STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

09/01/2023

ANACORTES SENIOR HOUSING LLC
CHANDLER'S SQUARE
1300 O AVE
ANACORTES, WA 98221

RE: CHANDLER'S SQUARE License # 1190

Dear Administrator:

This letter addresses Compliance Determination(s) 28875 (Completion Date 08/30/2023) and 25278 (Completion Date 07/11/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/30/2023 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-2371, WAC 388-78A-2371-1, WAC 388-78A-2371-2, WAC 388-78A-2371-4, WAC 388-78A-2630-1, WAC 388-78A-2630-1-a

The Department staff who did the on-site verification:
Cristina Gonzalez, ALF Licensor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: CHANDLER'S SQUARE **Provider Type:** Assisted Living Facility
License/Cert.#: 1190
Compliance Determination #: 25278 **Intake ID:** 79839
Investigator: Robin Windhausen **Region/Unit #:** RCS Region 2 / Unit A
Investigation Date(s): 06/13/2023 through 07/11/2023
Complainant Contact Date(s):

Allegation(s):
The Named Resident (NR) gave a check to an unnamed staff member.

Investigation Methods:

Sample:	Total residents: 27 Resident sample size: 2 Closed records sample size: 1
Observations:	Residents, the resident environment, staff and resident interactions, and activities.
Interviews:	Residents, resident representative's, direct care staff, and Administrative staff
Record Reviews:	Resident and administrative records , and facility policies.

Investigation Summary:
Interviews and record reviews showed a check was written for an identified staff person. Review of the facility's investigation indicated no staff or other residents were interviewed. The facility was cited under (WAC 388-78A - 2731(1)(2)(4) Investigations and (WAC 388-78A- 2630 (1)(a) Reporting Abuse and Neglect.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 1190	Compliance Determination # 25278
Plan of Correction	CHANDLER'S SQUARE	Completion Date
Page 1 of 5	Licensee: ANACORTES SENIOR HOUSING LLC	07/11/2023

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 complaint investigation on 06/13/2023, 06/20/2023 and 06/26/2023 of:

RECEIVED
JUL 27 REC'D
ALTSA/RCS ARLINGTON

CHANDLER'S SQUARE
1300 O AVE
ANACORTES, WA 98221

This document references the following complaint number(s): 79839, 85996

The following sample was selected for review during the unannounced on-site visit: 2 of 27 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Robin Windhausen, 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

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.

Kim Ripley
Residential Care Services

07/14/2023
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.

MHowell 7/25/23
Administrator (or Representative) Date

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

(4) Protect residents during the course of the investigation.

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to conduct a thorough investigation for 1 of 1 residents (Resident 1) when a resident gave money to a staff member at the ALF. This failure placed Resident 1 and all residents at risk for financial exploitation and left the ALF without sufficient information to determine if financial exploitation occurred.

Findings included...

The "Assisted Living Guidebook; Partners in Protection" (p. 9-13) dated 02/2018, indicated a thorough investigation of the incidents should include interviews with staff and other residents to collect data to help identify who, what, when and where and how the incident occurred. It also indicated steps should be taken to prevent a similar occurrence from happening during the investigation.

The ALF's policy entitled "Resident Protection and Abuse Prevention" (revised 03/2020) showed:
Investigation Steps: The Executive Director/Designee will initiate and direct investigations for abuse allegations and ensure residents are maintained in a safe environment. The Executive Director/Designee will direct communication to the resident's responsible party and Health Care Provider.
Step 1: Employee immediately complies with mandated reporting requirements and completes a community Resident Incident Report .
Step 2: The abuse allegation is immediately reported to the Executive Director/Designee.
Step 3: Executive Director/Designee notifies the Regional support team.
Step 4: Executive Director/Designee ensures the investigation is prompt and confidential via private interviews with residents, witnesses and employees.

Resident 1 was admitted to the ALF on [redacted]/2018 with multiple diagnoses including [redacted]

Review of the negotiated service agreement dated 05/23/2023 showed Resident 1 was independent with Activities of Daily Living (I.e., dressing, grooming, walking, hygiene and

toileting), but needed an escort to and from the dining room for meals.

When interviewed on 06/13/2023 at 1:05 PM, Staff A, Executive Director, stated that the ALF received a report on 03/04/2023 from a family member of a resident that a staff person took a check from a resident.

Review of a two paged untitled and undated document showed Staff A typed a document to document an investigation. The documentation showed the allegation was received on 03/04/2023, when a family member reported to the Receptionist a check for $50 was written to a staff member for assisting Resident 1. The document did not indicate or include any interviews of staff or residents other than Resident 1 were completed. The document showed the investigation concluded on 03/10/2023 and they were unable to determine any circumstances of the event including the name of the person who cashed Resident 1's check.

On 06/13/2023 at 4:10 PM, during an interview Collateral Contact (CC), stated that the staff person who cashed the check was Staff E.

Review of Resident 1's cashed check showed the check was written out on 01/12/2023 to a person with the same first name as Staff E. The last name was illegible.

Interview on 06/20/2023 at 1:15 PM, Staff B, Assistant Executive Director, stated that the ALF had a policy prohibiting staff from accepting gifts, tips or gratuities. Staff B verified Staff E was the only staff member with a matching first name on the check and Staff E worked in the ALF on the day the check was dated.

Interview on 06/20/2023, at 12:30 PM, Staff E, Activities Assistant/CNA, stated that the ALF had a policy that prohibited employees from accepting gratuities. Denied accepting money from any residents. Staff E stated that he was not interviewed by anyone at the ALF about accepting a check from Resident 1.

Interview on 06/20/2023, at 1:30 pm, Staff C, Health and Wellness Director, stated that in the past she had completed investigations as the acting Executive Director. Staff C explained that when investigating missing property interviews of staff and residents should be conducted.

Interview on 06/26/2023, at 10:40 AM, during a joint interview with Staff A and Staff D, Regional Director of Operations, Staff A stated that no interviews with other residents or staff members were completed as part of the investigation. Staff D, reported the expectation for the ALF was to follow the guidelines established by the state in the "Assisted Living Guidebook; Partners in Protection."

Plan/Attestation Statement

Statement of Deficiencies	License #: 1190	Compliance Determination # 25278
Plan of Correction	CHANDLER'S SQUARE	Completion Date
Page 4 of 5	Licensee: ANACORTES SENIOR HOUSING LLC	07/11/2023

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, CHANDLER'S SQUARE is or will be in compliance with this law and / or regulation on (Date) 8/14/23 .

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

mhowlett — Administrator (or Representative)

7/25/23 — Date

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

This requirement was not met as evidenced by:

Based on interviews and record review the facility failed to ensure an allegation of financial exploitation was immediately reported to the Complaint Resolution Unit. Failure to report the allegation of financial exploitation to CRU as required for 1 of 1 resident's (Resident 1) resulted in a delayed investigation and left Resident 1 and other residents at risk for additional incidents of financial exploitation.

Findings included...

Review of the ALF's policy for "Resident Protection and Abuse Prevention", revised 03/2020, showed.
Employee Reporting Requirements.
a. Mandated and Timely Reporting: Employees are mandated reporters and upon knowledge of an abuse allegation has a duty to report to required regulatory agencies, law enforcement and the Executive Director/Designee.
b. The Executive Director/Designee ensures compliance with regulatory required reporting.

The "Assisted Living Guidebook; Partners in Protection" (Appendix D, Page 25) dated 02/2018, indicated any allegations of financial exploitation of a resident, by either a staff member or someone who is not a staff member, should be reported immediately to the CRU and the police.

Resident 1 was admitted to the facility on [redacted]/2018 with multiple diagnoses including [redacted]

Review of the negotiated service agreement dated 05/23/2023 showed Resident 1 was independent with Activities of Daily Living (I.e., dressing, grooming, walking, hygiene, and toileting), and needed an escort to and from the dining room for meals.

Statement of Deficiencies	License #: 1190	Compliance Determination # 25278
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Page 5 of 5	Licensee: ANACORTES SENIOR HOUSING LLC	07/11/2023

Review of a two paged untitled and undated document showed Staff A typed a document to document an investigation. The documentation showed an allegation of financial exploitation was received by the facility staff on 03/04/2023.

Review of Department records showed a report was called in by the facility on 04/24/2023.

Interview on 06/26/2023, at 10:40 AM, Staff A, Executive Director, stated that the allegation was not reported to the CRU because the facility investigation was inconclusive.

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, CHANDLER'S SQUARE is or will be in compliance with this law and / or regulation on (Date) 8/14/23 .

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

M Howlett — Administrator (or Representative)

7/25/23 — Date