STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Stonewell Lodge Senior Care LLC

Stonewell Lodge Senior Care LLC
4931 Stonewell Lane SE
Olympia, WA 98501

RE: Stonewell Lodge Senior Care LLC License # 754997

Dear Provider:

This letter addresses Compliance Determination(s) 29363 (Completion Date 09/12/2023) and 26279 (Completion Date 08/02/2023).

The Department completed a follow-up inspection of your Adult Family Home on 09/12/2023 and found that you have corrected the violations listed in the Complaint report dated 08/02/2023. Your home is back in compliance as of 08/11/2023 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10390-1-a, WAC 388-76-10390-1, WAC 388-76-10225-1-a, WAC 388-76-10225-1-a-i, WAC 388-76-10225-1-a-ii, WAC 388-76-10225-1-a-iii

The Department staff who did the on-site verification:
Laura Newberry

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Field Manager
Region 3, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Stonewell Lodge Senior Care LLC
License/Cert.#: 754997
Compliance Determination #: 26279
Investigator: Laura Newberry
Investigation Date(s): 07/07/2023 through 08/02/2023
Complainant Contact Date(s):

Provider Type: Adult Family Home

Intake ID: 88601
Region/Unit #: RCS Region 3 / Unit G

Allegation(s):
Resident/Patient/Client Abuse – The named resident (NR) stated they were beat up and punched in the stomach with visible injuries by an adult family home (AFH) caregiver.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 5 Closed records sample size: 0
Observations:	NR and other AFH residents, AFH staff, AFH environment, care and service.
Interviews:	NR and other AFH residents, AFH staff, AFH residents responsible party, others not associated with AFH.
Record Reviews:	NR and other AFH resident negotiate care plan (NCP) and assessment, incident report, progress notes, AFH abuse and neglect policy, AFH staff training records and background checks.

Investigation Summary:
Resident/Patient/Client Abuse – Interview with NR stated an AFH caregiver hit them. Observations showed NR with visible bruising. Interview with NR responsible party stated was aware of allegation and felt NR was safe at the AFH. Interview with other AFH residents denied being hit and felt safe at the AFH. Review of AFH records showed AFH failed to report claims and injuries of NR to the department's toll free hotline or to the police department. Observations on site showed AFH was not staffed appropriately for resident care needs. Failed practice was found.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site complaint investigation on 07/07/2023 and 07/07/2023 of:

Stonewell Lodge Senior Care LLC
4931 Stonewell Lane SE
Olympia, WA 98501

This document references the following complaint number(s): 88601

The following sample was selected for review during the unannounced on-site visit: 5 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Laura Newberry

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jennifer LeMaster
Residential Care Services

08/03/2023
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

J Martin RN
Provider (or Representative)

8/11/2023
Date

9/6/23 sent 2nd time

WAC 388-76-10390 Admission and continuation of services. The adult family home must only admit or continue to provide services to a person when:

(1) The home can safely and appropriately meet the assessed needs and preferences of the person:

(a) With available staff; and Corrected 7/2/2023 - 7/7/2023 J Martin RN

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to provide adequate staff to safely meet the care needs of 1 of 6 residents (Resident 1 [R1]). This failure placed R1 at risk for not receiving needed care and services.

Findings included...

Review of R1's record, titled "Assessment", dated 06/05/2023, showed they required two people to assist them with transferring and used a "sit to stand" lift for their transfer needs.

On 07/07/2023 at 9:45 AM, observations showed the AFH was staffed with one caregiver in the home, Caregiver B (CB).

In an interview on 07/07/2023 at 11:13 AM, CB stated that they were the only staff in the home since 2:00 PM yesterday (07/06/2023). CB stated that the Provider was aware that they were alone in the AFH.

In an interview on 07/07/2023 at 3:55 PM, the Provider stated they were aware CB was the only staff in the AFH and that the other caregiver was not on site.

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, Stonewell Lodge Senior Care LLC is or will be in compliance with this law and / or regulation on
(Date) 8/11/2023 9/6/23 sent 2nd time

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

J Martin RN

JMartin RN
Provider (or Representative)

8/11/2023
Date
9/6/23 Sent 2nd time

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation or abandonment of a resident:

(i) As required by chapter 74.34 RCW; 7/7/2023 completed fax sent JMartin RN

(ii) To the department by calling the complaint toll-free hotline number; and

(iii) To the local law enforcement agency when required by RCW 74.34.035 .

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to report suspected abuse of 1 of 6 residents (Resident 1 [R1]) to the department's toll free hotline or to the local law enforcement agency. This failure caused a delay in the investigation of suspected abuse of R1.

Findings included...

Review of R1's record, titled "Assessment", dated 06/05/2023, showed they were diagnosed with [redacted] and required assistance for their personal care and mobility needs.

On 07/07/2023 at 10:07 AM, observations showed R1 had a faded quarter-sized bruise on the right side of their forehead near the hairline, a scab on the top of their head, and a light red mark on their left elbow.

In an interview on 07/07/2023 at 10:07 AM, R1 stated that Caregiver A (CA) hit them in the head and the back and they were still sore. R1 stated this happened about 2 weeks ago in their bedroom.

In an interview on 07/07/2023 at 11:13 AM, Caregiver B (CB) stated that they were aware of the injuries on R1 and that they had been reported to the Provider and documented. CB stated they were not sure where the injuries came from.

In an interview on 07/07/2023 at 3:55 PM, the Provider stated they were aware of R1's injuries and allegations against CA and had been notified of the injuries and allegations on 07/02/2023 by AFH staff. The Provider stated they were out of town during this time and

had interviewed their staff (including CA) while away about the injury and allegation. The Provider stated that R1's responsible party was informed but they did not call the department's toll free hotline.

Review of AFH record, titled "Incident Report", dated 07/02/2023, showed R1 with documented injuries, statements that CA had injured them and showed reports to R1's responsible party were made.

Review of AFH document, titled "Procedure for reporting and investigating abuse, neglect, exploitation" (no date), showed AFH staff are required to report physical abuse to the police and the state (department) hotline.

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, Stonewell Lodge Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 8/11/23 .

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

JMartin RN
Provider (or Representative)

8/11/23 · 9/6/23
Date

State correction plan for citations. License #754997. compliance #26279.

Mandatory reporting for suspected abuse and neglect.

1. **Report suspected abuse, neglect or abandonment of a resident.**
   As required by chapter 74.34RCW.
   To the department by calling the complaint toll free hotline number and
   Local law enforcement agency when required by RCW74.34.035

J Martin RN
9/1/2023
See correction plan + documentation

AFH has a policy for reporting abuse and neglect 7/2/23.

All staff have read and signed a statement to state they have reviewed our AFH abuse and neglect policy 8/31/23.

All staff have read and signed copy a of phone number and website for online reporting of abuse and neglect.

All staff have read and signed copy of the reporting key.

All staff have a signed copy in their file of how to report abuse and neglect 8/31/23.

All staff have a signed copy of how and when to communicate any resident or family concerns to AFH owner in an appropriate and timely fashion. Also, what is appropriate to discuss within their range of knowledge and training with the family and resident, and what is not. 8/31/2023

A written policy read and signed by staff that they will not have any retaliation against them for reporting.

Existing poster discussing tones of respect when communicating with residents and staff have always been posted on the kitchen notice board.

Located in the medication room, picture tab guide of who and when to report is laminated and has always been available for staff.

Orientation packages given to staff at the beginning of employment also includes advice on mandatory reporting and is read and signed by all new staff within their 3-month orientation period.

AFH owner RN has also reviewed all above documentation and policy and has instructed the staff that they should continue to report any minor scrapes/ bruises/ injuries, that have not actually been witnessed to AFH Owner/ RN/ manager.
Staff are also free to report these injuries via the hot line or online themselves as mandatory reporters.
AFH owner/ Manager/ RN will make it routine to report the slightest of injuries that have not been witnessed via hot line or by RCU online.

The same is true for the staff and AFH owner/ manager/ RN with any resident who raises allegation of abuse either financial, sexual, emotional or physical. Regardless of residents with known and well documented evidence of dementia/ confusion/ disorientation and known patterns of false allegations against the staff.

It is not the AFH/ owner/ manager/ RN/ staffs, judgment call to make decisions regarding the legitimacy of abuse. It is that of the authorities and so should be reported and fully investigated by authorities who will determine the validity. If indicated law enforcement will be called to investigate as per state guidelines.

If RN/ AFH owner RN or staff **even suspect** abuse to a vulnerable adult under our care, either on site or off site. Staff will report immediately via hot line or online via RCU. Calling in law enforcement as per the state guidelines.

Suspected abuse may be encountered by conversations with family members, resident's statements, behaviors, unusual observations made by staff. Or staff conversations, reactions, or other patterns of behaviors that raises a red flag.
Staff will be reassured that reports of this nature will become more commonplace and that this is to be expected.

All staff have completed their mental health and dementia mandatory training.

Staff may choose to complete routine care on residents with a chaperone, especially to residents known to make frequently false allegations, so that staff have a witness against baseless accusations. However, this may not always be possible depending on the "real time" needs of other residents in the AFH.

Educational literature is available to staff in the education file in med room to review many topics of care including dementia care concepts.
AFH owner has reached out to behavioral support team at RCSBHST@dshs.wa.gov for resources support and education for staff.

State correction plan for citations for deficiencies License #754997 compliance determination #26279

WAC 388-76-10390 Admission and continuation of services. The adult family home must only admit or continues to provide services to a person when:

The home can safely and appropriately meet the assessed needs and preferences of the person.

9/1/23.

With available staff.

AFH has decided to honor our 2 person assist residents and provide care to meet their needs. Rather than asking them to find accommodation elsewhere.

This will be achieved by continuing to staff our AFH with two in house staff 24/7.

Staffing schedules have been attached in the correction plan for the next 2 months.

Staff have been instructed that they must always remain in the house, during their shift to accommodate for resident needs. If resident RN manager is in the apartment upstairs and available to cover and has agreed to this, then one staff at a time may leave the premises for their breaks. Most days this is the case. For MD appointments/ dentist, vacation time staff must give advanced warning for coverage to be arranged. Staff must always check with AFH resident owner RN to check that she is readily available and has no conflicting commitments. This is to ensure that 2 staff are always present.

Breaks may be taken in the craft room with the door shut for privacy if staff remain. Staff are free to make food and take breaks as scheduled.

During the evening /night shift hours 7pm to 7am, the resident RN, AFH owner manager will be in the apartment upstairs and on call for any needs. If the resident RN is out for an evening or away for some reason, then caregivers Sarah or [redacted] who live in the adjacent house on site will available. Sarah or [redacted] will come over and be physically present in the apartment. They will sleep in the AFH overnight to be available for care as needed.

Night shift caregivers have been instructed that they may call resident AFH owner RN manager or whoever is covering for assistance if needed for resident care at any time, by knocking on apartment door or calling by cell phone for help.

Staff have been handed a written memo and have read and signed this to state they have been instructed and understand why this is required. Telephone numbers of names have been clearly left available in the kitchen phone area and on the kitchen notice board for caregivers to call.

In the case of sick calls. AFH owner has 2 back up staff to fill in along with the option of existing staff working paid overtime. To provide 2 caregivers 24/7. It is also understood that in times of crisis such as covid outbreaks with multiple sick call outs for extended times, there are resources for emergency staffing that can be accessed via the state.

Corrections plan state- for WAC 388-76-10390 Admission and continuation of services.

The adult family home must only admit or continue to provide services to a person when:

The home can safely and appropriately meet the assessed needs and preferences of the person. With available staff.

Due [redacted] recent assessment as a **Two person assist**, our staffing protocol has been updated to meet his needs and preferences. **These changes will be implemented to meet state standards of care that are mandatory.**

Please read and sign the following that you have read and will comply with the following updates.

Two staff, at all times 24/7, have to be in the actual house at Stonewell senior care. On site does not mean in the adjacent building 82feet away. Breaks will be at the usual times.

IF the RN AFH manager is upstairs and available, she will cover breaks. Employees if they wish to leave must first check in with manager to make sure that she will be available during the time they are absent on their break. Please remember that AFH manager has other obligations off site with hospice work, MD appointments and online conferences that may interfere with her ability to accommodate covering for breaks. However, whenever possible the manager is happy to do this.

PLEASE REMEMBER TO CHECK IN FIRST WITH THE MANAGER BEFORE LEAVING.

SARAH AND [redacted] ARE AVAILABLE MOST OF THE TIME FOR ASSISTANCE IF YOU NEED EXTRA HELP AS THEY LIVE 82FT AWAY AND CAN BE CALLED AT DAN 360-764-7336 SARAH 360-349-4088

All staff have Read + signed.

Plan for on going monitoring for reporting abuse and neglect

Abuse and neglect.

1 Continue to monitor and review all incident reports and interview staff.

2 Encourage open lines of communication with staff and listen to any resident concerns they may have.

3 Continue to review abuse and neglect policy with the staff on a regular basis.

4 Continue to have reporting posters in full view in med room and entrance hall.

5 Encourage staff to approach manager with their concerns with the assurance there will be no retaliation.

6 Review daily staff notes to pick up if there are any issues that may stand out as red flags for suspected abuse and neglect.

Plan for continued monitoring of staffing to meet the needs of resident with 2 person assist.

1 Continue to plan staffing schedule 2 months in advance and have a plan to cover staff days off.

2 Continue to assess care needs of residents with updated care plans.

3 Continue to monitor staff breaks and communication, when they are leaving the premises and who is covering them as the 2nd person.

4 Screen carefully new admissions or residents who have significant declines so that safe staffing can be accommodated to meet resident's needs.