







**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:**

(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:

(a) Exclusively for the individual resident; or

(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.

(5) Appropriate behavioral interventions, if needed;

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

Based on observation, interview, and record review, the facility failed to develop and document a plan to clearly define the roles and responsibilities of a family member who had been supplying Over-The-Counter (OTC) medications to one of one sampled residents (Resident #8). This placed the resident at risk for not receiving OTC medications as ordered. In addition, the facility failed to develop and document a behavior intervention for resistive behavior/refusing care exhibited by one of one sampled residents (Resident #7) while staff were providing care. This placed the resident at risk for not receiving proper care and services.

Findings included...

**RESIDENT #8: FAMILY SUPPLIES OTC MEDICATIONS**

On 03/22/19, review of the facility's Residents' Characteristics Roster dated 03/21/19 showed that Resident #8 moved into the facility in 2010.

On 03/26/19, review of the resident's "Assessment and Service Plan" (ASP), also known as Negotiated Service Agreement, dated 12/16/18 showed that the resident was described as self-administration with staff assistance for medications.

On 03/26/19, review of the March 2019 Medication Administration Records (MARs) showed that the resident was required to take two tablets of Calcium/Magnesium/Zinc with Vitamin D daily, and 650 milligrams (mg) of Tylenol (used to relieve mild to moderate pain, and to reduce fever) twice a day. Review of the March 2019 MARs showed that the resident had been receiving both medications, from staff, as prescribed.

Observation on 3/26/19 at 10:20 AM showed Resident #8 sitting in a chair in the living room in the resident's apartment. In an interview on 03/26/19, the resident stated that staff had been assisting her with medications daily.

Observation with Staff K, Medication Resident Assistant (MRA), on 3/27/19 at 8:45AM, showed that Resident #8's medications, including two bottles of OTC medications

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

(Calcium/Magnesium/Zinc with Vitamin D and Tylenol), were kept inside a locked drawer in a medication cart located at the corner of the third floor dining area.

In an interview on 3/27/19 at 9:15AM in the third floor dining area, Staff K stated that MRAs had been assisting the resident with medications daily. When asked who had been supplying the resident's OTC medications, Staff K stated, "The resident's family member". When asked who would provide OTC medications if the resident's family member was unable to provide them, Staff K stated that she would notify a licensed nurse who would notify the family member.

Review of the resident's ASP dated 12/16/18 showed, as of 03/26/19, there was no information to indicate that the resident's family would supply OTC medications, and no alternate plan for when the family member was unable to provide OTC medications for the resident.

#### RESIDENT #7: RESISITIVE BEHAVIOR/REFUSING CARE

On 03/22/19, review of the facility's Residents' Characteristics Roster dated 03/21/19 showed that Resident #7 moved into the facility in 2014.

On 03/25/19, review of the ASP for Resident #7 dated 07/10/18 showed that the resident had severe cognitive impairment.

Resident #7 was not interviewed or observed because she was out of the facility with a family member at the time of the facility's inspection.

In interviews on 03/26/19 at 9:35AM with Staff K and Staff J (Resident Assistant, RA) at the third floor dining area, Staff J stated that the resident can become agitated and refuse personal care, such as bathing and toileting. Staff J stated that she tried multiple approaches, and she needed to be creative with the resident. If the resident continued to refuse care, staff J would report it to the next shift and to a Licensed Nurse.

Review of a progress note dated 01/07/19 showed that while an RA was giving the resident personal care the resident became agitated. The resident refused to be cleaned before attending an activity program. When the RA re-approached the resident, the resident slapped the toilet paper the RA was holding.

Further review of the resident's ASP dated 07/10/18 showed no plan to address the resident's resistive behavior refusing care. The ASP did not show any instruction for staff regarding what intervention they would perform when the resident exhibited the known behavior of refusing care.

**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, NIKKEI MANOR is or will be in compliance with this law and / or regulation on (Date) 5/24/19. 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.



\_\_\_\_\_  
Administrator (or Representative)

16 April 19  
Date



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

April 9, 2019

**CERTIFIED MAIL**

9489 0090 0027 6021 1775 98

KEIRO NORTHWEST  
NIKKEI MANOR  
700 6TH AVE S  
SEATTLE, WA 98104

RE: NIKKEI MANOR License #1186

Dear Administrator:

The Department completed a full inspection of your assisted living facility on April 8, 2019 and found that your facility does not meet the assisted living facility licensing requirements.

**The Department:**

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

James Sherman, Field Manager  
Residential Care Services  
Region 2, Unit D  
20425 72nd Avenue S, Suite 400  
Kent, WA 98032-2388

- Complete correction within 45 days or sooner if directed by the department after review of your proposed correction dates.

**Consultation:**

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

**WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:**

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

Two of eight sampled residents (Resident #6 and Resident #7) did not have "Assessment and Service Plan" (also known as Negotiated Service Agreement) signed by the residents or their representatives at least annually.

**You Are Not:**

- Required to submit a plan-of-correction for the consultation deficiency or deficiencies not listed on the enclosed report.

**You May:**

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Contact me for clarification of the deficiency or deficiencies found.

**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



KEIRO NORTHWEST  
NIKKEI MANOR License #1186  
April 9, 2019  
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**If You Have Any Questions:**

- Please contact me at (253) 234-6020.

Sincerely,



James Sherman, Field Manager  
Region 2, Unit D  
Residential Care Services

Enclosure