



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

Cogir Management USA Inc
Cogir of Bothell
10605 NE 185th St
Bothell, WA 98011

RE: Cogir of Bothell License # 2623

Dear Administrator:

This letter addresses Compliance Determination(s) 17654 (Completion Date 12/16/2022) and 14055 (Completion Date 10/18/2022).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/16/2022 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-2320-1, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2320-2-a, WAC 388-78A-2320-2-b, WAC 388-78A-2320-2-c, WAC 388-78A-2320-2-d, WAC 388-78A-2320-2-e, WAC 388-78A-2320-2-f, WAC 388-78A-2320-3, WAC 388-78A-2320-3-a, WAC 388-78A-2320-3-b, WAC 388-78A-2320-3-c, WAC 388-78A-2320-3-d, WAC 388-78A-2320-3-e, WAC 388-78A-2090-6-e, WAC 388-78A-2100-2-b, WAC 388-78A-2100-2-c, WAC 388-78A-2130-3-b, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-2-b, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2-a, WAC 388-78A-2620-2-a, WAC 388-78A-2620-2-b

The Department staff who did the on-site verification:

Alma Duran, Licensor
Erin Steinbrenner, Nursing Consultant Institutional

If you have any questions, please contact me at (425)670-6070.

Sincerely,

Jamie Singer
Jamie Singer, Field Manager

Cogir of Bothell # 2623

12/16/2022

Page 2 of 2

Region 2, Unit J
Residential Care Services

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

RECEIVED

NOV 03 2022

DSHS/ALTSA/RCS



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

RECEIVED

10.24.22

AC

10/20/2022

CERTIFIED MAIL

9489009000276072416707

Licensee: Cogir Management USA Inc
Cogir of Bothell
10605 NE 185th St
Bothell, WA 98011

RE: Cogir of Bothell License # 2623

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 10/18/2022 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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;
 - Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
 - Mail the Plan/Attestation Statement and report with original signatures to:

Cogir Management USA Inc

Cogir of Bothell # 2623

10/18/2022

Page 2 of 2

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
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.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

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 (425)670-6070.

Sincerely,

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

Enclosure



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 #: 2623	Compliance Determination # 14055
Plan of Correction	Cogir of Bothell	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 09/20/2022 and 09/22/2022 of:

Cogir of Bothell
10605 NE 185th St
Bothell, WA 98011

The following sample was selected for review during the unannounced on-site visit: 7 of 33 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Liscensor
Keiko Kitano, Liscensor
Erin Steinbrenner, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

10/20/2022

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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Administrator (or Representative)


Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

- (a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and
- (b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

- (a) Nursing services supervision;
- (b) Nurse delegation, if provided;
- (c) Initial and on-going assessments of the nursing needs of each resident;
- (d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;
- (e) Implementation of the nursing component of each resident's negotiated service agreement; and

(f) Availability of the supervisor, in person, by pager, or by telephone, to respond to residents' needs on the assisted living facility premises as necessary.

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

- (a) Chapter 18.79 RCW, Nursing care;
- (b) Chapter 18.88A RCW, Nursing assistants;
- (c) Chapter 246-840 WAC, Practical and registered nursing;
- (d) Chapter 246-841 WAC, Nursing assistants; and
- (e) Chapter 246-888 WAC, Medication assistance.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure Nurse Delegation (ND) was in place for 1 of 1 sampled resident (Resident 2) who received blood sugar (BS) checks by unlicensed staff and written consent for 1 of 4 sampled residents receiving ND services (Resident 3). This failure placed Resident 2 and 3 at risk of health complications when unlicensed staff conducted nursing tasks.

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Findings included...

Note: The ND Program, under Washington State Law, allows nursing assistants and Home Care Aides working in community-based care settings to perform certain tasks such as administration of prescription medications such as insulin injections and blood sugar testing, which are normally performed by licensed nurses. A registered nurse must teach and supervise the nursing assistant as well as provide nursing assessments of the resident's condition. Nurse Delegation is specific to each resident, each caregiver, and each task and is not transferrable. Documentation must be specific and include all required information as listed in Washington Administrative Code (WAC) 246-840.

Review of the ALF's Nurse Delegation Policy, dated 03/04/2019, listed the ALF's procedural steps of nurse delegation to include obtaining consent from the resident or resident representative and an RN visit for paperwork and assessment of the resident per WAC guidelines.

RESIDENT 2

Review of a Face Sheet showed the ALF admitted Resident 2 on [REDACTED] 2022 with multiple diagnoses including [REDACTED]

[REDACTED], and [REDACTED]

Review of the ALF's Disclosure of Services, dated 03/2017, stated the facility would provide intermittent nursing services including diabetic management. Licensed nurses or delegated MTs could perform BS checks.

Review of Resident 2's July, August, and September 2022 Medication Administration Record (MAR) showed orders for BS checks, three times a week every Monday, Wednesday, and Friday at 8:00 AM. The MAR showed Resident 2 was taking Metformin (an oral medication for diabetes) 1000 milligrams, twice daily at 8:00 AM and 8:00 PM.

In interview, on 09/20/2022 at 10:30 AM, Staff I (Medication Technician ((MT)) stated she poked Resident 2's finger to perform BS checks as ordered 3 times a week.

In an interview, on 09/21/2022 at 9:45 AM, Staff H (MT) stated she also poked Resident 2's finger to perform BS checks 3 times a week on Mondays, Wednesdays, and Fridays. When questioned if Resident 2 able to check her own blood sugar check, Staff H stated, "She probably could, but she would not." When questioned if Staff H performed BS check that morning, she stated Staff J (Resident Care Coordinator/Certified Nursing Assistant/MT) had. Staff J confirmed this on interview at 1:30 PM on 09/21/2022.

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Record review of the ALF's ND book, on 09/21/2022 at 9:30 AM, did not include ND consent or required ND paperwork for Resident 2. Review of Resident 2's record found a blank consent form.

In an interview, on 09/21/2022 at 9:45 AM, Staff G (ALF Registered ND) stated it was his understanding ND was not required for ALF residents who understand the reason and process for the medication or treatment.

RESIDENT 3

Record review of the ALF's undated Resident Characteristics Roster showed the ALF had listed Resident 3 as receiving ND services.

Review of a Face Sheet showed the ALF admitted Resident 3 on [REDACTED] 2020 with a primary diagnosis of [REDACTED]. Review of Resident 3's Health, Safety and Environment Assessment, dated 09/14/2022, showed Resident 3 received staff assistance for medication administration.

Observation of medication administration, on 09/22/2022 at 8:40 AM, showed Staff H (MT) crush Resident 3's AM medications and mix in applesauce and pudding to administer to Resident 3.

Review of the ALF's ND notebook and Resident 3's chart showed Resident 3 had no ND consent in place to show Resident 3's representative consented to nurse delegation for altered and administered medications.

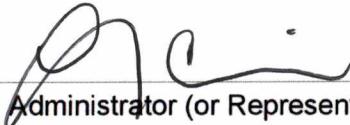
Interview with Staff G, on 09/22/2022 at 9:30 AM, confirmed the ALF was unable to locate a signed consent for Resident 3's ND services and would be obtaining a new consent for nurse delegation services.

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, Cogir of Bothell is or will be in compliance with this law and / or regulation on (Date) 10/22/2022

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

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Administrator (or Representative)

10-27-22

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:

(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 observation, interview, and record review the Assisted Living Facility (ALF) failed to assess the need, use and safe operation of a medical device for 1 of 1 sampled resident (Resident 6), who used a Tilt in Space wheelchair. This failure placed Resident 6 at risk for injury and harm.

Findings included...

NOTE: WAC 388-78A-2100 On-going assessments. The assisted living facility must: (1) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

NOTE: According to Careflex, a medical equipment website, a Tilt in Space (TiS) wheelchair has specialized functions to allow for improved posture and pressure relief. A TiS wheelchair may also be contra-indicated. Its use needs to be fully risk assessed and closely monitored, including for those with swallowing difficulties. According to multiple TiS wheelchair assessments available online, some of the items to include an assessment prior to the using a TiS are; assess for diagnoses, posture, sitting ability, pressure redistribution, movement, leaning, body measurements, a resident's range of motion, status of the skin, and the possibility of the TiS wheelchair becoming a restraint.

Review of a Face Sheet showed the ALF admitted Resident 6 on [REDACTED] 2018 with care needs related to multiple disabling conditions including dementia (a group of symptoms that affects memory, thinking and interferes with daily life). Review of Resident 6's Assessment, dated 04/04/2022, showed Resident 6 required total assist with activities of daily living (a term used in healthcare to refer to people's daily self-care activities such as

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bathing, grooming, ambulation, etc.), including transfer and mobility.

On 09/21/2022 at 12:40 PM, Resident 6 was observed in the TV room seated in a TiS wheelchair at a 90-degree angle. Resident 6 was unable to move independently without staff assistance. During attempted interview, Resident 6 had his eyes open but was unable to respond.

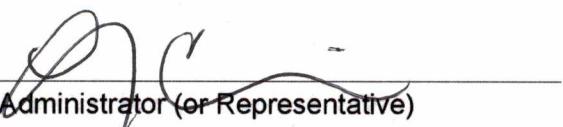
Observation on 09/22/2022 at 1:50 PM, showed Resident 6 receiving two-person transfer assistance by Staff J (Resident Care Coordinator) and a non-sampled staff member, using a Hoyer lift (a brand of mobility tool used to safely transfer persons with mobility challenges) from his TiS wheelchair onto his bed.

Review of Resident 6's Assessment, on mobility section dated 04/04/2022, did not specify the use of a TiS wheelchair. Further record review showed no documentation that the medical device had been assessed for function, purpose, and safety. There was no documentation to indicate if the resident or resident representative, had been informed about the risks and benefits related to the use of the TiS wheelchair device.

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, Cogir of Bothell is or will be in compliance with this law and / or regulation on (Date) 10-27-2022.

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


Administrator (or Representative)

10-27-22

Date

WAC 388-78A-2100 On-going assessments. The assisted living facility must:

- (2) Complete an assessment specifically focused on a resident's identified problems and related issues:
 - (b) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;
 - (c) When the resident has an injury requiring the intervention of a practitioner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to reassess 1 of 1 sampled resident (Resident 1) for current health status, care needs, and fall risk. This

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placed Resident 1 at risk for not receiving proper care and services, and at risk of harm from a future fall incident.

Findings included...

Review of the ALF's policy for "Fall Response Procedures, Procedure 11. 16. 17.", dated 03/04/2019 showed, "The Negotiated Service Agreement (NSA) is updated as needed with interventions." " Per the Community's Fall Reduction Program, each resident's NSA and the fall risk assessment (Morse Fall Scale (a fall assessment tool)) will be reviewed and updated whenever a resident has: b) Repeat falls. c) A fall with injury requiring medical intervention/treatment." "The resident's re-assessment for NSA review/update under circumstances above will include an update of the fall risk assessment."

Review of a Face Sheet showed that the ALF admitted Resident 1 on [REDACTED] 2021 with multiple medically disabling conditions including dementia (a group of symptoms that affects memory, thinking and interferes with daily life). Review of Resident 1's Care Plan Detail (CPD - equivalent to NSA), dated 08/22/2022, showed Resident 1 required staff assistance with medication services.

Review of Resident 1's September 2022 electronic Medication Administration Records (eMARs, a computer documentation system) showed Resident 1 was prescribed multiple medications, and the ALF's Medication Care Technicians (MCTs) had been giving those medications.

In an interview, on 09/20/2022 at 2:02 PM, Staff I (MCT) stated that she crushed Resident 1's medication and mixed it with apple sauce. When asked whether Resident 1 was able to put medications into his mouth by himself, Staff I stated, "No" because he was so sleepy she administered medications to him, just like feeding him in the dining room. On 09/20/2022 at 2:30 PM, Staff H (MCT) stated that she administered crushed medications with apple sauce to Resident 1.

Review of Resident 1's Assessment, dated 08/22/2022, showed the ALF staff perform medication management. The Assessment did not address current capabilities and medication service needs for Resident 1.

Review of the Assessment, dated 08/22/2022, showed Resident 1 required one-person hands-on assistance for toileting and mobility/ambulation. The Assessment showed that Resident 1 had been walking some of the time with his walker and staff providing stand-by assist.

In an interview, on 09/20/2022 at 2:20 PM, Staff K (Resident Care Associate ((RCA)) stated that Resident 1 required 2-person assistance with toileting and transfers from/to bed, wheelchair, and toilet. Staff K stated that Resident 1 was sometimes unable to bear weight and walk even with assistance.

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In an interview, on 09/20/2022 at 3:35 PM, the Executive Director/Administrator stated that Resident 1 had not been walking with a walker.

The 08/22/2022 Assessment did not address Resident 1's current health status and care needs for mobility and toileting.

Review of Resident 1's active records showed that on 05/05/2022, Resident 1's score on the Morse Fall Scale (a fall risk assessment tool) was 80, indicating a high risk for falls. The Morse Fall Scale showed that action must be taken to implement high risk fall prevention interventions.

Review of Resident 1's active records showed that Resident 1 had fallen on 05/30/2022, 07/31/2022, and 08/22/2022. Review of an incident document, dated 07/31/2022, showed that when two caregivers were transferring Resident 1 from toilet to wheelchair, the resident stopped bearing weight and fell along with the two caregivers to the floor. Resident 1 hit the right side of his head and sustained a quarter-sized hematoma (a condition that happens when an injury causes blood to collect and pool under the skin). Resident 1 was transferred to the hospital.

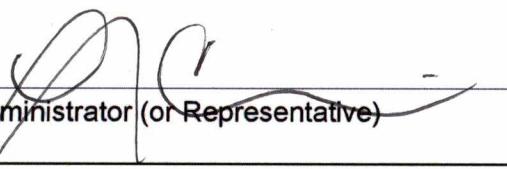
Review of an incident document, dated 08/22/2022, showed that Resident 1 had a fall, and sustained a skin tear on the right arm.

Review of Resident 1's active records showed no re-assessment for updating a plan for Resident 1's risk of falls, including an update of the Morse Fall Scale since 05/05/2022. Review of Resident 1's CPD, dated 08/22/2022, showed as of 09/20/2022, there had been no intervention plan for Resident 1 to help prevent a future fall incident.

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, Cogir of Bothell is or will be in compliance with this law and / or regulation on (Date) 10-12-2022

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


Administrator (or Representative)

10-27-22
Date

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WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to review and update the Negotiated Service Agreement (NSA) for 1 of 1 sampled resident (Resident 1) to reflect his current care and service needs. This placed Resident 1 at risk for not receiving proper care and services.

Findings included...

Review of a Face Sheet showed that the ALF admitted Resident 1 on [REDACTED] 2021 with multiple medically disabling conditions including dementia (a group of symptoms that affects memory, thinking and interferes with daily life).

In an interview, on 09/20/2022 at 2:20 PM, Staff K (Resident Care Associate ((RCA)) stated that Resident 1 required RCAs' assistance with feeding during meals. Staff K stated that Resident 1 was so sleepy that RCAs needed to wake him up to feed him.

Observation, on 09/22/2022 at 8:30 AM, showed an RCA feeding Resident 1 in the dining room.

Review of Resident 1's Care Plan Detail (CPD - equivalent to NSA), dated 08/22/2022, showed Resident 1 required food to be cut up and cartons/packages to be opened. The CPD showed that the ALF's RCAs would encourage Resident 1 to chew thoroughly and to take fluids during and between meals. The CPD was not updated to include interventions for Resident 1 requiring staff assistance with feeding.

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, Cogir of Bothell is or will be in compliance with this law and / or regulation on (Date) 10-2-2022

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

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Administrator (or Representative)

10-27-22

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:
 - (iii) On-going assessments of the resident;
- (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:
- (b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to develop a Negotiated Service Agreement (NSA) that included interventions and information to meet specific individualized care needs of 5 of 5 Sampled Residents (Resident 1, 2, 4, 5, and 6). This placed Residents 1, 2, 4, 5, and 6 at risk for not receiving necessary care and services and harm.

Findings included...

RESIDENT 1

Review of a Face Sheet showed that the ALF admitted Resident 1 on [REDACTED] 2021 with multiple medically disabling conditions including dementia (a group of symptoms that affects memory, thinking and interferes with daily life).

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Review of a Hospice Note showed that Resident 1 began receiving hospice care on 08/06/2022.

In an interview, on 09/20/2022 at 2:02 PM, Staff I (Medication Care Technician ((MCT)) stated that a Hospice Bath Aide had been providing bathing services for Resident 1 once a week.

Review of Resident 1's Care Plan Detail (CPD - equivalent to NSA), dated 08/22/2022, showed no plan for bathing services by hospice, including an alternate plan for when a Hospice Bath Aide was unavailable.

RESIDENT 2

Review of the Face Sheet (FS) showed the ALF admitted Resident 2 on [REDACTED] 2022 with care needs related to multiple medically disabling diagnoses including [REDACTED] and [REDACTED].

Review of the undated Resident Characteristic Roster showed Resident 2 required staff assistance with medication delivery. Review of Physician Order, dated 07/09/2022, showed Resident 2 required blood sugar (BS) checks 3 times a week every Monday, Wednesday, and Friday.

Review of Resident 2's August 2022 electronic Medication Administration Record (eMAR) showed 2 missed BS checks. On 08/24/2022 the eMAR noted, "Out of test strips. Will check with update with family." On 08/26/2022 the eMAR noted, "Waiting for [test strips] delivery by family."

Review of Care Plan Detail (equivalent to NSA), dated 06/30/2022, showed no information related to diabetes. The care plan did not address roles and responsibilities of the FM, and no alternate plan for when the FM was not able to provide the diabetic test strips for Resident 2. The NSA did not include information or interventions for care staff to monitor for signs and symptoms of high or low blood sugar, or who to notify if Resident 2 experienced those symptoms.

In an interview on 09/20/2022 at 9:45 AM, Staff B, (Health and Wellness Director 1), identified three residents, including Resident 2 using CPAP (is a machine that gently blows air into the airway to keep it open while asleep for apnea). Review of Resident 2's NSA dated 06/30/2022, showed no information regarding the use of the breathing device.

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In an interview 09/22/2022 at 2:00 PM, Staff B, (Health and Wellness Director 1) and Staff F (Health and Wellness Director 2), provided no further information.

RESIDENT 4

Review of a FS showed the ALF admitted Resident 4 on [REDACTED] 2021 with multiple disabling diagnoses including [REDACTED]

[REDACTED]. Resident 4's diagnoses on FS included [REDACTED].

Record review showed a Geriatric Practitioners' (GP) Visit note, dated 08/19/2022, that showed Resident 4 had a history of history of suicidal ideation, 2 attempts in 2020 and 2021, and was prescribed medications for severe depression. Progress Notes dated 09/06/2022 showed, Resident 4 had an unwitnessed fall in her room. Review of Resident 4's Morse Fall Scale (an assessment tool), dated 09/07/2022, showed a fall risk score of 55, which assessed Resident 4 as high fall risk.

Review of Resident 4's NSA, dated 09/14/2022, under the Psychosocial section showed no current or history of depression or mood disorder. The NSA did not address potential changes in behavior to include suicidal ideation, crisis interventions, and approaches related to Resident 4's severe depression. Resident 4's NSA did not include no fall prevention interventions.

RESIDENT 5

NOTE: Review of an article published by Veteran's Affairs on 11/02/2021, "Blood Thinners: Risk Factors Associated with Falling and What to do when you Fall" stated when blood thinner medications were prescribed, bleeding could be more extensive following a fall which could lead to changes in a person's blood pressure, pulse and breathing. If blood was not visible, internal bleeding could be present.

Record review of a Face Sheet showed the ALF admitted Resident 5 on [REDACTED] 2021 with multiple diagnoses and medical history to include [REDACTED] and [REDACTED]. Resident 5's Health, Safety and Environment (HSE) Assessment, dated 08/31/2022, showed Resident 5 had a history of falls within the last 3 months and required staff assistance with medication management.

Review of Resident 5's Morse Fall Scale (an assessment tool), dated 05/07/2022, showed a fall risk score of 40, which assessed Resident 5 as moderate fall risk.

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Review of Resident 5's Physician's Orders, dated 07/22/2022, listed warfarin (a blood thinning medication that blocks the activity of certain clotting substances in the blood) as a medication prescribed daily.

Record review showed Resident 5's NSA detail, dated 08/31/2022, did not contain information regarding the increased risk of bleeding related to prescribed warfarin medication and Resident 5's assessed risk for falls. Resident 5's NSA did not include signs or symptoms to alert staff to changes in the resident's condition related to risk of bleeding after a fall.

In a joint interview, on 09/22/2022 at 10:15 AM, Staff B (Health and Wellness Director 1) and Staff F (Health and Wellness Director 2) acknowledged the use of warfarin and Resident 5's history of falls with interventions on bleeding risks should be included in Resident 5's NSA.

RESIDENT 6

Review of Resident 6's FS, dated 09/21/2021, showed that the ALF admitted Resident 6 on [REDACTED] 2018 with multiple medically disabling conditions including dysphagia (a condition with difficulty in swallowing food or liquid) and dementia. Review of the Assessment dated 04/04/2022, showed Resident 6 received regular textured diet. Resident 6's Morse Fall Scale (an assessment tool), dated 05/05/2022, showed a fall risk score of 65, Risk Level 3, which assessed Resident 6 as high fall risk requiring interventions.

In interview, on 09/21/2022 at 1:00 PM, Staff H, (Medication Technician) stated Resident 6 received total assistance with activities of daily living (a term used in healthcare to refer to people's daily self-care activities such as meals, bathing, grooming, ambulation, etc.) including feeding.

In an interview with Collateral Contact (CC) on 10/13/2022 at 2:45 PM, Resident 6 had history of difficulty swallowing and scheduled for a swallowing evaluation.

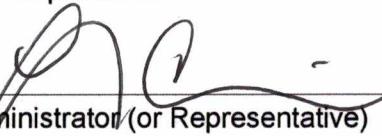
Review of Resident 6's NSA, dated 04/04/2022, showed no approaches or interventions for staff to follow in the event Resident 6 had signs of swallowing difficulty such as coughing when eating or drinking, choking, or risk for aspiration. The NSA detail also showed no fall prevention interventions in place.

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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, Cogir of Bothell is or will be in compliance with this law and / or regulation on (Date) 12/27/22.

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


Administrator (or Representative)

10-27-22
Date

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.
 - (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:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to implement systems to promote safe medication services for 1 of 1 sampled resident (Resident 1) who required staff assistance with medications. This placed Resident 1 at risk for compromised health conditions.

Findings included...

Review of the ALF's policy for "Medication Services, Procedure 1", dated 03/04/2019 showed, "The Administrator/Executive Director will ensure that medication related services required or requested by each resident are provided."

Review of a Face Sheet showed the ALF admitted Resident 1 on [REDACTED] 2021 with multiple diagnoses including [REDACTED] [REDACTED]. Review of Resident 1's Care Plan Detail (CPD - equivalent to Negotiated Service Agreement), dated 08/22/2022, showed Resident 1 required staff assistance with medication services.

Review of Resident 1's September 2022 electronic Medication Administration Records

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(eMARs, a computer documentation system) showed Resident 1 was prescribed multiple medications and the ALF staff had been giving Resident 1 those medications. Review of a Physician's Order, dated 08/29/2022, showed the physician prescribed Resident 1 to take Olanzapine (used to treat the symptoms of schizophrenia ((a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions)) twice a day, 2.5 milligrams (mg) in the morning, and 5 mg at bedtime.

Observation and interview, on 09/20/2022 at 2:02 PM, showed that Resident 1's medication was stored in a medication cart. Staff I (Medication Care Technician ((MCT)) stated that MCTs had been giving Resident 1 medications.

In an interview, on 09/20/2022 at 2:30 PM, Staff H (MCT) stated that when a resident took a medication, MCTs were required to document in the eMARs that the medication was given as prescribed.

Review of the September 2022 eMARs showed that on multiple occasions MCTs had omitted documentation as to whether Resident 1 received Olanzapine as prescribed. On 09/06/2022 and 09/07/2022, there was no documentation as to whether Resident 1 received the morning dose of Olanzapine, or the bedtime doses on 09/05/2022 and 09/06/2022.

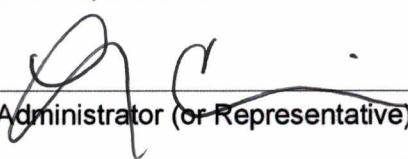
On 09/20/2022 at 3:50 PM, the Department's Representative (DR) requested the ALF to provide any additional information to show that Resident 1 received the Olanzapine doses on those days. Staff F (Health and Wellness Director-2) stated that he would look into it.

On 09/23/2022, the DR received an email from the ALF showing there was no further information regarding Resident 1's Olanzapine.

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, Cogir of Bothell is or will be in compliance with this law and / or regulation on (Date) 10.27.22.

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


Administrator (or Representative)


Date

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WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

- (a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;
- (b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 5 pets living in the ALF had up to date immunizations by a licensed veterinarian, and 2 of 5 pets had veterinary records certifying the pets to be free of disease transmittable to humans. This failure placed 33 residents at risk of diseases transmitted by animals to humans.

Findings included...

Record review of the ALF's undated Disclosure of Services - Related to Pets showed the ALF allowed to have pets under the following conditions: All pets must be approved by the Executive Director for safety and have clearance of communicable disease including documentation of current vaccinations, provided by a Licensed Veterinarian (LV).

Record review of the ALF's provided pet documentation showed a list of 5 pets in the ALF, three dogs owned by staff and two cats owned by non-sampled residents. Record review of the provided pet documentation showed 2 of 5 pets living in the ALF, two [REDACTED] belonging to non-sampled residents, had no regular examination to verify they were free of diseases transmittable to humans, and no current vaccination certificates.

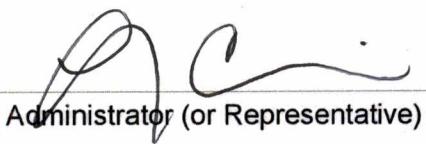
In interview, on 09/21/2022 at 2:00 PM, Staff L (Executive Director) stated the ALF's business office manager (BOM) managed resident pet records. Staff L stated the BOM was working to obtain pet records for non-sampled residents' cats from the residents' family. Staff L acknowledged the ALF's pet records were incomplete and stated veterinary appointments had been scheduled.

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, Cogir of Bothell is or will be in compliance with this law and / or regulation on (Date) 12-222.

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

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Administrator (or Representative)

10.27.22

Date