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) 43368 (Completion Date 06/27/2024) and 38490 (Completion Date 05/23/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/27/2024 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 388-112A-0200-1

The Department staff who did the on-site verification:
Krista Connelly, Community Nurse Consultant

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit Z
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: WASHINGTON ODD FELLOWS HOME
License/Cert.#: 125
Compliance Determination #: 38490
Investigator: Krista Connelly
Investigation Date(s): 03/19/2024 through 05/23/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 128452
Region/Unit #: RCS Region 1 / Unit G

Allegation(s):
Two un-identified people were caught on video monitoring in the Identified Resident's vacant home.

Investigation Methods:

Sample:	Total residents: 48 Resident sample size: 2 Closed records sample size: 0
Observations:	Residents Resident care equipment Resident to resident interactions Staff to resident interactions Resident rooms
Interviews:	Identified resident Residents Family members Human resources
Record Reviews:	Medical records Incident investigation Facility policies Personnel files

Investigation Summary:
Observation and interview with the Identified Resident showed they had a visual impairment that made it difficult to live and manage their home. They stated shortly after they moved into the facility, they met a Collateral Contact while they were at the facility. The Identified Resident reported they discussed their concern of not knowing what to do with the home. They reported the Collateral Contact asked about renting the home and they gave them the keys to the home. The resident could not recall the Collateral Contact's name and when they went to the home, they were captured on video entering the home. They reported this resulted in concern that the un-identified people were entering unlawfully. Record review showed the facility investigation met minimal regulatory guidelines and the two people were identified. Interviews and

record reviews showed the two had not received facility orientation prior to having un-supervised access to the residents when they visited the facility. Failed practice identified in ensuring anyone with unsupervised access to the residents had received facility orientation.

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 #: 125	Compliance Determination # 38490
Plan of Correction	WASHINGTON ODD FELLOWS HOME	Completion Date
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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 03/19/2024 and 05/06/2024 of:

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

This document references the following complaint number(s): 121962, 128511, 128452

The following sample was selected for review during the unannounced on-site visit: 2 of 48 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Krista Connelly, Community Nurse Consultant

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit Z
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.

Michelle Closner — 06/07/2024

Residential Care Services — 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.

Statement of Deficiencies	License #: 125	Compliance Determination # 38490
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Alecksana Potter
Administrator (or Representative)

06-17-2024
Date

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

This requirement was not met as evidenced by:

Based on observation, interviews and record reviews, the assisted living facility (ALF) failed to provide orientation training in four of four Collateral Contacts (Collateral Contacts 2, 3, 4 & 5) who routinely interacted with residents. This failure left residents as risk for potential abuse, neglect, or exploitation.

Findings included...

Record review of a facility policy titled, "Abuse, Neglect and Exploitation," dated 09/10/2019, showed it was policy of the facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property. The policy showed new employees, contracted staff, students, and volunteers would have background references, credentials' checks and educated on abuse, neglect, exploitation, and misappropriation of resident property.

The record review for Resident 1 included a care plan dated 04/22/2024 that showed they moved into the facility from home to be in a smaller setting with staff assistance as needed. The care plan showed Resident 1 had a short-term memory impairment and needed staff to cue them throughout the day.

Observation and interview on 05/06/2024 at 2:43 PM, showed Resident 1 sitting in a recliner in their room and they stated they had recently moved into the facility. Resident 1 stated they had poor vision that was progressively getting worse and could not manage their home on their own. Resident 1 stated they met Collateral Contact (CC) 2, Volunteer, recently in the facility and had visited with them occasionally. Resident 1 stated they asked if they would consider renting their home out to them. Resident 1 stated they gave them the keys to the home that same day. Resident 1 stated that looking back now they would

not do that again as they did not know CC 2 well enough.

During an interview on 05/06/2024 at 2:52 PM, Staff A, Coordinator of Resident Services, stated the facility had a total of 39 volunteers that helped with all the scheduled activities in the facility. Staff A stated the facility did not have a formal orientation process with the collateral contacts, and they did not have a schedule reflecting when they were in the facility or where they were at.

On 05/06/2024 at 4:13 PM, Staff B, Chief Human Resource Officer, stated the facility did not have any files or records containing any training, references or other checks for Collateral Contacts, Volunteers, 2, 3, 4 & 5.

During an interview on 05/22/2024 at 2:36 PM, Collateral Contact 2 stated they visited the facility several times a week, helped with resident activities and worked in the resident store a couple times a week. CC 2 stated they met Resident 1 while working at the store. They reported the resident talked about their home a few times and expressed having difficulty keeping up with the financial responsibility. CC 2 stated they asked Resident 1 if they would consider renting the home to them. CC 2 stated she and Collateral Contact 3, Volunteer, who also helped out at the facility, went to the home together that same day.

During the same interview, CC 2 reported they had not had any formal training before they started assisting the residents with scheduled activities, in October 2023. They stated in February 2024, a staff member from the human resources department told them they would attend a facility orientation in the next couple of weeks. CC 2 stated they had not attended or been contacted about the facility orientation as of 05/22/2024 at 2:36 PM.

During an interview on 05/24/2024 at 11:27 AM, Collateral Contact 3 stated they visited the facility several times a week, helped residents with activities and gave art classes. Collateral Contact 3 stated they started going to the facility in October or November 2023. They stated in February 2024, they were told they were scheduled for facility orientation in the next two weeks. Collateral Contact 3 stated they had not attended or been contacted about the facility orientation as of 05/24/2024 at 11:27 AM.

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) 06-13-2024 .

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

Aleksana Potter — Administrator (or Representative)

06-17-2024 — Date

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