STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

LINCOLN COUNTY PUBLIC HOSPITAL DIST
QUAIL COURT
PO BOX 368
ODESSA, WA 99159

RE: QUAIL COURT License # 1194

Dear Administrator:

This letter addresses Compliance Determination(s) 50876 (Completion Date 12/02/2024) and 48942 (Completion Date 10/23/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/02/2024 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-2090-6-e, WAC 388-78A-2090-1

The Department staff who did the off-site verification:
Tethra Wales, Assisted Living Facility Licensor

If you have any questions, please contact me at (509)323-7315.

Sincerely,

J Salquist

Jessica Salquist, Field Manager
Region 1, Unit B
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 1194	Compliance Determination # 48942
Plan of Correction	QUAIL COURT	Completion Date
Page 1 of 3	Licensee: LINCOLN COUNTY PUBLIC HOSPITAL	10/23/2024

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 10/21/2024, 10/22/2024 and 10/23/2024 of:
QUAIL COURT
506 E AMENDE DR
ODESSA, WA 99159

The following sample was selected for review during the unannounced on-site visit: 5 of 12 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Tethra Wales, Assisted Living Facility Licensor
Jennifer Lee, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Residential Care Services — 11/04/2024 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) 11/4/2024 Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to complete a medical device safety assessment for 2 of 5 residents (Resident 2 and 5). This failure placed residents at risk of injury while using their [redacted].

Findings included...

<Resident 2>

Review of Resident 2's face sheet showed that Resident 2 moved into the facility on [redacted]/2023.

Observation on 09/23/2024 at 10:45 AM showed a [redacted] 12 inches in length, attached to the left side of Resident 2's bed.

In an interview on 09/23/2024 at 10:45 AM, Resident 2 stated that the [redacted] was provided by the facility when they moved in. Resident 2 further stated that it aided them in standing and helped to prevent them from sliding out of bed.

Review of Resident 2's records showed that there was no safety assessment completed for the [redacted].

In an interview on 10/23/2024 at 12:27 PM, Staff A, Administrator, stated that they did

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not have a safety assessment for Resident 2's [redacted]. Staff A further stated that they were not aware that they were required to complete one.

<Resident 5>

Review of Resident 5's face sheet showed that Resident 5 moved into the facility on [redacted]/2024.

Observation on 09/23/2024 at 11:45 AM showed a [redacted] 12 inches in length, attached to the right side of Resident 5's bed.

In an interview on 09/23/2024 at 11:45 AM, Resident 5 stated that the [redacted] had been there since they moved in and that the facility provided it for them. Resident 5 further stated that the bed was high off the floor, and that the [redacted] helped keep them from slipping out of bed.

Review of Resident 5's records showed that there was no safety assessment completed for the [redacted].

In an interview on 10/23/2024 at 12:27 PM, Staff A, stated that they did not have a safety assessment for Resident 5's [redacted]. Staff A further stated that they were not aware that they were required to complete one.

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, QUAIL COURT is or will be in compliance with this law and / or regulation on (Date) 11/4/2024 .

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

Administrator (or Representative) 11/4/2024 Date