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) 40992 (Completion Date 05/09/2024) and 37331 (Completion Date 03/28/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/09/2024 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-2080

The Department staff who did the on-site verification:
Robin Rainville, Assisted Living Facility Licensor

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 #: 37331
Intake ID: 119167
Investigator: Sarah Clark
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 02/26/2024 through 03/28/2024
Complainant Contact Date(s):

Allegation(s):

1.) The facility is shorted staffed.
2.) A named staff member does not notify families with changes in resident status.
3.) A named staff member covers up medication errors.
4.) A Named Resident (NR) is unable to feed themselves and staff are not allowed to assist them.
5.) A named staff member is making medical decisions for residents.
6.) A named staff member is assessing residents when they are not qualified to do them.

Investigation Methods:

Sample:	Total residents: 52 Resident sample size: 3 Closed records sample size: 0
Observations:	Staff to resident interactions, resident to resident interactions, dining, resident care, residents rooms, hallways, resident care equipment
Interviews:	Residents, staff, families, others not associated to the facility.
Record Reviews:	Resident records, facility documents

Investigation Summary:

1.) Interviewed residents state there is sufficient staff to meet their daily needs, and staff are always present and timely when they are called upon. Staff stated that all shifts have been covered and they always work with the appropriate number of staff. Record review showed no holes or open shifts in staff schedule. Observation showed staff throughout facility, and they were meeting the residents needs in a timely and respectful manner. No failed practice identified.
2.) Interviewed resident representatives showed that the facility had good communication with them regarding any changes in a resident condition. Observation showed staff to resident and family interaction to be informative and respectful. No failed practice identified.
3.) Interviews and record review showed no recent medication errors and the last one discovered was reported and investigated by the department. Interviews also

showed that staff were not aware of any medications errors that were covered up by any staff. No failed practice identified.
4.) Interviews showed that the NR was able to feed themselves with staff cueing and coaching. At that time the NR was able to put food in their mouth after staff placed it on a utensil and was able to eat finger foods. Interviews also showed that the NR did not go without food, but their appetite had decreased. No failed practice identified.
5.) Interviewed residents showed that staff do not make medical decision for them. Staff stated that they were not aware of any staff making medical decisions for residents and that should not be happening, and if they were aware they would report it. Observation showed that residents were able to clearly state their wants and needs and if they could not their representative would be notified. No failed practice identified.
6.) Interviews and record reviews showed that an unqualified staff member preformed a resident pre-admission assessment. Failed practice identified at WAC 388-78A-2080. Reference Statement of Deficiencies dated 03/28/2024.

Conclusion / Action:

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

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 #: 1268	Compliance Determination # 37331
Plan of Correction	HAWTHORNE COURT	Completion Date
Page 1 of 3	Licensee: HCRC LLC	03/28/2024

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 an unannounced on-site complaint investigation on 02/26/2024 and 02/26/2024 of:

HAWTHORNE COURT
524 N Ely St
Kennewick, WA 99336

This document references the following complaint number(s): 119167

The following sample was selected for review during the unannounced on-site visit: 3 of 52 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

04/04/2024
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.

Statement of Deficiencies	License #: 1268	Compliance Determination # 37331
Plan of Correction	HAWTHORNE COURT	Completion Date
Page 2 of 3	Licensee: HCRC LLC	03/28/2024

Administrator (or Representative)

4.13.24
Date

WAC 388-78A-2080 Qualified assessor. The assisted living facility must ensure the person responsible for completing a preadmission assessment of a prospective resident:

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to have a qualified assessor perform a preadmission assessment for 1 of 2 residents (Resident 1). This failure placed the residents at risk of unidentified care needs not having their needs evaluated by a qualified assessor.

Findings included...

Review of the facility's policy titled, "Assessment Policy," dated 02/2001, showed that if they were not governed by a licensing agency, assessments, and evaluations shall be conducted by trained, authorized Health and Wellness member unless otherwise approved in advance and qualified assessors may include non-licensed individuals with at least three years of applicable experience as defined in WAC 388-78A-2080.

Review of Resident 1's records showed that they were admitted to the facility on [redacted]/2024. Resident 1's pre-admission assessment showed that it was performed on 01/11/2024 and signed by Staff A, Health and Wellness Director on 02/21/2024.

During an interview with Resident 1 on 02/26/2024 at 12:49 PM, Resident 1 stated that Staff A was the only person to visit them in their home and assess them prior to admission into the facility.

During an interview on 03/15/2024 at 3:44 PM, Staff A stated that they had gone out to gather information regarding Resident 1, as a potential admit, and that they were not qualified to perform pre-admission assessments. They also stated that they have oversight from a nurse, the nurse should be assessing the potential resident, and doing their own pre-admission assessment.

During an interview on 03/28/2024 at 11:48 AM, Staff B, Licensed Practical Nurse, stated that they perform a pre-admission assessment on Resident 1.

Plan/Attestation Statement

Statement of Deficiencies	License #: 1268	Compliance Determination # 37331
Plan of Correction	HAWTHORNE COURT	Completion Date
Page 3 of 3	Licensee: HCRC LLC	03/28/2024

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, HAWTHORNE COURT is or will be in compliance with this law and / or regulation on (Date) 5-1-24.

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

Laurie Hanny

Administrator (or Representative)

4.13.24

Date