



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

April 26, 2019

COUNTRY MEADOW VILLAGE INC  
COUNTRY MEADOW VILLAGE  
2020 A St SE Suite 101  
Auburn, WA 98002

RE: COUNTRY MEADOW VILLAGE License #1020

Dear Administrator:

The Department completed a follow-up inspection of your assisted living facility on April 26, 2019 for the deficiency or deficiencies cited in the report/s dated January 9, 2019 and found no deficiencies.

The Department staff who did the follow-up inspection:  
Anthony Devito, Long Term Care Surveyor  
Linda Guy-Tavares, Licensor

If you have any questions please, contact me at (360) 651-6863.

Sincerely,

Jayne Hill, Field Manager  
Region 2, Unit A  
Residential Care Services

COPY



**Residential Care Services  
Investigation Summary Report**

**Provider/Facility:** COUNTRY MEADOW VILLAGE (686140) **Intake ID(s):** 3596106  
**License/Cert. #:** AL1020  
**Investigator:** Mellon, Judith **Region/Unit:** RCS Region 2/Unit A **Investigation Date(s):** 01/09/2019 through 01/09/2019  
**Complainant Contact Date(s):**

**Allegations:**

1) named resident had a fall with injury

**Investigation Methods:**

- Sample:** Named resident including a sample resident
- Observations:** Environment (internal & exterior), named resident apartment, staff response to resident care needs, staff response to alarms/call lights
- Interviews:** Administrator, Nurse, Caregiver, Family
- Record Reviews:** clinical records including negotiated service agreements, assessments, policy and procedure for falls/incidents, incident reports/investigations,

**Allegation Summary:**

Based on observations, interviews and record reviews the named resident attempted to self transfer, lost balance and fell. The resident complained on pain, was assessed and 911 was notified. The named resident was sent to the emergency room for further evaluation; [REDACTED]. All parties were notified. Medical follow-up was obtained.

**Unalleged Violation(s):**  **Yes**  **No**

WAC 388-78A-2210 (2)(a) Medication Services

**Conclusion / Action:**  **Failed Provider Practice Identified / Citation(s) Written**  **Failed Provider Practice Not Identified / No Citation Written**



**Residential Care Services  
Investigation Summary Report**

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WAC 388-78A-2210 (2)(a) Medication Services



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** COUNTRY MEADOW VILLAGE (686140)      **Intake ID(s):** 3602628  
**License/Cert. #:** AL1020  
**Investigator:** Mellon, Judith      **Region/Unit:** RCS Region 2/Unit A      **Investigation Date(s):** 01/09/2019 through 01/09/2019  
**Complainant Contact Date(s):**

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**Allegations:**

1) an elopement of named resident

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**Investigation Methods:**

|  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> <b>Sample:</b>     | Named Resident                          | <input checked="" type="checkbox"/> <b>Observations:</b>   | Tour of facility (interior & external), staff response to alarms/call lights, named resident's apartment, staff interactions with residents  |
| <input checked="" type="checkbox"/> <b>Interviews:</b> | Administrator, Nurse, Caregiver, Family | <input checked="" type="checkbox"/> <b>Record Reviews:</b> | named resident medical records including negotiated service plan and assessments, outside provider records, medication records, admission records, policy and procedure for elopements |

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**Allegation Summary:**

1) Based on observations, interviews and record reviews the Assisted Living Facility took timely action when named resident exited the facility. An investigation was documented. All required parties were notified including the police. The named resident was assessed and monitored closely. No injuries occurred.



**Residential Care Services  
Investigation Summary Report**

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**Unalleged Violation(s):**       **Yes**                       **No**

WAC 388-78A-2210 (2)(a) Medication Services

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**Conclusion / Action:**       **Failed Provider Practice Identified / Citation(s) Written**                       **Failed Provider Practice Not Identified / No Citation Written**

WAC 388-78A-2210 (2)(a) Medication Services



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** COUNTRY MEADOW VILLAGE (686140)      **Intake ID(s):** 3602150  
**License/Cert. #:** AL1020  
**Investigator:** Mellon, Judith      **Region/Unit:** RCS Region 2/Unit A      **Investigation Date(s):** 01/09/2019 through 01/09/2019  
**Complainant Contact Date(s):**

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**Allegations:**

1) an elopement of named resident

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**Investigation Methods:**

**Sample:** Named Resident

**Observations:** Tour of facility (interior & external), staff interactions with residents, staff response to alarms/call lights, named residents apartment (interior/location)

**Interviews:** Administrator, Nurse, Caregiver, Family

**Record Reviews:** named resident medical records including negotiated service plan including assessments, outside provider records, medication records, admission records, policy and procedure for elopements

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**Allegation Summary:**

1) Based on observations, interviews and record reviews the Assisted Living Facility took timely and action when named resident exited the facility. An investigation was documented. All required parties were notified including the police. The named resident was assessed and monitored closely. No injuries occurred.



**Residential Care Services  
Investigation Summary Report**

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**Unalleged Violation(s):**       **Yes**                       **No**

WAC 388-78A-2210 (2)(a) Medication Services

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**Conclusion / Action:**       **Failed Provider Practice Identified / Citation(s) Written**                       **Failed Provider Practice Not Identified / No Citation Written**

FaWAC 388-78A-2210 (2)(a) Medication Services



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

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|                           |                                      |                 |
|---------------------------|--------------------------------------|-----------------|
| Statement of Deficiencies | License #: 1020                      | Completion Date |
| Plan of Correction        | COUNTRY MEADOW VILLAGE               | January 9, 2019 |
| Page 1 of 3               | Licensee: COUNTRY MEADOW VILLAGE INC |                 |

You are required to be in compliance at all times with all licensing laws and regulations to maintain your assisted living facility license.

This document references the following complaint numbers: 3596106 , 3602150 , 3602628

The department has completed data collection for the unannounced on-site complaint investigation on 1/9/2019 of:

COUNTRY MEADOW VILLAGE  
 1501 COLLINS RD  
 SEDRO WOOLLEY, WA 98284

The following sample was selected for review during the unannounced on-site complaint investigation : 2 of 47 current residents and 0 former residents.

The department staff that inspected and investigated the assisted living facility:  
 Judith Mellon, RN, Licenser

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit A  
 3906-172nd St NE, Suite #100  
 Arlington, WA 98223  
 (360)651-6863

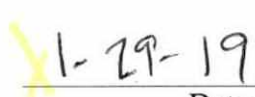
As a result of the on-site complaint investigation the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

  
 Residential Care Services

  
 Date

I understand that to maintain an assisted living facility license I must be in compliance with all the licensing laws and regulations at all times.

  
 Administrator (or Representative)

  
 Date



**WAC 388-78A-2210 Medication services.**

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

**This requirement was not met as evidenced by:**

Based on interviews and record reviews the Assisted Living Facility (ALF) failed to ensure 1 of 1 resident (Resident 1) received medications as prescribed by the physician. The failure placed Resident 1 at risk for medical complications.

**Findings included:**

All interviews and record reviews occurred on 01/09/19 unless otherwise indicated.

Resident 1 was admitted to the ALF on [REDACTED]/18 with multiple medical diagnoses including [REDACTED]

[REDACTED] Resident 1's most recent negotiated service agreement (NSA) dated 12/27/18 stated Resident 1 needed assistance with medication management.

During an interview the ALF's Nurse stated, "yes, Resident 1 was admitted on [REDACTED] 18 to the ALF." The ALF's Nurse stated "the information for medications is entered by the pharmacy" and "no, I did not review it when it was entered into the system."

During an interview the ALF's Administrator stated, "Resident 1 was admitted on the weekend and the family was to provide the medication over the weekend, we were getting clarifications on medications and they did not come in on time for admission."

During an interview a family member stated, "Resident 1 has had problems with her bladder, had been on oxybutynin about a couple years and has not been getting her doses of it. The ALF has it listed "as needed" and no one has been giving it." The family member stated, "Resident 1 started having incontinence problems again until the medication started again."

Record review of Resident 1's admission paperwork dated [REDACTED] 18 a diagnosis list noted a diagnosis of "[REDACTED]" noted on 10/26/17."

Record review of a physician notification for Resident 1 written by the ALF's Nurse on 12/13/18 requested clarification of physician orders. The physician responded requesting the following order changes; "I recommend continuing aspirin 325 mg PO Monday, Wednesday, Friday (3 times weekly), oxybutynin twice daily and discontinue Namenda (used to treat dementia)."

During medication record review of the ALF's electronic medication administration record (EMAR) dated for December 1-31, 2018, the following were missed doses from admission to the ALF on [REDACTED] 18 and/or incorrect dosing instructions;  
Aspirin EC 325mg PO (by mouth) every day with 4 missed doses, (used as a treatment to aide in preventing blood clots);  
Lisinopril 20 mg PO every day with 2 missed doses,  
Metoprolol SUCC ER 50 mg PO every day with 2 missed doses and

oxybutynin 5mg PO as needed (for incontinence) written as PRN (as needed) with no doses given in the month of December 2018.

Record review of Resident 1's EMAR for January 1-31, 2019, noted; 13 missed doses of oxybutynin 5mg PO twice daily and Aspirin EC 325 mg PO given daily instead of 3 times weekly as prescribed by the physician.

The ALF was unable to provide any documentation to indicate medications were given as prescribed by the family and/or physician.

**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, COUNTRY MEADOW VILLAGE is or will be in compliance with this law and / or regulation on (Date) 3-1-19. In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

I understand that to maintain an assisted living facility license, the facility must be in compliance with the licensing laws and regulations at all times.

X St Jans  
Administrator (or Representative)

X 1/21/19  
Date