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) 32009 (Completion Date 11/02/2023) and 29633 (Completion Date 10/03/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/02/2023 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-2160

The Department staff who did the on-site verification:
Melissa Milanez, Community Complaint Investigator

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

Residential Care Services
Investigation Summary Report

Provider/Facility: HAWTHORNE COURT
Provider Type: Assisted Living Facility
License/Cert.#: 1268
Compliance Determination #: 29633
Intake ID: 95711
Investigator: Sarah Clark
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 09/18/2023 through 10/03/2023
Complainant Contact Date(s):

Allegation(s):
A Named Resident (NR) had a witnessed fall with injury.

Investigation Methods:

Sample:	Total residents: 55 Resident sample size: 4 Closed records sample size: 0
Observations:	Staff to resident interactions, resident to resident interactions, facility common areas, dining rooms, hallways and resident bedrooms. Facility environment for safety and quality of life.
Interviews:	Named resident, other residents, facility staff, others not associated with the facility
Record Reviews:	Named resident: (face sheet, care plan, assessment, progress notes, temporary service plan, Medication administration record, incident report/investigations,) Other resident face sheets, care plans and progress notes. Facility policies, characteristics roster.

Investigation Summary:
Interviews and record reviews showed that the NR had a fall while walking to the dining room with their escort. Investigation into the fall was thorough, and facility made all appropriate notifications. Review of NR Negotiated Service Agreement (NSA) showed that the staff were not following the NR's NSA at the time of the fall with injury. Failed practice identified at 388-78A-2160. Reference Statement of Deficiencies dated 10/04/2023.

Conclusion / Action:

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

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AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 1268	Compliance Determination # 29633
Plan of Correction	HAWTHORNE COURT	Completion Date
Page 1 of 4	Licensee: HCRC LLC	10/03/2023

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 09/18/2023 and 09/18/2023 of:

HAWTHORNE COURT
524 N Ely St
Kennewick, WA 99336

This document references the following complaint number(s): 94467, 94711, 95711

The following sample was selected for review during the unannounced on-site visit: 4 of 55 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Sarah Clark, Community Complaint Investigator

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

10/06/2023 — 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.

Statement of Deficiencies
Plan of Correction
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License #: 1268
HAWTHORNE COURT
Licensee: HCRC LLC

Compliance Determination # 29633
Completion Date
10/03/2023

Administrator (or Representative)

10-16-23
Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement the Negotiated Service Agreement (NSA) for 1 of 4 sampled residents (Resident 1) that directed facility staff on how to provide escort assistance for Resident 1. This failure contributed to Resident 1 sustaining a fall with injury that needed medical attention.

Findings included...

Review of Resident 1 records showed that they were admitted to the ALF on [redacted]/2023.

Review of Resident 1's Negotiated Service Agreement (NSA), dated [redacted]/2023, showed that care staff were to walk with Resident 1, with their four-wheeled walker, to and from the dining area. Staff were to report any unsteady gait, leaning, complaints of dizziness, or stumbling to the Health and Wellness Director.

Record review of Resident 1's NSA, dated 07/13/2023, showed that Resident 1 was to be escorted to the dining room in their wheelchair and to use a gait belt.

Review of Resident 1's records showed that Resident 1 had a fall on 08/26/2023 at 7:18 AM, while walking down to the dining room with their escort. They had stated their legs were sore, but they thought they could make it. Resident 1 attempted to reach out for a handrail, lost their balance, fell backward, and struck their head on a metal hallway door. Resident 1 was sent to the local emergency room and diagnosed with [redacted] and [redacted]

During an interview on 9/18/2023 at 10:10 AM, Staff A, Health and Wellness Director (HWD), stated that Resident 1 does not wear a gait belt during escorts and normally ambulates with their escort. Staff A also stated that if a gait belt were needed, then the resident would be assessed for it by therapy, or their primary physician and that the facility would do an in-service/training for all staff to be aware of the changes and new assistive

devices being used. Staff A stated that they were not aware that a gait belt or the change from walking to wheelchair use had been changed on Resident 1's NSA.

During an interview on 09/18/2023 at 12:56 PM, Staff B, Caregiver, stated that Resident 1 did not have gait belt on during the incident on 08/26/2023 and that Resident normally walks with their walker to the dining room for meals. Staff B also stated that they were not aware that they were to use a gait belt with Resident 1. They did not remember reading a care plan change or having a training on the use of the gait belt use for Resident 1. They also stated that they "do not have a clue" why they were not using a gait belt with Resident 1 when it was written in their NSA.

During an interview on 09/28/2023 at 2:56 PM, Staff C, Licensed Practical Nurse, stated that Resident 1 had been walking regularly since they started working at the ALF two months prior to their fall. They stated they had updated Resident 1's last NSA dated 07/13/2023 and believed that the wheelchair and gait belt had been in the NSA since March of 2023. Staff C also stated that if a resident needs or has changes to assistive devices than the facility will hold an in-service/training for staff to make them aware of the change.

During an interview on 09/27/2023 at 11:33 AM, Collateral Contact 1, resident's representative, stated that before Resident 1 had their fall on 08/26/2023 that they had been always ambulating with their 4-wheeled walker with staff escort. They did not recall ever seeing staff use a gait belt with Resident 1 for transfers or escorts.

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) 10-16-23

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

Statement of Deficiencies
Plan of Correction
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License #: 1268
HAWTHORNE COURT
Licensee: HCRC LLC

Compliance Determination # 29633
Completion Date
10/03/2023

Laurie Henry
Administrator (or Representative)

10-10-23
Date

Plan of Correction

Agency Name	**Citation Date**
Hawthorne Court	10-6-23
Submitted by	**Date of POC Submission**
Laurie Hanny- Melissa Dean	10-16-23
x☐ **Complaint Citation** ☐ **Certification Citation**	

Citation: (list WAC)	
What *initial or immediate actions* were taken to address concerns affecting clients?	**Describe the *initial or immediate actions* taken** to achieve compliance in the area subject to the complaint/certification citation. This should include initial actions taken to ensure the health and safety of the clients who were the subject of the citation. Assessment and careplan was completed immediately. Inservice with staff members on reading care plans and following scheduled services. Nursing completed in-services with resident care assistance on proper use of gate best.
How will you apply the correction to all clients you support?	**System or Operational Changes:** How will you review/apply needed changes to all clients or households. Health and Wellness Admin staff will ensure chart note is in place for every service plan change. We will retrain our staff on the daily responsibility to read all chart notes.
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	List the name(s) and/or title(s) of the person who will be responsible to implement the change and who will be responsible to ensure ongoing compliance with this change? Where possible, a second person should be responsible for ongoing oversight? Health and Wellness Director and Health and Wellness Nurse.
Date by which lasting correction will be achieved	Enter the date when you expect the lasting correction (including system to prevent future problems) to be complete. This must be within 45 days of the citation. 10/30/2023
Additional Information	Enter any additional information you believe is pertinent such as intent to submit an IDR N/A

Submit to RCS within 10 calendar days of receipt, please clearly indicate the name of the person who should receive your document.

Region 1:
rcsregion1email@dshs.wa.gov

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IDR
Lacey