stated that the facility's nurse typically was the one that decided which residents needed to be part of the high-risk meeting.

On 08/29/2024 at 09:24 AM, Staff B, Business Office Manager, stated that when they had a nurse on staff, they would know about all the residents. The nurse was responsible for providing the resident's to be discussed at the weekly high-risk meeting. Staff B stated that Staff A was taking on that role while there was no nurse on staff.

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, Where The Heart Is is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2350 Coordination of health care services.

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

(6) When authorizations to release health care information are not obtained, or when an external health care provider is unresponsive to the assisted living facility's efforts to coordinate services, the assisted living facility must:

(c) Address known associated risks in the resident's negotiated service agreement.

This requirement was not met as evidenced by:

Based on the interviews and record reviews the Assisted Living Facility (ALF) failed to follow-up after sending faxes to the medical provider and address care needs in the negotiated service agreement for 1 of 1 resident (Resident 1's) changing condition. These failures resulted in delayed medical treatment for Resident 1.

Findings included…

Review of the ALF's policy titled "3.S. Tracking of faxed physician communication and pending labs", with a revision date of 06/20/2024, showed any faxed order or resident status information that required physician response will be tracked, and a second fax will be sent to the physician if there has been no physician response within 48-hours. If the physician has not responded to the fax requests within 72- hours, the community will place a telephone call to the physician. If there is still no appropriate physician response, the resident and/or family will be notified. If non-response by the primary care provider is compromising the resident's health or safety, or the safety of others, the family will be requested to take the resident to a physician for an evaluation.

Resident 1 was admitted to the Assisted Living Facility (ALF) on [redacted]/2021 with multiple diagnoses including [redacted] and [redacted].

Record review of Resident 1's Negotiated Service Agreement (NSA), dated 11/20/2023, showed that after falling and fracturing their left shoulder, Resident 1 was afraid of falling and was resistive to getting out of their recliner. Staff was to report any skin breakdown, such as bruising, skin that was red or discolored or if skin was broken. There was no updated interventions or documentation regarding the current pressure ulcer.

Record review of Resident 1's progress notes for April 2024 showed the following faxes were sent to the medical provider on:

-04/01/2024 for a report of low blood sugars identified on 04/01/2024. The ALF did not receive a return fax until 04/12/2024, 10 business days from the original fax.

-04/03/2024 for a report of low blood sugars identified on 04/03/2024. The ALF did not receive a return fax until 04/10/2024, 6 business days from the original fax.

-04/06/2024 for a sacral wound. The ALF did not receive a return fax until 04/12/2024,

5 business days from the original fax.
-04/10/2024 for a sacral wound. The ALF did not receive a return fax.
-04/15/2024 showed the medical provider did not respond to the fax from 03/31/2024 regarding low blood glucose of 48 or fax from 03/26/2024 regarding high blood glucose of 254.
-04/17/2024 to report increased thirst, high blood sugars of 508 and shaking. The ALF did not receive a return fax until [redacted]/2024, one day after Resident 1 was sent to the hospital.
-04/18/2024 for refusing to take evening medications. The ALF did not receive a return fax until [redacted]/2024, one day after Resident 1 was sent to the hospital.
-04/19/2024 for not eating, low blood sugars and not taking medications. The ALF did not receive a return fax until [redacted]/2024, one day after Resident 1 was sent to the hospital.
-04/20/2024 for sacral wounds measuring 3 x 3 on each buttock and was requesting a home health order. The ALF did not receive a return fax until [redacted]/2024, one day after Resident 1 was sent to the hospital.
-04/21/2024 to report Resident 1 was unable to safely take medications. The ALF did not receive a return fax until [redacted]/2024, one day after Resident 1 was sent to the hospital.
-[redacted]/2024 Resident 1 was not at their baseline and was sent to the emergency room for evaluation, twenty one days after the initial fax.

On [redacted]/2024 at 11:45 AM, Staff B, Business Office Manager (former Resident Care Coordinator), stated that they would re-fax a medical provider if they did not hear back within a week. Staff B stated that there was no policy stating specifically what needed to be done with following up with medical providers.

On [redacted]/2024 at 1:10 PM, Staff D, Coordinator, stated that they alert the medical providers by fax and Staff D waits at least one week and then if they have not heard back from the medical provider, they will re-fax. Staff D stated that they coordinate the paperwork part and do not actually see the residents and Staff D had not seen Resident 1's pressure ulcer.

Record review of progress notes from the hospital dated [redacted]/2024 showed that Resident 1 was evaluated by the wound care nurse and was noted to have partial thickness skin loss in several areas.

Record review of Resident 1's hospital discharge summary dated 04/26/2024 showed Resident 1 had a diagnosis of [redacted].

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, Where The Heart Is is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date