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

HCRC LLC
HAWTHORNE COURT
524 N ELY
KENNEWICK, WA 99336

RE: HAWTHORNE COURT License # 1268

Dear Administrator:

This letter addresses Compliance Determination(s) 25073 (Completion Date 06/08/2023) and 22191 (Completion Date 04/13/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/08/2023 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-2462-1-b, WAC 388-78A-2481-1-b

The Department staff who did the on-site verification:
Elaine Lopez, Licensor
Anna Cairns, ALF Long Term Care Surveyor

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

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

04/24/2023

CERTIFIED MAIL

7021 2720 0003 1002 1415

HCRC LLC
HAWTHORNE COURT
524 N ELY
KENNEWICK, WA 99336

RE: HAWTHORNE COURT # 1268

Dear Administrator:

This document references the following complaint numbers 75837, 76010, 75870, 75422, 75133.

The Department completed a full inspection of your Assisted Living Facility on 04/13/2023 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:

Gwin Kaercher, Field Manager

Residential Care Services
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-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;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

The Assisted Living Facility failed to develop the plan to monitor, and provide care and intermittent nursing services for residents.

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 (509)208-5231.

Sincerely,

Gwin Kaercher

Gwin Kaercher, 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

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 04/10/2023, 04/11/2023, 04/12/2023 and 04/13/2023 of:

HAWTHORNE COURT
524 N Ely St
Kennewick, WA 99336

This document references the following complaint numbers: 75837, 76010, 75870, 75422, 75133.

The following sample was selected for review during the unannounced on-site visit: 7 of 54 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Elaine Lopez, Licensor
Robin Rainville, Assisted Living Facility Licensor
Tracy Ramirez, Assisted Living Facility Licensor
Anna Cairns, ALF Long Term Care Surveyor

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.

Gwin Kaercher
Residential Care Services

04/24/2023
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.

Laurie Hanny — Administrator (or Representative)

4-28-23 — Date

WAC 388-78A-2462 Background checks Who is required to have.

(1) Applicants for an assisted living facility license, as defined in WAC 388-78A-2740 , must have the following background checks before licensure:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a national fingerprint background check for 2 of 2 staff (Staff D, G), who worked at the facility and assisted with resident care. This failed practice placed residents at risk of harm of being care for by disqualified staff.

Findings included...

On 04/10/2023 at 10:15 AM during the entrance conference with Staff A, Administrator, stated that Staff D and G worked night shift as reception staff, although their tasks included cleaning, helping residents that required two-person assistance, and were in the process of training to be caregivers.

On 04/12/2023 at 2:00 PM staff record review was completed with Staff H, Business Office Manager. Staff H stated she was responsible for tracking employee hiring and training requirements.

- Staff D's business file documented they were hired 07/07/2021 as a receptionist. Staff D's file did not include a national fingerprint background check.

- Staff G's business file documented they were hired 03/05/2008 as a receptionist. Staff G's file did not include a national fingerprint background check.

On 04/13/2023 at 2:40 PM, Staff H stated that national fingerprint background checks were not completed on Staff D and G. Staff H stated that Staff D or G did not provide direct care. Staff D and G worked nights, provided back-up support for housekeeping, and stocked carts. Staff H also stated that Staff D and G's supervisor was Staff I, Guest Services Manager.

On 04/13/2023 2:45 PM, Staff I, stated that Staff D and G did have contact with residents if needed. Also, if needed, Staff D and G responded to residents by themselves and would wait for the caregiver.

Per telephone call with facility GM, Laurie Hanny on 5/9/2023, the BIC date has changed to: 5/28/2023 JW

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, HAWTHORNE COURT is or will be in compliance with this law and / or regulation on (Date) ~~5-31-23~~ 5/28/2023 JW.

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

Laurie Hanny — Administrator (or Representative)

4-28-23 — Date

WAC 388-78A-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(b) By a trained professional; or

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 6 of 6 Staff, (A, B, C, D, E, F) were screened for Tuberculosis (TB) by a trained professional. This failed practice placed residents at risk of exposure to a communicable disease.

Findings included...

According to the "Department of Health (DOH 343-243)," dated March 2023 showed, "Who May Administer, Read and Interpret a Tuberculin Skin Test (TST) in Washington State." The DOH grid showed only a Registered Nurse (RN), Licensed Practical Nurse (LPN), Medical Assistant Certified (MA Certified), Health Care Provider (MD, DO, ARNP, PA, DPM, DDS, ND), TB Community Health Worker, and a Pharmacist may administer a TST.

On 04/12/2023 at 2:00 PM staff record review was completed with Staff H, Business Office Manager (BOM). Staff H stated they were responsible for tracking employee hiring and training requirements. Staff H stated that they were not a certified or licensed professional per DOH guidelines to read and interpret a TB skin test.

- Staff A's business file documented they were hired 04/27/2020, as the Administrator. Staff A's file documented that a first step TB was completed on 03/13/2023 by Staff H.

- Staff B's business file documented they were hired 10/28/2022, as Health Wellness Registered Nurse (RN). Staff B's file documented that a first step TB was completed on 03/14/2023 by Staff H.

- Staff C's business file documented they were hired 05/09/2022, as a Caregiver. Staff C's file documented that a first step TB was completed on 03/28/2023 by Staff H.

- Staff D's business file documented they were hired 07/07/2021, as a Receptionist. Staff D's file did not include documentation that a TB test had been completed.

On 04/12/2023 at 2:00 PM, Staff H stated that Staff D had been hired during the Coronavirus (COVID-19) pandemic and the screening questionnaire was completed on 07/07/2021.

-Staff E's business file documented they were hired 09/15/2020, as Health Wellness Director. Staff E's file documented that a first step TB was completed on 03/29/2023.

- Staff F's business file documented they were hired 09/14/2020, as a Caregiver. Staff F's file documented that a first step TB was completed on 03/23/2023.

On 04/12/2023 at 2:00 PM, Staff H stated that they thought the ALF did not have to do TB tests until 04/03/2023, when the emergency waivers expired. Staff H stated since their hire date of 09/07/2021 they had administered and read the TB skin tests on all staff.

Per telephone call with facility, GM, Lavrie Hanny on 5/9/2023, the BC date has changed to: 5/28/2023. LW

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, HAWTHORNE COURT is or will be in compliance with this law and / or regulation on (Date) ~~4-28-23~~ LH ~~5-31-23~~ 5/28/2023. LW

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

Lavrie Hanny — Administrator (or Representative)

4-28-23 — Date

Plan of Correction

Agency Name	Citation Date
Hawthorne Court	4-13-23
Submitted by	**Date of POC Submission**
Laurie Hanny	5-5-23
☐ **Complaint Citation** x☐ **Certification Citation**	

Citation: (list WAC) 388-78A-2462	
What *initial or immediate actions* were taken to address concerns affecting clients?	All of our staff have up to date background checks. We started doing Fingerprint Background Checks on all our team members that regularly work the night shift.
How will you apply the correction to all clients you support?	All team members that regularly work night will have a current fingerprint background along with the normal background check moving forward. That is to be a part of their job requirement moving forward along with any new hires.
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	Laurie Hanny – General Manager [redacted] – Guest Services Manager [redacted] – Business Office Coordinator [redacted]-BOC will keep the Fingerprint Background Check dates on her compliance calendar and will remind department heads when employee Fingerprint Background recheck dates are due. Fingerprint Background Checks due within 30 days of hire. [redacted] will keep department head aware of status.
Date by which lasting correction will be achieved	~~5-31-23 All~~ fingerprint background checks will be completed or those that do not will no longer be on the schedule.
Additional Information	

5/28/2023 - Per telephone conversation with facility GM, Laurie Hanny (LH) on 5/9/2023

Submit to RCS within 10 calendar days of receipt of letter to:

Nicole Vreeland, Field Manager
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600
Fax: (360) 725-3208
VreelNL@dshs.wa.gov

Send copy to DDA Resource Manager or Residential Program Specialist for your region.

Plan of Correction

Agency Name	Citation Date
Hawthorne Court	4-13-23
Submitted by	**Date of POC Submission**
Laurie Hanny	5-5-23
☐ **Complaint Citation** x☐ **Certification Citation**	

Citation: (list WAC) 388-78A-2481	
What *initial or immediate actions* were taken to address concerns affecting clients?	RN [redacted] immediately took over testing and reading results of our staff. [redacted] is employed by Hawthorne Court and will continue to do our testing. If [redacted] is unable to do our testing we will send current and new employees to Adept testing in Kennewick Wa. Or another trained professional if needed.
How will you apply the correction to all clients you support?	All department heads have training that they understand they cannot start a new hire until an appointment to test has been made within 3 days of hire with either [redacted] RN or Adept testing, or another trained professional if needed.
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	Laurie Hanny – General Manager [redacted] – Business Office Coordinator GM will monitor effectiveness of RN and Adept doing most of the testing and reading of tests. Will modify if needed to make sure we are making the 3 day and 1-3 week testing deadlines. BOC will keep dates on a compliance calendar. GM and BOC will communicate weekly about calendar.
Date by which lasting correction will be achieved	~~4-13-23~~ It as corrected immediately. 5/28/2023
Additional Information	Per telephone conversation with facility GM, Laurie Hanny on 5/9/2023.

Submit to RCS within 10 calendar days of receipt of letter to:

Nicole Vreeland, Field Manager
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600
Fax: (360) 725-3208
VreelNL@dshs.wa.gov

Send copy to DDA Resource Manager or Residential Program Specialist for your region.