



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 98907, Lakewood, WA 98496

May 22, 2018

CERTIFIED MAIL

7014 0510 0001 9955 6764

CRISTA MINISTRIES INC
COURTYARD AT CRISTA SHORES
1600 NW CRISTA SHORES LN
SILVERDALE, WA 98383

RE: COURTYARD AT CRISTA SHORES License #1041

Dear Administrator:

The Department completed a complaint investigation of your assisted living facility on May 17, 2018 and found that your facility does not meet the assisted living facility licensing requirements listed below.

The Department staff who did the investigation and provided consultation:
Michael Goulet, Complaint Investigator

Consultation:

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
- (b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

One resident did receive an incorrect dosage of one medication without harm resulting from this error. No pattern or history of medication errors at the facility was identified. The facility staff did make changes to decrease the risk of subsequent medication errors.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You May:

- Contact me for clarification of the deficiency or deficiencies found.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

In Addition, You May:

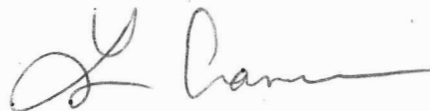
- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive the letter. Your IDR request **must** include:
 - o What specific deficiency or deficiencies you disagree with;
 - o Why you disagree with each deficiency; and
 - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your requests 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 (253) 983-3826.

Sincerely,



Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

Enclosure



**Residential Care Services
Investigation Summary Report**

Provider/Facility: COURTYARD AT CRISTA SHORES (686146) **Intake ID(s):** 3521033
License/Cert. #: AL1041
Investigator: Goulet, Michael **Region/Unit:** RCS Region 3/Unit A **Investigation Date(s):** 05/15/2018 through 05/17/2018
Complainant Contact Date(s):

Allegations:

1) Medication error without harm

Investigation Methods:

<input checked="" type="checkbox"/> Sample:	four of four residents, including named resident	<input checked="" type="checkbox"/> Observations:	General environment Residents in their rooms Staff to resident interactions Med passes by medication techs Medication cart
<input checked="" type="checkbox"/> Interviews:	Residents Staff	<input checked="" type="checkbox"/> Record Reviews:	Medication administration record Progress notes

Allegation Summary:

1) Per staff and resident interviews, one resident did receive an incorrect dosage of one medication (Digoxin) due to admitted staff error without harm resulting. Per resident and staff interviews, there was no indication of a pattern or history of medication errors at the facility. The facility did make changes in order to reduce the risk of subsequent medication errors. (1-moving the medication cart to the end of a dead end hallway and moving the resident weight scale away from the medication cart to reduce traffic/ noise during medication administration. 2- placing "stop" signs during medication administration and educating staff to not approach or disturb those administering medications while these "stop" signs are in place).

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

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



**Residential Care Services
Investigation Summary Report**

Consultation: 388-78A-2210 Medication System

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