Residential Care Services
Investigation Summary Report

Provider/Facility: LAKE WHATCOM RESIDENTIAL & TREATMENT CENTER (686076)
License/Cert. #: AL601
Investigator: Scarborough, Shelly
Complainant Contact Date(s):

Intake ID(s): 3610708
Region/Unit: RCS Region 2/Unit A
Investigation Date(s): 02/07/2019 through 03/07/2019

Allegations:
1. The named resident slept through lunch service. When he woke and requested lunch, he was offered a piece of fruit. The named resident got mad and threatened staff and the building. The resident was evaluated by Designated Crisis Responder and detained on a 72 hour hold for evaluation in a hospital.

Investigation Methods:
- Sample: 3 residents, 5 staff including the Administrator
- Interviews: 5 staff, 2 residents
- Observations: Meal service, kitchen process
- Record Reviews: The named resident's assessment, care plan, medication records, meal policy and incident report.

Allegation Summary:
1. Record review showed the named resident requested a meal and was offered fruit. Fruit is not of comparable nutritional value to a meal. In an interview, kitchen staff stated if a resident missed a meal the substitution was fresh fruit.

Unalleged Violation(s): ☑️ No

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

WAC 388-78A-2300 (1)(a) Food and Nutrition Services
Residential Care Services  
Investigation Summary Report  

<table>
<thead>
<tr>
<th>Provider/Facility:</th>
<th>LAKE WHATCOM RESIDENTIAL &amp; TREATMENT CENTER (686076)</th>
<th>Intake ID(s):</th>
<th>3610503</th>
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<tbody>
<tr>
<td>License/Cert. #:</td>
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<td>Investigator:</td>
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**Allegations:**

1. During a routine psychiatric evaluation the named resident (AV) said to the practitioner that another named resident (AP) had harmed him.

**Investigation Methods:**

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<thead>
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<th>Sample:</th>
<th>Observations:</th>
<th>Record Reviews:</th>
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<tbody>
<tr>
<td>2 residents and 3 staff including the Administrator</td>
<td>Environment management. Staff interactions with the AP.</td>
<td>The named residents' (AP and AV) assessments, care plan, safety plan, crisis plan, progress notes, significant and investigation.</td>
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<td>Interviews:</td>
<td>Both the AP and AV refused to be interviewed. 3 staff, including the Administrator.</td>
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**Allegation Summary:**

1. Interview and record review showed the named resident (AP), said to the practitioner his report was a general impression. The named resident (AP) has a long history of delusional thinking and the statement was reportedly consistent with his delusional perceptions. When asked about specifics the named resident (AP) could not elaborate. There was no concern from the provider that any harm occurred to the named resident (AV). The ALF completed a full investigation and made notifications.

**Unalleged Violation(s):**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tr>
<td>□</td>
<td>388-78A-2300 (1) (a). See Statement of Deficiencies dated 03/07/18</td>
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**Conclusion / Action:**

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<th>Failed Provider Practice Identified / Citation(s) Written</th>
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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.

This document references the following complaint numbers: 3610708, 3610503

The department has completed data collection for the unannounced on-site complaint investigation on 2/7/2019 of:

LAKE WHATCOM RESIDENTIAL & TREATMENT CENTER
3400 AGATE HEIGHTS RD
BELLINGHAM, WA 98226-9472

The following sample was selected for review during the unannounced on-site complaint investigation: 3 of 53 current residents and 0 former residents.

The department staff that inspected and investigated the assisted living facility:

Shelly Scarboro, RN, BSN, Licensor
Anthony Devito, Long Term Care Surveyor

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.

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.
WAC 388-78A-2300 Food and nutrition services.

(1) The assisted living facility must:
   (a) Provide a minimum of three meals a day:
       (i) At regular intervals;
       (ii) With no more than fourteen hours between the evening meal and breakfast, unless the
            assisted living facility provides a nutritious snack after the evening meal and before breakfast.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure one of
three residents (Resident 1) received at least three meals a day. This failure placed Resident 1 at
risk of loss of dignity and diminished quality of life.

Findings included:

Resident 1 was admitted to the ALF on 1/19/19 with multiple diagnoses that included [redacted] and [redacted]

A review of the ALF's "Significant Incident Form" dated 01/29/19 showed around 1:00 PM,
Resident 1 approached kitchen staff and requested lunch. The kitchen staff let Resident 1 know
he had missed lunch and offered a banana as an alternative for the missed meal. Resident 1
stated he needed to eat lunch and requested lunch. The facility staff again denied the request of
Resident 1 for lunch, not fruit.

A review of the facility menu dated 01/29/19 showed tacos, rice, beans, salad bar, fruit and milk
were served for the meal missed by Resident 1.

In an interview on 02/07/19 at 11:10 AM, Staff B, the ALF's Cook/Coordinator, stated the
kitchen was short staffed.

In an interview on 02/07/19 at 12:07 AM, the ALF's Clinical Director, stated Resident 1 was
asleep and had woken up to go to lunch on 01/26/19. When Resident 1 arrived in the lunchroom
he was informed he had missed lunch. Resident 1 was escalated by the situation. The Clinical
Director said if a resident missed a meal, a snack was offered as an alternative.

In an interview on 02/07/19 at 1:09 PM, Staff B stated the ALF's procedure for a missed meal
was to offer fresh fruit.

A review of the ALF's policy "Food Service Policies and Procedures" (no date) showed the
serving time for lunch was 12:15 PM, to 1:00 PM.
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, LAKE WHATCOM RESIDENTIAL & TREATMENT CENTER 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.

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)   Date