STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

APPLE SPRINGS ASSISTED LIVING LLC
APPLE SPRINGS RETIREMENT AND ASSISTED LIVING RESIDENCE
1001 SENNA STREET
OMAK, WA 98841

RE: APPLE SPRINGS RETIREMENT AND ASSISTED LIVING RESIDENCE License # 1277

Dear Administrator:

This letter addresses Compliance Determination(s) 46273 (Completion Date 08/27/2024) and 44774 (Completion Date 07/26/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/27/2024 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 388-78A-2320-1-b, WAC 388-78A-2305-1, WAC 246-215-03525-1-b

The Department staff who did the off-site verification:
Brian Zbylski, ALF Licensor

If you have any questions, please contact me at (509)993-7821.

Sincerely,

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Licensee: APPLE SPRINGS ASSISTED LIVING LLC
APPLE SPRINGS RETIREMENT AND ASSISTED LIVING RESIDENCE
1001 SENNA STREET
OMAK, WA 98841

RE: APPLE SPRINGS RETIREMENT AND ASSISTED LIVING RESIDENCE License # 1277

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 07/26/2024 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

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  - o Mail the Plan/Attestation Statement and report with original signatures to:

Stephanie Jenks, Field Manager
Residential Care Services
Region 1, Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

- 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.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

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 B
Residential Care Services

Enclosure

Stephanie Jenks, Field Manager
Residential Care Services
Region 1, Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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Residential Care Services

Enclosure

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 1277	Compliance Determination # 44774
Plan of Correction	APPLE SPRINGS RETIREMENT AND ASSISTED LIVING	Completion Date
Page 3 of 7	Licensee: APPLE SPRINGS ASSISTED LIVING LLC	07/26/2024

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 07/23/2024, 07/24/2024, 07/25/2024 and 07/26/2024 of:

APPLE SPRINGS RETIREMENT AND ASSISTED LIVING RESIDENCE
1001 SENNA STREET
OMAK, WA 98841

This document references the following complaint numbers: 139871.

The following sample was selected for review during the unannounced on-site visit: 13 of 49 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Brian Zbylski, ALF Licensor
Joy Pipgras, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Residential Care Services — 07/31/2024 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.

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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The department completed data collection for the unannounced on-site full inspection and complaint investigation on 07/23/2024, 07/24/2024, 07/25/2024 and 07/26/2024 of:

APPLE SPRINGS RETIREMENT AND ASSISTED LIVING RESIDENCE
1001 SENNA STREET
OMAK, WA 98841

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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.

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.

Administrator (or Representative) 8-06-2024 Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain written consent for 6 of 6 residents (Residents 6, 9, 10, 11, 12, and 13) who received services that required nurse delegation. This failed practice resulted in residents receiving nursing services prior to providing consent.

Findings included...

Per WAC 246-840-930, Criteria for delegation, if the registered nurse delegator determines delegation is appropriate, the nurse:

-Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter7.70RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format.

<Resident 6>

Review of Resident 6's face sheet showed a move-in date of [redacted]/2024 and that the resident was diagnosed with [redacted].

Review of the Nurse Delegation instruction record for Resident 6, dated 06/15/2024, showed the resident required staff assistance with blood sugar checks (piercing the skin to obtain a droplet of blood) and insulin (diabetes medication) injections. Further review showed no written or signed consent to receive delegated services.

<Resident 9>

Review of Resident 9's face sheet showed a move-in date of [redacted]/2024 and that the resident was diagnosed with [redacted].

Review of the Nurse Delegation Instruction record for Resident 9, dated 07/17/2024, showed they required staff assistance with blood sugar checks and insulin injections. Further review showed no written or signed consent to receive delegated services.

<Resident 10>

Administrator (or Representative) Date

WAC 388-78A-2320 Intermittent nursing services systems.

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<Resident 6>

Review of Resident 6's face sheet showed a move-in date of [redacted]2024 and that the resident was diagnosed with [redacted].

Review of the Nurse Delegation instruction record for Resident 6, dated 06/15/2024, showed the resident required staff assistance with blood sugar checks (piercing the skin to obtain a droplet of blood) and insulin (diabetes medication) injections. Further review showed no written or signed consent to receive delegated services.

<Resident 9>

Review of Resident 9's face sheet showed a move-in date of [redacted]/2024 and that the resident was diagnosed with [redacted].

Review of the Nurse Delegation Instruction record for Resident 9, dated 07/17/2024, showed they required staff assistance with blood sugar checks and insulin injections. Further review showed no written or signed consent to receive delegated services.

<Resident 10>

Review of Resident 10's face sheet showed a move-in date of [redacted]/2021 and that the resident was diagnosed with [redacted].

Review of the Nurse Delegation Instruction record for Resident 10, dated 06/15/2024, showed they required staff assistance with blood sugar checks and insulin injections. Further review showed no written or signed consent to receive delegated services.

<Resident 11>

Review of Resident 11's face sheet showed a move-in date of [redacted]/2021 and that the resident was diagnosed with [redacted].

Review of the Nurse Delegation Instruction record for Resident 11, dated 06/15/2024, showed they required staff assistance with blood sugar checks. Further review showed no written or signed consent to receive delegated services.

<Resident 12>

Review of Resident 12's face sheet showed a move-in date of [redacted]/2022 and that the resident was diagnosed with [redacted].

Review of the Nurse Delegation Instruction record for Resident 12, dated 06/15/2024, showed they required staff assistance with blood sugar checks. Further review showed no written or signed consent to receive delegated services.

<Resident 13>

Review of Resident 13's face sheet showed a move-in date of [redacted]/2022 and that the resident was diagnosed with [redacted].

Review of the Nurse Delegation Instruction record for Resident 13, dated 06/15/2024, showed they required staff assistance with blood sugar checks and changing their blood sugar sensor (a sensor with a needle that is placed just under the skin to allow for blood sugar level readings). Further review showed no written or signed consent to receive delegated services.

In an interview on 07/25/2024 at 1:25 PM, Staff E, Registered Nurse, stated that they had not obtained written consent from residents who were receiving nurse delegated services.

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, APPLE SPRINGS RETIREMENT AND ASSISTED LIVING RESIDENCE is or will be in compliance with this law and / or regulation on (Date) 8-12-2024.

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

Review of Resident 10's face sheet showed a move-in date of [redacted]/2021 and that the resident was diagnosed with [redacted].

Review of the Nurse Delegation Instruction record for Resident 10, dated 06/15/2024, showed they required staff assistance with blood sugar checks and insulin injections. Further review showed no written or signed consent to receive delegated services.

<Resident 11>

Review of Resident 11's face sheet showed a move-in date of [redacted]/2021 and that the resident was diagnosed with [redacted].

Review of the Nurse Delegation Instruction record for Resident 11, dated 06/15/2024, showed they required staff assistance with blood sugar checks. Further review showed no written or signed consent to receive delegated services.

<Resident 12>

Review of Resident 12's face sheet showed a move-in date of [redacted]/2022 and that the resident was diagnosed with [redacted].

Review of the Nurse Delegation Instruction record for Resident 12, dated 06/15/2024, showed they required staff assistance with blood sugar checks. Further review showed no written or signed consent to receive delegated services.

<Resident 13>

Review of Resident 13's face sheet showed a move-in date of [redacted]/2022 and that the resident was diagnosed with [redacted].

Review of the Nurse Delegation Instruction record for Resident 13, dated 06/15/2024, showed they required staff assistance with blood sugar checks and changing their blood sugar sensor (a sensor with a needle that is placed just under the skin to allow for blood sugar level readings). Further review showed no written or signed consent to receive delegated services.

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

Rainy Graber
Administrator (or Representative) Date 8-06-2024

WAC 246-215-03525 Temperature and time control Time/temperature control for safety food, hot and cold holding (FDA Food Code 3-501.16).

(1) Except during active preparation for up to two hours, cooking, or cooling or when time is used as the public health control as specified under WAC 246-215-03530 , and except as specified in subsections (2) and (3) of this section, time/temperature control for safety food must be maintained:

(b) At 41 F (5 C) or less.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to maintain safe refrigerator temperatures below 41° Fahrenheit for 1 of 3 kitchen refrigerators (refrigerator 2). This failure placed residents at risk of food related illnesses.

Per WAC 246-215-03525, Temperature and time control—Time/temperature control for safety food, hot and cold holding (FDA Food Code 3-501.16), time/temperature control for safety foodmust be maintained:

- At 41°Fahrenheit (F) or less.

Observation on 07/23/2024 at 11:40 AM, during the kitchen tour showed refrigerator 2's temperature to be 49.7° F and contained egg salad, tuna fish, boiled eggs, lunch meat, cheese, turkey and bacon bits.

Review of the facility's AM and PM Daily Temperature Log showed that the recommended temperature guidelines for refrigerators were 32°- 40° F. Further review of the log for June 2024 and July 2024 showed refrigerator 2's temperatures were documented to be above 41° F, 67 times.

In an interview on 07/23/2024 at 11:43 AM, Staff F, Dietary Manager, stated "Refrigerator 2 has been running a bit high for a while".

In an interview on 07/25/2024 at 1:52 PM, Staff G, Cook, stated they knew refrigerator temperatures were to be within 32°- 40° F, and that refrigerator 2 had been "high for a while, a few weeks."

Administrator (or Representative) Date

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(1) Except during active preparation for up to two hours, cooking, or cooling or when time is used as the public health control as specified under WAC 246-215-03530 , and except as specified in subsections (2) and (3) of this section, time/temperature control for safety food must be maintained:

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Statement of Deficiencies	License #: 1277	Compliance Determination # 44774
Plan of Correction	APPLE SPRINGS RETIREMENT AND ASSISTED LIVING	Completion Date
Page 7 of 7	Licensee: APPLE SPRINGS ASSISTED LIVING LLC	07/26/2024

Plan/Attestation Statement

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Daisy Graber — Administrator (or Representative)

8-06-2024 — Date

Plan/Attestation Statement

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