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

VILLAGE GREEN OF FEDERAL WAY, A RET
VILLAGE GREEN RETIREMENT CAMPUS
35419 1ST AVE S
FEDERAL WAY, WA 98003

RE: VILLAGE GREEN RETIREMENT CAMPUS License # 1159

Dear Administrator:

This letter addresses Compliance Determination(s) 53633 (Completion Date 01/27/2025) and 50814 (Completion Date 11/26/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/27/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2474-2-c, WAC 388-112A-0060-1-a, WAC 388-112A-0060-1-a-i, WAC 388-112A-0060-1-a-ii, WAC 388-112A-0060-1-a-iii, WAC 388-112A-0060-1-b

The Department staff who did the on-site verification:
Michelle Yip, ALF Licensor

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site follow-up on 11/25/2024, 11/25/2024, and 11/25/2024 of:
VILLAGE GREEN RETIREMENT CAMPUS
35419 1ST AVE S
FEDERAL WAY, WA 98003

This document references the following SOD dated: 11/26/2024

The following sample was selected for review during the unannounced on-site visit: 6 of 40 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensor
Michelle Yip, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson
Residential Care Services

12-03-2024
Date

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

Administrator (or Representative)

12-5-2024
Date

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility: Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required. Twelve hours per WAC 388-112A-0611 for NA-Cs, HCAs, and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

(ii) A long-term care worker employed on January 6, 2012, or was previously employed sometime between January 1, 2011, and January 6, 2012, and has completed the basic training requirements in effect on the date of hire. WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Not required.

(iii) Employed in an assisted living facility and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets the definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

(b) Assisted living facility administrator or administrator designee. A qualified assisted living facility administrator or administrator designee who does not meet the criteria in subsection (1)(a)(i), (ii), or (iii) of this section. Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 .

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term

care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure 1 of 1 sampled staff (Staff M) completed all required training to perform their job duties and responsibilities. This failure placed all 40 residents at risk of unmet care needs from staff with incomplete training.

Findings included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed that on 10/04/2024, the Assisted Living Facility (ALF) received a citation for this regulation. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 11/15/2024.

Review of the facility's Employee Roster showed that the facility hired Staff M, Caregiver, on 07/17/2024. Review of Staff M's personnel records showed that as of 11/25/2024, there was no documentation that showed Staff M completed the DSHS dementia and mental health specialty training, 131 days after Staff M was hired.

During an interview on 11/26/2024 at 11:00 AM, Staff L, Director of Operations, stated that Staff M had not completed the required dementia and mental health specialty training.

This is an uncorrected deficiency previously cited on 10/04/2024.

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, VILLAGE GREEN RETIREMENT CAMPUS is or will be in compliance with this law and / or regulation on (Date) January 5. 2025

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

Administrator (or Representative) — Date: 12-5-2024

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

Statement of Deficiencies	License #: 1159	Compliance Determination # 47691
Plan of Correction	VILLAGE GREEN RETIREMENT CAMPUS	Completion Date
Page 1 of 9	Licensee: VILLAGE GREEN OF FEDERAL WAY, A	10/04/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 09/25/2024, 09/25/2024, 09/27/2024 and 09/27/2024 of:
VILLAGE GREEN RETIREMENT CAMPUS
35419 1ST AVE S
FEDERAL WAY, WA 98003

The following sample was selected for review during the unannounced on-site visit: 7 of 36 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensor
Michelle Yip, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson
Residential Care Services

10/04/2024
Date

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

Administrator (or Representative)

10/11/24
Date

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:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in 1 of 7 residents (Resident 3) Negotiated Service Agreements (NSA), the care needs and interventions for physician documented diagnoses and medical findings for resident care and management. This failure placed Resident 3 at risk for unmet care needs.

Findings included...

Review of Resident 3's record showed the facility admitted Resident 3 on [redacted]/2024 with diagnoses of [redacted] and [redacted].

Review of Resident 3's assessment, dated 09/03/2024, showed that Resident 3 required staff assistance with medication. The assessment showed that Resident 3 required staff assistance with medication administration for blood glucose monitoring and insulin injections. The assessment showed that Resident 3 had short-term memory loss, demonstrated poor self-safety awareness and judgement, required cuing and encouragement.

Review of Resident 3's service plan, dated 09/03/2024, showed no instructions for staff to observe Resident 3 take all medication. Review of the service plan showed no instructions for the staff to document Resident 3's ability to swallow medication and document compliance with medication assistance. The plan showed no instructions for staff to observe, re-direct, and document behaviors demonstrated by Resident 3 when Resident 3 was noncompliant with care, exhibited hoarding behaviors, and verbal or physically aggressive behaviors. The plan showed no instructions for staff for about

Administrator (or Representative) Date

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:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in 1 of 7 residents (Resident 3) Negotiated Service Agreements (NSA), the care needs and interventions for physician documented diagnoses and medical findings for resident care and management. This failure placed Resident 3 at risk for unmet care needs.

Findings included...

Review of Resident 3's record showed the facility admitted Resident 3 on [redacted]/2024 with diagnoses of [redacted] and [redacted].

Review of Resident 3's assessment, dated 09/03/2024, showed that Resident 3 required staff assistance with medication. The assessment showed that Resident 3 required staff assistance with medication administration for blood glucose monitoring and insulin injections. The assessment showed that Resident 3 had short-term memory loss, demonstrated poor self-safety awareness and judgement, required cuing and encouragement.

Review of Resident 3's service plan, dated 09/03/2024, showed no instructions for staff to observe Resident 3 take all medication. Review of the service plan showed no instructions for the staff to document Resident 3's ability to swallow medication and document compliance with medication assistance. The plan showed no instructions for staff to observe, re-direct, and document behaviors demonstrated by Resident 3 when Resident 3 was noncompliant with care, exhibited hoarding behaviors, and verbal or physically aggressive behaviors. The plan showed no instructions for staff for about

documenting incidences of resistance to care, anxiety, aggressive behaviors and hoarding.

Observation in Resident 3's apartment on 09/27/2024 at 10:10 AM showed, Resident 3 was reclined on a couch. Observation showed two white tablets, one yellow gel capsule, and an inhaler (a handheld delivery device to deliver medication directly into the lungs) laid on a table next to Resident 3.

During an interview on 09/27/2024 at 10:20 AM, Resident 3 stated that they took more than ten pills in the morning. Resident 3 stated that the caregiver brought the medication to be taken. Resident 3 stated that they were not able to take "all of those pills at once". Resident 3 stated that the caregiver watched while they took some of the pills and then "left the rest to take a little at a time". Resident 3 stated that they forgot that the two white pills and the one yellow pill were still on the table.

During an interview on 09/27/2024 at 2:46 PM, Staff A, Executive Director, stated that they were unaware that the service plans for Resident 3 lacked documented instructions and guidance for caregivers about the care needs and interventions for Resident 3.

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, VILLAGE GREEN RETIREMENT CAMPUS is or will be in compliance with this law and / or regulation on (Date) 11/15/24.

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

Administrator (or Representative) 10/11/24 Date

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility: Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A

documenting incidences of resistance to care, anxiety, aggressive behaviors and hoarding.

Observation in Resident 3's apartment on 09/27/2024 at 10:10 AM showed, Resident 3 was reclined on a couch. Observation showed two white tablets, one yellow gel capsule, and an inhaler (a handheld delivery device to deliver medication directly into the lungs) laid on a table next to Resident 3.

During an interview on 09/27/2024 at 10:20 AM, Resident 3 stated that they took more than ten pills in the morning. Resident 3 stated that the caregiver brought the medication to be taken. Resident 3 stated that they were not able to take "all of those pills at once". Resident 3 stated that the caregiver watched while they took some of the pills and then "left the rest to take a little at a time". Resident 3 stated that they forgot that the two white pills and the one yellow pill were still on the table.

During an interview on 09/27/2024 at 2:45 PM, Staff A, Executive Director, stated that they were unaware that the service plans for Resident 3 lacked documented instructions and guidance for caregivers about the care needs and interventions for Resident 3.

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, VILLAGE GREEN RETIREMENT CAMPUS 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.

_____ _____

Administrator (or Representative) Date

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility: Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A

WAC. Required. Twelve hours per WAC 388-112A-0611 for NA-Cs, HCAs, and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

(ii) A long-term care worker employed on January 6, 2012, or was previously employed sometime between January 1, 2011, and January 6, 2012, and has completed the basic training requirements in effect on the date of hire. WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Not required.

(iii) Employed in an assisted living facility and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets the definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

(b) Assisted living facility administrator or administrator designee. A qualified assisted living facility administrator or administrator designee who does not meet the criteria in subsection (1)(a)(i), (ii), or (iii) of this section. Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 .

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 2 of 6 staff (Staff B and Staff C) completed all required training to perform their job duties and responsibilities. This failure placed all 36 residents at risk of unmet care needs from staff with incomplete training.

Findings included...

Review of facility's employee roster showed the facility hired Staff B on 02/26/2024 and Staff C on 07/19/2023.

SPECIALTY TRAINING
Review of Staff B's personnel records showed Staff B worked with residents from 02/26/2024 through 09/27/2024. There was no documentation that showed Staff B completed dementia or mental health specialty training.

Review of Staff C's personnel records showed Staff C worked with residents from 07/19/2023 through 09/27/2024. There was no documentation that showed Staff C completed mental health specialty training.

During interview on 09/27/2024 at 2:56 PM, Staff A, Executive Director, stated that they were unaware that Staff B had not completed dementia and mental health specialty training. Staff A stated that they were unaware that Staff C had not completed mental health specialty training.

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, VILLAGE GREEN RETIREMENT CAMPUS is or will be in compliance with this law and / or regulation on (Date) 11/15/24.

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

Administrator (or Representative) — Date: 10/11/24

WAC 388-76A-2950 Water supply. The assisted living facility must:

(8) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility failed to ensure the water temperature of the bathroom sink in 1 of 7 sampled resident apartments (Resident 4) measured no higher than 120 degrees Fahrenheit (F). This failure placed Resident 4 at risk of burns from scalding water and diminished quality of life.

Finding included...

Observation on 09/27/2024 at 9:54 AM showed the hot water temperature in Resident 4's bathroom measured 165 degrees (F), 45 degrees above the highest temperature allowed.

SPECIALTY TRAINING
Review of Staff B's personnel records showed Staff B worked with residents from 02/26/2024 through 09/27/2024. There was no documentation that showed Staff B completed dementia or mental health specialty training.

Review of Staff C's personnel records showed Staff C worked with residents from 07/19/2023 through 09/27/2024. There was no documentation that showed Staff C completed mental health specialty training.

During interview on 09/27/2024 at 2:55 PM, Staff A, Executive Director, stated that they were unaware that Staff B had not completed dementia and mental health specialty training. Staff A stated that they were unaware that Staff C had not completed mental health specialty training.

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, VILLAGE GREEN RETIREMENT CAMPUS 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.

_____ _____
Administrator (or Representative) Date

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility failed to ensure the water temperature of the bathroom sink in 1 of 7 sampled resident apartments (Resident 4) measured no higher than 120 degrees Fahrenheit (F). This failure placed Resident 4 at risk of burns from scalding water and diminished quality of life.

Finding included...

Observation on 09/27/2024 at 9:54 AM showed the hot water temperature in Resident 4's bathroom measured 165 degrees (F), 45 degrees above the highest temperature allowed.

Statement of Deficiencies	License #: 1159	Compliance Determination # 47691
Plan of Correction	VILLAGE GREEN RETIREMENT CAMPUS	Completion Date
Page 6 of 9	Licensee: VILLAGE GREEN OF FEDERAL WAY, A	10/04/2024

During an interview on 09/27/2024 at 12:35 PM, Staff K, Maintenance Director, stated that they were unaware the water temperature of Resident 4's bathroom measured above 120 degrees F. Staff K stated that they did not regularly monitor the water temperature in Resident 4's apartment.

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, VILLAGE GREEN RETIREMENT CAMPUS is or will be in compliance with this law and / or regulation on (Date) 11/15/24

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

Administrator (or Representative) 10/11/24 Date

WAC 388-78A-2170 Required assisted living facility services.

(1) The assisted living facility must provide housing and assume general responsibility for the safety and well-being of each resident, as defined in this chapter, consistent with the resident's assessed needs and negotiated service agreement.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to ensure medical devices were safe and free of entrapment hazards for 2 of 7 sampled residents (Resident 4 and Resident 6). This failure placed Resident 4 and Resident 6 at risk of potential harm or death from use of unsafe medical equipment.

Findings included...

Review of the facility's undated policy titled, "Bed Rails and Enablers", showed that the facility allowed the use of bed rails and enablers (medical device designed to assist resident with repositioning and movement). The document stated that use of bed rails required a physician's order that mandated the use, required the facility's permission, required that the risks and benefits be explained to the resident and family, and the use of bed rails was documented in the resident's service plan with staff instructions for monitoring.

RESIDENT 4
Observation of Resident 4's apartment on 09/27/2024 at 9:54 AM, showed a quarter-length bed rail attached to the left side at the head of the bed. Observation showed the bed rail was covered with mesh. Observation showed the bed rail was securely fastened to the bed frame with a 2-inch gap between the mattress and the bed rail. During an

During an interview on 09/27/2024 at 12:35 PM, Staff K, Maintenance Director, stated that they were unaware the water temperature of Resident 4's bathroom measured above 120 degrees F. Staff K stated that they did not regularly monitor the water temperature in Resident 4's apartment.

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, VILLAGE GREEN RETIREMENT CAMPUS 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.

_____ _____
Administrator (or Representative) Date

WAC 388-78A-2170 Required assisted living facility services.

(1) The assisted living facility must provide housing and assume general responsibility for the safety and well-being of each resident, as defined in this chapter, consistent with the resident's assessed needs and negotiated service agreement.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to ensure medical devices were safe and free of entrapment hazards for 2 of 7 sampled residents (Resident 4 and Resident 6). This failure placed Resident 4 and Resident 6 at risk of potential harm or death from use of unsafe medical equipment.

Findings included...

Review of the facility's undated policy titled, "Bed Rails and Enablers", showed that the facility allowed the use of bed rails and enablers (medical device designed to assist resident with repositioning and movement). The document stated that use of bed rails required a physician's order that mandated the use, required the facility's permission, required that the risks and benefits be explained to the resident and family, and the use of bed rails was documented in the resident's service plan with staff instructions for monitoring.

RESIDENT 4
Observation of Resident 4's apartment on 09/27/2024 at 9:54 AM, showed a quarter-length bed rail attached to the left side at the head of the bed. Observation showed the bed rail was covered with mesh. Observation showed the bed rail was securely fastened to the bed frame with a 2-inch gap between the mattress and the bed rail. During an

interview at the same time, Resident 4's representative stated that two weeks ago, they installed the bed rail for Resident 4.

Review of Resident 4's records showed that the facility admitted Resident 4 in [redacted] 2021 with a medical diagnosis of [redacted]. The records showed that on 08/09/2024, the facility completed Resident 4's assessment. The assessment showed Resident 4 required assistance with transfers. The assessment showed no documentation that Resident 4 used a bed rail. There was no record of a physician order for bed rail use. There was no record of a physical therapist evaluation for bed rail use. There was no documentation that showed the facility explained the risks and benefits to the resident and family. There was no documentation that instructed staff about the safe monitoring of bed rail use. The records showed that the facility completed a "Supportive Device Assessment" for the bed rail on 09/27/2024, during the onsite inspection. There was no resident or resident representative's signature on the "Supportive Device Assessment".

During an interview on 09/27/2024 at 10:00 AM, Staff J, Health Services Director, stated that they were aware Resident 4 used a bed rail. Staff J stated that on 09/17/2024, the family brought in the bed rail and installed it. Staff J stated that the family did not install it correctly. Staff J stated that they put the bedrail on the foot of the bed. Staff J stated that they removed it. Staff J stated that on 09/26/2024, they reinstalled it for the resident. Staff J stated that on 09/27/2024, they completed Resident 4's bed rail assessment. Staff J stated that they did not receive a physician order, and they did not explain the risks and benefits of bed rail use to Resident 4 and their representative. Staff J stated that they did not update Resident 4's service plan.

RESIDENT 6
Review of Resident 6's Face Sheet, showed that the facility admitted Resident 6 on [redacted]/2022. Resident 6 admitted with diagnoses of [redacted] and [redacted].

Review of Resident 6's admission assessment, dated 09/24/2024, showed that Resident 6 used a side bed rail for assistance with positioning while in bed.

Observation of Resident 6's room on 09/27/2024 at 12:15 PM, showed a siderail attached at the head of the bed, along the right side. Observation showed the bed rail was in the raised position. The bed rail measured approximately 20 inches wide with a five-inch gap between the horizontal rail bars. The side rail was not covered with mesh to protect the resident's limbs from possible entrapment.

During an interview on 09/27/2024 at 2:35 PM, Staff A, Executive Director, stated that they were unaware that side bed rail covers were not being used to cover the side rails for residents that used side bed rails.

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, VILLAGE GREEN RETIREMENT CAMPUS is or will be in compliance with this law and / or regulation on (Date) 11/15/24

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

Administrator (or Representative) — Date 10/11/24

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to ensure 1 of 1 sampled resident (Resident 1) who used oxygen, received oxygen as ordered with written safe guidelines in the assessment for staff to follow. This failure placed Resident 1 at risk for treatment errors and potential decline in their health.

Findings included...

Review of the facility's undated policy document titled "Oxygen Use in the Community" showed that the facility accepted residents who required oxygen administration. The document stated that the facility was required to ensure the resident was mentally and physically capable of operating the equipment, able to determine their need for oxygen, and able to administer it. The document stated that the facility was required to monitor the resident's ongoing ability to operate the equipment in accordance with the physician's order.

Review of Resident 1's records showed that the facility admitted Resident 1 in [redacted] 2024 with a medical diagnosis of [redacted]. The records showed a physician's order of oxygen at two liters (L) per minute, via nasal cannula (a narrow flexible tube that delivers oxygen through a person's nose). The records showed that on 09/03/2024, the facility completed Resident 1's assessment. The assessment showed Resident 1 required monitoring and assistance with oxygen use.

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, VILLAGE GREEN RETIREMENT CAMPUS 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.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to ensure 1 of 1 sampled resident (Resident 1) who used oxygen, received oxygen as ordered with written safe guidelines in the assessment for staff to follow. This failure placed Resident 1 at risk for treatment errors and potential decline in their health.

Findings included...

Review of the facility's undated policy document titled "Oxygen Use in the Community" showed that the facility accepted residents who required oxygen administration. The document stated that the facility was required to ensure the resident was mentally and physically capable of operating the equipment, able to determine their need for oxygen, and able to administer it. The document stated that the facility was required to monitor the resident's ongoing ability to operate the equipment in accordance with the physician's order.

Review of Resident 1's records showed that the facility admitted Resident 1 in [redacted] 2024 with a medical diagnosis of [redacted]. The records showed a physician's order of oxygen at two liters (L) per minute, via nasal cannula (a narrow flexible tube that delivers oxygen through a person's nose). The records showed that on 09/03/2024, the facility completed Resident 1's assessment. The assessment showed Resident 1 required monitoring and assistance with oxygen use.

Statement of Deficiencies	License #: 1159	Compliance Determination # 47691
Plan of Correction	VILLAGE GREEN RETIREMENT CAMPUS	Completion Date
Page 9 of 9	Licensee: VILLAGE GREEN OF FEDERAL WAY, A	10/04/2024

Review of Resident 1's Care Plan, dated 09/09/2024, showed that Resident 1 received continuous oxygen of two liters per minute via nasal cannula. The care plan showed the staff instructions for symptoms monitoring. There was no documentation that instructed the staff what assistance tasks with oxygen use they provided to Resident 1.

Observation of Resident 1's apartment on 09/28/2024 at 1:30 PM showed, Resident 1 sat in a recliner in the living room. Observation showed Resident 1 used a nasal cannula to receive oxygen Observation showed the nasal cannula was connected to an oxygen concentrator (a device that generates oxygen), which sat on the floor between the living room and the kitchen. Observation showed the oxygen concentrator was set to deliver oxygen at 4.5 L per minute. During an interview at this time, Resident 1 stated that they did not know the oxygen flow rate they used. Resident 1 stated that they did not know how to operate the oxygen concentrator, and they did not know how to adjust the oxygen flow rate on the oxygen concentrator.

During an interview on 09/28/2024 at 1:55 PM, inside Resident 1's apartment, Staff J, Health Services Director, stated that the oxygen concentrator was set at 4.5 L per minute. Staff J stated that Resident 1's physician order was continuous oxygen, two liters per minute via nasal cannula. Staff J stated that Resident 1 adjusted the flow rates on their own. Staff J stated that the care staff provided Resident 1 assistance with only changing the nasal cannula tubing and putting the nasal cannula on for Resident 1. Staff J stated that staff did not provide Resident 1 assistance with operating the oxygen concentrator and adjusting the oxygen flow rates Staff J stated that they did not know why the oxygen was set at 4.5 L per minute. Staff J stated that they would contact the physician to confirm the order for oxygen therapy.

During a follow up interview on 09/27/2024 at 10:00 AM, Staff J stated that when they completed the recent assessment in September 2024, they were unaware Resident 1 was unable to independently operate the oxygen concentrator.

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, VILLAGE GREEN RETIREMENT CAMPUS is or will be in compliance with this law and / or regulation on (Date) 11/15/24.

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

Administrator (or ~~Representative~~) 10/11/24 Date

Review of Resident 1's Care Plan, dated 09/03/2024, showed that Resident 1 received continuous oxygen of two liters per minute via nasal cannula. The care plan showed the staff instructions for symptoms monitoring. There was no documentation that instructed the staff what assistance tasks with oxygen use they provided to Resident 1.

Observation of Resident 1's apartment on 09/26/2024 at 1:30 PM showed, Resident 1 sat in a recliner in the living room. Observation showed Resident 1 used a nasal cannula to receive oxygen. Observation showed the nasal cannula was connected to an oxygen concentrator (a device that generates oxygen), which sat on the floor between the living room and the kitchen. Observation showed the oxygen concentrator was set to deliver oxygen at 4.5 L per minute. During an interview at this time, Resident 1 stated that they did not know the oxygen flow rate they used. Resident 1 stated that they did not know how to operate the oxygen concentrator, and they did not know how to adjust the oxygen flow rate on the oxygen concentrator.

During an interview on 09/26/2024 at 1:55 PM, inside Resident 1's apartment, Staff J, Health Services Director, stated that the oxygen concentrator was set at 4.5 L per minute. Staff J stated that Resident 1's physician order was continuous oxygen, two liters per minute via nasal cannula. Staff J stated that Resident 1 adjusted the flow rates on their own. Staff J stated that the care staff provided Resident 1 assistance with only changing the nasal cannula tubing and putting the nasal cannula on for Resident 1. Staff J stated that staff did not provide Resident 1 assistance with operating the oxygen concentrator and adjusting the oxygen flow rates. Staff J stated that they did not know why the oxygen was set at 4.5 L per minute. Staff J stated that they would contact the physician to confirm the order for oxygen therapy.

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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, VILLAGE GREEN RETIREMENT CAMPUS 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.

_____ _____

Administrator (or Representative) 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

10/08/2024

VILLAGE GREEN OF FEDERAL WAY, A RET
VILLAGE GREEN RETIREMENT CAMPUS
35419 1ST AVE S
FEDERAL WAY, WA 98003

RE: VILLAGE GREEN RETIREMENT CAMPUS # 1159

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 10/04/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

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 Mail the Plan/Attestation Statement and report with original signatures to:

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

The Assisted Living Facility failed to ensure that 3 of 39 food services staff (Staff G, Staff H, and Staff I) maintained a valid Food Worker Card. Review of the staff records showed Staff G and Staff H did not have a valid Food Worker Card issued by the Washington State local health department. The records showed Staff I's food handlers' card expired on 06/08/2024. On 09/26/2024 during the Department's full inspection, Staff G, Staff H, and Staff I completed the food handler training and obtained the valid Food Worker Card.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• 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

If You Have Any Questions:

• Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure