



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

WASHINGTON ODD FELLOWS HOME
WASHINGTON ODD FELLOWS HOME
534 Boyer Ave
Walla Walla, WA 99362

RE: WASHINGTON ODD FELLOWS HOME License # 125

Dear Administrator:

This letter addresses Compliance Determination(s) 49048 (Completion Date 11/06/2024) and 47109 (Completion Date 09/23/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/06/2024 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-2120-3-a, WAC 388-78A-2120-2-b, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-a, WAC 388-78A-2450-2-b, WAC 388-78A-2660-1

The Department staff who did the on-site verification:

Anna Cairns, ALF Long Term Care Surveyor
Jessica Clapp, Assisted Living Facility Licensor

If you have any questions, please contact me at (509)225-2823.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, Field Manager
Region 1, Unit G
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

AMENDED
10/01/2024

WASHINGTON ODD FELLOWS HOME
WASHINGTON ODD FELLOWS HOME
534 Boyer Ave
Walla Walla, WA 99362

RE: WASHINGTON ODD FELLOWS HOME # 125

Dear Administrator:

This document references the following complaint numbers 146186.

The Department completed a full inspection of your Assisted Living Facility on 09/23/2024 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:

Stephanie Jenks, Field Manager
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

Region 1, Unit G
1200 Alder Street
Union Gap, WA 98903

- 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-2300 Food and nutrition services.

(1) The assisted living facility must:

(e) Serve nourishing, palatable and attractively served meals adjusted for:

The Assisted Living Facility failed to ensure that resident food concerns were addressed. The facility's administrator agreed to address resident concerns with the dietary manager.

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(3) The assisted living facility must make the policies and procedures specified in subsection (2) of this section available to staff persons at all times and must inform residents and residents' representatives of their availability and make them available upon request.

The Assisted Living Facility (ALF) failed to ensure their procedures for caring for residents with significant diagnoses and emergency protocols were available for staff and that staff were trained on the procedures. The ALF developed a system to train staff and make the procedures accessible for staff to follow.

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.

09/23/2024

Page 3 of 3

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 (509)993-7821.

Sincerely,



Stephanie Jenks, Field Manager
Region 1, Unit G
Residential Care Services

Enclosure



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 125	Compliance Determination # 47109
Plan of Correction	WASHINGTON ODD FELLOWS HOME	Completion Date
Page 4 of 12	Licensee: WASHINGTON ODD FELLOWS HOME	09/23/2024

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 and complaint investigation on 09/16/2024, 09/17/2024 and 09/18/2024 of:

WASHINGTON ODD FELLOWS HOME
534 Boyer Ave
Walla Walla, WA 99362

This document references the following complaint numbers: 146186.

The following sample was selected for review during the unannounced on-site visit: 7 of 56 current residents and 0 former residents.

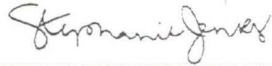
The department staff that inspected the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor
Elizabeth Hall, AFH/ALF Licensor
Robin Rainville, Assisted Living Facility Licensor
Tracy Ramirez, Assisted Living Facility Licensor
Jessica Clapp, Assisted Living Facility Licensor
Elaine Lopez, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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.

Statement of Deficiencies	License #: 125	Compliance Determination # 47109
Plan of Correction	WASHINGTON ODD FELLOWS HOME	Completion Date
Page 5 of 12	Licensee: WASHINGTON ODD FELLOWS HOME	09/23/2024



Residential Care Services

10/01/2024

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)

10-08-2024

Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

- (2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:
 - (b) Recurring condition in a resident's physical, emotional, or mental functioning that has previously required intervention by others.
- (3) Evaluate, in order to determine if there is a need for further action:
 - (a) The changes identified in the resident per subsection (2) of this section; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to observe and evaluate residents who had recurring conditions, for 2 of 2 residents (Resident 4 and 5). This failure placed the residents at risk of complications from their chronic conditions.

Findings included...

Review of a facility policy titled, "Alert Charting," implemented 05/29/2024 and revised on 09/23/2024, showed that invasive procedures including steroid injections and eye injections, would require monitoring by the nurse for 72 hours following the procedure. The policy showed that monitoring would include examining the injection or procedure site, looking for and documenting signs and symptoms of issues, and following up on any concerns.

<Resident 4>

Review of Resident 4's Home and Community Services assessment, dated 06/21/2024, showed that the resident was diagnosed with [REDACTED]



Residential Care Services

10/10/2024

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)

Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

- (2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:
 - (b) Recurring condition in a resident's physical, emotional, or mental functioning that has previously required intervention by others.
- (3) Evaluate, in order to determine if there is a need for further action:
 - (a) The changes identified in the resident per subsection (2) of this section; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to observe and evaluate residents who had recurring conditions, for 2 of 2 residents (Resident 4 and 5). This failure placed the residents at risk of complications from their chronic conditions.

Findings included...

Review of a facility policy titled, "Alert Charting," implemented 05/29/2024 and revised on 09/23/2024, showed that invasive procedures including steroid injections and eye injections, would require monitoring by the nurse for 72 hours following the procedure. The policy showed that monitoring would include examining the injection or procedure site, looking for and documenting signs and symptoms of issues, and following up on any concerns.

<Resident 4>

Review of Resident 4's Home and Community Services assessment, dated 06/21/2024, showed that the resident was diagnosed with [REDACTED]

Statement of Deficiencies	License #: 125	Compliance Determination # 47109
Plan of Correction	WASHINGTON ODD FELLOWS HOME	Completion Date
Page 6 of 12	Licensee: WASHINGTON ODD FELLOWS HOME	09/23/2024

[REDACTED]. The assessment showed that the resident went to a clinic every three months to receive steroid injections in their shoulders (which could pose a risk for infection, pain, swelling and increased blood sugar levels).

Review of a pre-admission physical history note from Resident 4's physician, dated 07/01/2024, showed that the resident had a history of torn shoulder muscles and tendons, with chronic shoulder pain.

Review of Resident 4's progress note, dated 08/23/2024, showed that the resident went to the clinic that day to have steroid injections in both shoulders.

Review of Resident 4's record showed no documentation of the resident being assessed or monitored following the injections in their shoulders.

<Resident 5>

Review of Resident 5's admission medical history report from their physician, dated 08/29/2023, showed that the resident had a diagnosis of [REDACTED].

Review Resident 5's progress note, dated 07/02/2024, showed that the resident had an injection in their right eye at their physician's office that day (which could pose a risk of infection, bleeding, vision changes, and pain).

Review of Resident 4's record showed no documentation of the resident being assessed or monitored following their eye injection.

In an interview on 09/17/2024 at 2:00 PM, Staff B, Registered Nurse/Nurse Manager, stated that Resident 5 had eye injections once every month. Staff B stated that Residents 4 and 5 had not been monitored after having injections, and that there was no documentation of assessments or evaluations in the residents' records after those treatments were performed.

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, WASHINGTON ODD FELLOWS HOME is or will be in compliance with this law and / or regulation on (Date) 10-08-2024.

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

[REDACTED]. The assessment showed that the resident went to a clinic every three months to receive steroid injections in their shoulders (which could pose a risk for infection, pain, swelling and increased blood sugar levels).

Review of a pre-admission physical history note from Resident 4's physician, dated 07/01/2024, showed that the resident had a history of torn shoulder muscles and tendons, with chronic shoulder pain.

Review of Resident 4's progress note, dated 08/23/2024, showed that the resident went to the clinic that day to have steroid injections in both shoulders.

Review of Resident 4's record showed no documentation of the resident being assessed or monitored following the injections in their shoulders.

<Resident 5>

Review of Resident 5's admission medical history report from their physician, dated 08/29/2023, showed that the resident had a diagnosis of [REDACTED].

Review Resident 5's progress note, dated 07/02/2024, showed that the resident had an injection in their right eye at their physician's office that day (which could pose a risk of infection, bleeding, vision changes, and pain).

Review of Resident 5's record showed no documentation of the resident being assessed or monitored following their eye injection.

In an interview on 09/17/2024 at 2:00 PM, Staff B, Registered Nurse/Nurse Manager, stated that Resident 5 had eye injections once every month. Staff B stated that Residents 4 and 5 had not been monitored after having injections, and that there was no documentation of assessments or evaluations in the residents' records after those treatments were performed.

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, WASHINGTON ODD FELLOWS HOME 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.

Statement of Deficiencies	License #: 125	Compliance Determination # 47109
Plan of Correction	WASHINGTON ODD FELLOWS HOME	Completion Date
Page 7 of 12	Licensee: WASHINGTON ODD FELLOWS HOME	09/23/2024



Administrator (or Representative)

10-08-2024

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 observation, interview and record review, the Assisted Living Facility (ALF) failed to develop and document in the resident's record, the plan to meet the residents' assessed needs which posed risks to their health and safety, for 4 of 7 residents (Residents 3, 4, 5, and 7). This failure placed residents at risk of harm from care needs not being met.

Findings included...

<Resident 3>

Review of Resident 3's Home and Community Services assessment, dated 03/05/2024, showed that the resident had diagnoses that included [REDACTED] and [REDACTED].

[REDACTED]. The assessment showed that Resident 3 was prescribed two blood thinning medications (to prevent blood clots which could cause increased risk for unusual bleeding and bruising) daily due to their irregular heartbeat.

Review of Resident 3's Negotiated Service Agreement (NSA), dated 05/21/2024, showed that the resident was diagnosed with [REDACTED]. The NSA did not include the signs and symptoms of Resident 3's significant diagnosis, what to watch for, or what to report if concerns arose related to that diagnosis. Further review of the NSA showed that it did not provide direction or interventions for the risks associated with Resident 3's blood thinner medication use.

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 observation, interview and record review, the Assisted Living Facility (ALF) failed to develop and document in the resident's record, the plan to meet the residents' assessed needs which posed risks to their health and safety, for 4 of 7 residents (Residents 3, 4, 5, and 7). This failure placed residents at risk of harm from care needs not being met.

Findings included...

<Resident 3>

Review of Resident 3's Home and Community Services assessment, dated 03/05/2024, showed that the resident had diagnoses that included [REDACTED] and [REDACTED]. The assessment showed that Resident 3 was prescribed two blood thinning medications (to prevent blood clots which could cause increased risk for unusual bleeding and bruising) daily due to their irregular heartbeat.

Review of Resident 3's Negotiated Service Agreement (NSA), dated 05/21/2024, showed that the resident was diagnosed with [REDACTED]. The NSA did not include the signs and symptoms of Resident 3's significant diagnosis, what to watch for, or what to report if concerns arose related to that diagnosis. Further review of the NSA showed that it did not provide direction or interventions for the risks associated with Resident 3's blood thinner medication use.

<Resident 4>

Review of Resident 4's Home and Community Services assessment, dated 06/21/2024, showed that the resident had diagnoses which included [REDACTED] and an [REDACTED]. The assessment showed that the resident required daily insulin injections and had their blood sugar tested three times daily. The assessment showed that Resident 4 was prescribed a blood thinning medication daily due to their irregular heartbeat.

Review of Resident 4's full facility assessment, dated 08/21/2024, showed that the resident required medication assistance from care staff for their medication. The assessment showed that Resident 4 had blood sugar finger stick tests and insulin (injected medication to regulate blood sugar) administration by a Registered Nurse (RN).

In an interview on 09/17/2024 at 9:10 AM, Resident 4 stated that the care staff assisted them with their oral medication. Resident 4 stated that they had to go the nurse's station daily for the nurse to give them their insulin and do their blood sugar tests.

Review of Resident 4's NSA, dated 08/21/2024, showed that the resident had diagnoses which included [REDACTED] and [REDACTED]. The NSA showed that Resident 4 required medication assistance. The NSA did not show the plan to provide the medication administration of Resident 4's insulin or instructions for blood sugar testing. The NSA did not provide direction or interventions for the risks associated with blood thinner medication use. Further review of the NSA showed that it did not include the signs and symptoms of Resident 4's significant diagnoses, what to watch for, or what to report if concerns arose related to those diagnoses.

<Resident 5>

Observation on 09/17/2024 at 1:27 PM showed a bed rail (a grab bar to assist with bed mobility which could pose a safety risk) installed on the edge of Resident 5's hospital style bed.

In an interview on 09/17/2024 at 1:27 PM, Resident 5 stated that they went to the nurse's station to have the nurse check their blood sugar and give them their injections. Resident 5 stated that the care staff brought them their oral medications. Resident 5 also stated that they monitored their own blood sugars with their cell phone and the device inserted into their arm.

Review of a medical device assessment in Resident 5's record, dated 02/22/2024, showed that the resident had been assessed to use a mechanical bed with a safety rail attached.

Review of Resident 5's full facility assessment, dated 04/17/2024, showed that the resident had a device inserted into their arm to allow for continuous blood sugar monitoring. The assessment also showed that Resident 5 required an RN to check their blood sugar and administer a supplemental injection routinely.

Review of Resident 5's doctor's assessment of their medical conditions and medications, dated 08/29/2023, showed that the resident had a blood clotting disorder, diabetes, and an infectious blood borne disease. The assessment showed the resident was prescribed a blood thinner and routine supplement injections, and required blood sugar testing.

Review of Resident 5's NSA, dated 04/22/2024, showed that the resident was diagnosed with [REDACTED]. The NSA showed that Resident 5 required medication assistance from the staff. The NSA did not show instructions for Resident 5's blood sugar testing or the plan for the administration of their routine injections, nor did it provide direction or interventions for the risks associated with blood thinner medication use. Further review of the NSA showed that it did not include the signs and symptoms of Resident 5's blood clotting disorder, diabetes, or their blood borne disease, what to watch for, what additional care needs these conditions posed, or what to report if concerns arose related to those diagnoses. Resident 5's NSA did not show that they used a bed rail.

<Resident 7>

Review of Resident 7's Home and Community Services assessment, dated 11/14/2023, showed that the resident had diagnoses which included [REDACTED] and [REDACTED]. The assessment showed that Resident 7 was prescribed an inhaler twice daily for their diagnosis of [REDACTED].

Review of Resident 7's NSA, dated 04/22/2024, did not show that it provided direction or interventions related to the signs and symptoms of their significant diagnoses, what to watch for, what additional care needs these conditions posed, or what to report if concerns arose related to those diagnoses.

In an interview on 09/17/2024 at 1:45 PM, Staff B, RN/Nurse Manager, stated that items such as significant diagnoses, blood thinner medication, medical devices and medication administration should be on each residents' NSA with instructions for the staff to follow regarding those items.

Plan/Attestation Statement

Statement of Deficiencies	License #: 125	Compliance Determination # 47109
Plan of Correction	WASHINGTON ODD FELLOWS HOME	Completion Date
Page 10 of 12	Licensee: WASHINGTON ODD FELLOWS HOME	09/23/2024

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, WASHINGTON ODD FELLOWS HOME is or will be in compliance with this law and / or regulation on (Date) 10-11-2024.

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



Administrator (or Representative)

10-08-2024

Date

WAC 388-78A-2450 Staff.

- (2) The assisted living facility must:
- (b) Verify staff persons' work references prior to hiring;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that work references were obtained for new hires for 2 of 3 staff (Staff A and C). This failure placed residents at risk of receiving care from unverified staff.

Findings Included...

Review of the personnel file for Staff A, Administrator, showed that they were hired on 07/17/2023. Staff A's file did not show that work references were obtained.

Review of the personnel file for Staff C, Caregiver, showed that they were hired on 02/06/2024. Staff C's file did not show that work references were obtained.

In an interview on 09/17/2024 at 11:16 AM, Staff K, Human Resources Director, stated that they were unaware that they had to complete work references.

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, WASHINGTON ODD FELLOWS HOME is or will be in compliance with this law and / or regulation on (Date) 10-08-2024.

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

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, WASHINGTON ODD FELLOWS HOME 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-2450 Staff.

(2) The assisted living facility must:

(b) Verify staff persons' work references prior to hiring;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that work references were obtained for new hires for 2 of 3 staff (Staff A and C). This failure placed residents at risk of receiving care from unverified staff.

Findings Included...

Review of the personnel file for Staff A, Administrator, showed that they were hired on 07/17/2023. Staff A's file did not show that work references were obtained.

Review of the personnel file for Staff C, Caregiver, showed that they were hired on 02/06/2024. Staff C's file did not show that work references were obtained.

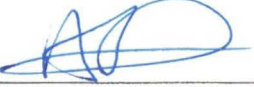
In an interview on 09/17/2024 at 11:16 AM, Staff K, Human Resources Director, stated that they were unaware that they had to complete work references.

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, WASHINGTON ODD FELLOWS HOME 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.

Statement of Deficiencies	License #: 125	Compliance Determination # 47109
Plan of Correction	WASHINGTON ODD FELLOWS HOME	Completion Date
Page 11 of 12	Licensee: WASHINGTON ODD FELLOWS HOME	09/23/2024

	10-08-2024
Administrator (or Representative)	Date

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that resident dignity was protected for 2 of 3 (Residents 1 and 8) who were wheelchair bound. This failure resulted in decreased access to outside activities and placed the residents at risk for psychosocial harm and a decreased quality of life.

Findings included...

Review of the facility resident handbook, dated June 2024, showed, "The Washington Odd Fellows Home complies with Fair Housing Act and applicable State and Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, religion, sexual orientation, and gender identification." The resident handbook, under the transportation section stated, "We have regularly scheduled trips to various shopping destinations around town."

<Resident 1>

Review of Resident 1's Negotiated Service Agreement (NSA), dated 03/27/2024, showed the resident was diagnosed with [REDACTED] and [REDACTED]. The NSA showed that the resident required staff assistance with mobility and care as needed and that the resident used a manual wheelchair for short distances and an electric scooter for longer distances.

<Resident 8>

Review of Resident 8's NSA, dated 07/31/2024, showed that the resident had diagnoses of [REDACTED] and [REDACTED]. Resident 8's NSA showed that the resident used a walker and a motorized scooter for mobility.

In an interview on 09/17/2024 at 3:45 PM Staff A, Administrator, stated that there was a decision made by the ALF that the facility's transportation department would no longer

Administrator (or Representative)

Date

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that resident dignity was protected for 2 of 3 (Residents 1 and 8) who were wheelchair bound. This failure resulted in decreased access to outside activities and placed the residents at risk for psychosocial harm and a decreased quality of life.

Findings included...

Review of the facility resident handbook, dated June 2024, showed, "The Washington Odd Fellows Home complies with Fair Housing Act and applicable State and Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, religion, sexual orientation, and gender identification." The resident handbook, under the transportation section stated, "We have regularly scheduled trips to various shopping destinations around town."

<Resident 1>

Review of Resident 1's Negotiated Service Agreement (NSA), dated 03/27/2024, showed the resident was diagnosed with [REDACTED] and [REDACTED]. The NSA showed that the resident required staff assistance with mobility and care as needed and that the resident used a manual wheelchair for short distances and an electric scooter for longer distances.

<Resident 8>

Review of Resident 8's NSA, dated 07/31/2024, showed that the resident had diagnoses of [REDACTED], [REDACTED], and [REDACTED]. Resident 8's NSA showed that the resident used a walker and a motorized scooter for mobility.

In an interview on 09/17/2024 at 3:45 PM Staff A, Administrator, stated that there was a decision made by the ALF that the facility's transportation department would no longer

Statement of Deficiencies	License #: 125	Compliance Determination # 47109
Plan of Correction	WASHINGTON ODD FELLOWS HOME	Completion Date
Page 12 of 12	Licensee: WASHINGTON ODD FELLOWS HOME	09/23/2024

be providing resident transportation for activities outside of the facility. Staff A acknowledged that residents and their representatives were not notified of this change in services. Staff A stated that their new transportation vehicle for activities was a van that could not accommodate non-ambulatory residents. Staff A stated the facility had a recent outing/activity in August 2024. Staff A stated Resident 1, due to being in a wheelchair was unable to ride in the van (with their peers) and had to have separate transportation arranged. Staff A stated that Resident 8 was unable to participate in the outing/activity due to the facility van not being accessible for wheelchairs and scooters.

In an interview on 09/17/2024 at 3:46 PM Staff L, Activities Coordinator, stated that they had not been able to do regular outings for residents and that they could only take three residents every other week for shopping trips. Staff L stated that the van used for outings was not equipped to allow residents in wheelchairs or electric scooters to ride in it.

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, WASHINGTON ODD FELLOWS HOME is or will be in compliance with this law and / or regulation on (Date) 10-08-2024.

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

Administrator (or Representative)

10-08-2024

Date

be providing resident transportation for activities outside of the facility. Staff A acknowledged that residents and their representatives were not notified of this change in services. Staff A stated that their new transportation vehicle for activities was a van that could not accommodate non-ambulatory residents. Staff A stated the facility had a recent outing/activity in August 2024. Staff A stated Resident 1, due to being in a wheelchair was unable to ride in the van (with their peers) and had to have separate transportation arranged. Staff A stated that Resident 8 was unable to participate in the outing/activity due to the facility van not being accessible for wheelchairs and scooters.

In an interview on 09/17/2024 at 3:46 PM Staff L, Activities Coordinator, stated that they had not been able to do regular outings for residents and that they could only take three residents every other week for shopping trips. Staff L stated that the van used for outings was not equipped to allow residents in wheelchairs or electric scooters to ride in it.

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, WASHINGTON ODD FELLOWS HOME 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