STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

We Care Inc
PIONEER PLACE ALZHEIMER RESIDENCE OF TACOMA
11519 24th Ave E
Tacoma, WA 98445

RE: PIONEER PLACE ALZHEIMER RESIDENCE OF TACOMA License # 1293

Dear Administrator:

This letter addresses Compliance Determination(s) 49740 (Completion Date 11/04/2024) and 45286 (Completion Date 09/13/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/04/2024 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 388-110-220, WAC 388-110-220-3-d, WAC 388-110-220-3-d-i, WAC 388-110-220-3-d-ii, WAC 388-110-220-3-d-iii, WAC 388-110-220-3-d-iv, WAC 388-110-220-3-d-ix, WAC 388-110-220-3-d-v, WAC 388-110-220-3-d-vi, WAC 388-110-220-3-d-vii, WAC 388-110-220-3-d-viii, WAC 388-110-220-3-d-x, WAC 388-110-220-3-d-xi, WAC 388-110-220-3-a, WAC 388-110-220-3, WAC 388-112A-0080-4, WAC 388-112A-0080-9, WAC 388-78A-2150, WAC 388-78A-2150-1, WAC 388-78A-2150-2, WAC 388-78A-2150-3, WAC 388-78A-2100-3, WAC 388-78A-2100-2, WAC 388-78A-2100-2-a, WAC 388-78A-2100-2-b, WAC 388-78A-2100-2-b-i, WAC 388-78A-2100-2-c, WAC 388-78A-2100, WAC 388-78A-2100-1, WAC 388-78A-2040-1, WAC 388-78A-2480-1

The Department staff who did the on-site verification:
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager

Region 3, Unit D
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 1293	Compliance Determination # 45286
Plan of Correction	PIONEER PLACE ALZHEIMER RESIDENCE OF TACOMA	Completion Date
Page 1 of 12	Licensee: We Care Inc	09/13/2024

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 on 08/07/2024, 08/07/2024, 08/08/2024, 08/09/2024, 08/12/2024, 08/13/2024, 08/15/2024 and 08/15/2024 of:
PIONEER PLACE ALZHEIMER RESIDENCE OF TACOMA
11519 24th Ave E
Tacoma, WA 98445

The following sample was selected for review during the unannounced on-site visit: 7 of 34 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Melisa Moran, Assisted Living Facility Nursing Consultant Institutional
Emily Boniface, Community Program Nurse Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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 — 09/19/2024 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.

Administrator (or Representative) Date 09/25/2024

WAC 388-110-220 Enhanced adult residential care service standards.

(3) In an assisted living facility with an enhanced adult residential care-specialized dementia care services contract, for residents served under that contract, the contractor must:

(a) Complete a full assessment of residents as specified in chapter 388-78A WAC, at a minimum, on a semi-annual basis;

(d) Ensure that each staff who works directly with residents has at least six hours of continuing education per year related to dementia, including Alzheimer's disease. This six hours of continuing education may be part of the ten hours of continuing education required by WAC 388-112-0205 . Appropriate topics include, but are not limited to:

(i) Agitation: Caregiving strategies;

(ii) Challenging behaviors: Strategies for managing aggression and sexual behavior;

(iii) Delusions and hallucinations;

(iv) Using problem-solving strategies in dementia care;

(v) Depression and dementia;

(vi) Fall prevention for people with dementia;

(vii) Personal care as meaningful activity;

(viii) Promoting adequate food and fluid consumption;

(ix) Promoting pleasant and purposeful activity;

(x) Resistance to care: Caregiving strategies; and

(xi) Recognizing and assessing pain in people with dementia.

This requirement was not met as evidenced by:

Based on record reviews and interviews, the Assisted Living Facility (ALF) failed to ensure, according to the Enhanced Adult Residential Care (EARC) service standards and contract, that 2 of 5 sampled staff (Staff A and C) who works directly with residents, has at least six hours of continuing education per year related to dementia including Alzheimer's disease (loss of cognitive functioning). This failure placed 5 of 34 residents at risk for staff not being trained on current dementia and Alzheimer's disease training. The Assisted Living Facility (ALF) also failed to ensure according to the Enhanced Adult Residential Care (EARC) service standards and contract, that 1 of 7 Residents (Resident 7 [R7]) had updated full assessment at a minimum on a semi-annual basis. This failure placed 1 of 34 resident at risk for potential harm for not having an agreed upon updated

EARC assessment established for each resident.

Findings included...

Review of personnel record revealed Staff A, Administrator, did not find a current, within the last year, continuing education related to dementia and/or Alzheimer's disease care as required when there is an EARC contract.

Review of personnel record revealed Staff C, RN Nurse Delegator-Contractor, did not find a current, within the last six months, continuing education related to dementia and/or Alzheimer's disease care as required when there is an EARC contract.

Review of R7's assessment showed a date of admittance of [redacted]/2016 to the ALF. R7's assessment was last developed on 08/21/2023 and signed by R7's representative on 09/24/2023. No semi-annual assessment was found in resident's record.

On 08/15/2024 at 11:35 am during the exit interview, Staff A stated she was unaware of the requirement per the EARC Washington Administrative Code (WAC) that staff were required to complete six hours of continued education training related to Dementia and Alzheimer's disease training annually.

On 08/15/2024 at 11:35 am during the exit interview, Staff A stated she was unaware of the requirement per the EARC Washington Administrative Code (WAC) that the facility was required to complete an EARC assessment on residents at minimum semi-annually but did admit that they are aware the facility has outdated annually completed assessments.

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, PIONEER PLACE ALZHEIMER RESIDENCE OF TACOMA is or will be in compliance with this law and / or regulation on (Date) 10/31/2024.

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

Administrator (or Representative) — Date: 09/25/2024

WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0090 : Adult family homes.

(4) Assisted living facility administrators or their designees within one hundred twenty days of date of hire.

(9) For certification requirements for individuals in subsections (2) through (8) in this section refer to WAC 388-112A-0105 .

This requirement was not met as evidenced by:

Based on record review and interview the facility failed to provide verification for 1 of 5 sampled staff (Staff A) had completed the required seventy-hour long-term care worker basic training. This failure placed 34 of 34 residents at risk for a facility having untrained staff employed to perform their duties.

Findings included...

A review of personnel file of Staff A, Administrator, on 08/09/2024 at 11:30 AM did not find the required seventy-hour long-term care worker basic training certification.

In an interview on 08/09/2024 at 1:00 PM, Staff A stated that they believed to be exempt from the seventy-hour training for long term care workers due to the COVID (communicable disease) emergency when many trainings were either suspended or not required. Staff A stated that they will work on completing the seventy-hour training.

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, PIONEER PLACE ALZHEIMER RESIDENCE OF TACOMA is or will be in compliance with this law and / or regulation on (Date) 10/31/2024 .

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

Administrator (or Representative) 09/25/2024 Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

(3) Any public or private case manager for the resident, if available.

This requirement was not met as evidenced by:

Based on interviews and records review, the facility failed to ensure the Negotiated Service Agreement (NSA, care plan) was agreed to and signed by the responsible party at least annually for 4 of 7 sampled residents (Residents 2, 3, 4 and 6 [R2, R3, R4 and R6]). This failure placed 4 residents at risk for harm due to unmet care needs and placed these residents and their representatives at risk for not being involved in their care decisions and the services being provided.

Findings included...

During an unannounced licensing inspection on 08/07/2024, the department requested resident sample documents. Requested resident records were received on 08/08/2024.

R2
According to R2's undated Resident Admission Agreement, R2 was admitted to the facility on [redacted]/2021. Records showed Staff F, Health Care Coordinator (HCC) Assistant, completed assessments dated 05/25/2023 and 08/08/2024. Neither assessment was signed by R2 nor R2's representative.

R3
According to the undated Resident Information document, R3 was admitted to the facility on [redacted]/2024. Records showed Staff F completed assessments dated 07/04/2024, 07/17/2024 and 08/08/2024. None of the assessments were signed by R3, nor R3's representative.

R4

According to the undated Resident Information document, R4 was admitted to the facility on [redacted]/2023. Records showed Staff F completed assessment dated 05/19/2023 and 08/08/2024. Neither assessment was signed by R4 nor R4's representative.

R6
According to the undated Resident Information document, R6 was admitted to the facility on [redacted]/2023. Records showed Staff F completed assessments dated 05/19/2023 and 08/08/2024. Neither assessment was signed by R6, R6's representative, nor the Home and Community Services Case Manager.

On 08/09/2024 at 3:50PM, Staff A, Administrator, stated some residents do not have a signed Assessment nor NSA in their file.

In the exit interview on 08/15/2024 beginning at 11:35AM, Staff A stated that resident documents titled "Pioneer Place Assessment," and the Negotiated Service Agreements are the same.

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, PIONEER PLACE ALZHEIMER RESIDENCE OF TACOMA is or will be in compliance with this law and / or regulation on (Date) 10/31/2024.

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

Administrator (or Representative) — Date: 09/25/2024

WAC 388-78A-2100 On-going assessments. The assisted living facility must:

(1) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(2) Complete an assessment specifically focused on a resident's identified problems and related issues:

(a) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(b) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

(c) When the resident has an injury requiring the intervention of a practitioner.

(3) Ensure the staff person performing the on-going assessments is qualified to perform them.

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

This requirement was not met as evidenced by:

Based on interview and records review the facility failed to ensure a qualified assessor completed ongoing assessments focused on residents identified problems, a change of condition, or when they had an injury requiring intervention for 3 of 7 sampled residents (Residents 2, 3, and 6 [R2, R3, and R6]). This failure placed the residents at risk for unmet care needs by staff untrained for the updated care and service needs for the residents.

Findings included...

R2
According to R2's records, R2 was admitted to the facility on [redacted]/2021. Review of R2's alert charting showed R2 had a fall with injury on 07/14/2024 at 8:30PM. R2's assessment was not updated until 08/08/2024.

R3
According to R3's records, R3 was admitted to the facility on [redacted]/2024. Review of R3's alert charting showed R3 experienced a fall with multiple injuries during toileting on 08/03/2024 at 5:15AM. Resident assessment was not updated until 08/08/2024.

R6
According to R6's records, R6 was admitted to the facility on [redacted]/2023. Review of R6's records showed resident experienced an unwitnessed fall with injury on 05/19/2024 at 10:30AM and was sent to the hospital and diagnosed with [redacted]. No assessment was completed after the fall until 06/26/2024.

At 3:48PM on 08/09/2024, Staff A, Administrator, stated that Staff E, Resident Care Coordinator (RCC) and Staff F, Resident Care Coordinator Assistant, completed the ongoing Assessments for all residents in the facility. Staff A also acknowledged assessments have not been updated for new resident problems nor for changes of

condition and that some residents do not have a signed assessment nor Negotiated Service Agreement (NSA) in their file.

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, PIONEER PLACE ALZHEIMER RESIDENCE OF TACOMA is or will be in compliance with this law and / or regulation on (Date) 10/31/2024 .

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

Administrator (or Representative) — Date: 09/25/2024

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and records review, the facility failed to ensure fit testing was completed per Washington state regulations for 5 of 5 sampled staff (Staff A, B, C, D, & E) reviewed. This failure placed 34 of 34 residents, staff, and visitors' life and safety at risk in the event of a spread of infectious disease.

Findings included...

WAC 296-842-14005 "Provide medical evaluations.
Medical Evaluation Process
Step 1: Identify employees who need medical evaluations AND determine the frequency of evaluations from Table 7. Include employees who:
(a) Are required to use respirators; or
Step 6: Obtain a written recommendation from the LHCP that contains only the following medical information:
(a) Whether or not the employee is medically able to use the respirator;
(b) Any limitations of respirator use for the employee;
(c) What future medical evaluations, if any, are needed;
(d) A statement that the employee has been provided a copy of the written recommendation"

WAC 296-842-15005
"Conduct fit testing.
(1) Provide, at no cost to the employee, fit tests for ALL tight-fitting respirators on the following schedule:
(a) Before employees are assigned duties that may require the use of respirators;
(b) At least every twelve months after initial testing;"

WAC 296-842-12010 Keep respirator program records. (1) A written copy of the current respirator program must be kept by the employer.
(2) Keep each employee's current fit test record, if fit testing is conducted, until the next fit test is administered. Fit test records must include:
(a) Employee name;
(b) Test date;
(c) Type of fit test performed;
(d) Description (type, manufacturer, model, style, and size) of the respirator tested;
(e) Results of fit tests, for example, for quantitative fit tests include the overall fit factor AND a print out, or other recording of the test.
(3) Keep training records that include employees' names, and the dates trained.
(4) Keep written recommendations from the LHCP.
Reference: See chapter 296-802 WAC, Employee medical and exposure records, for additional requirements that apply to medical records.
(5) You must allow affected employees and their representatives to examine and copy records required by this section.

Review of the document titled "L&I (Labor and Industries) and Department of Health (DOH) Respirator and PPE guidance for Long Term Care: Employer responsibilities for respiratory protection program and provision of PPE" dated 03/30/2021, DOH 420-328 showed,"The Long-term care facilities (LTCF) are required to provide initial fit tests for each Health Care Worker (HCW) with the same model, style, and size respirator (N-95) that the HCW will be required to wear for protection against the COVID-19 [Corona Virus Disease 2019- an infectious communicable disease caused by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, sore throat, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death] and other airborne hazards. A "Fit test" is a procedure that tests the seal between the respirator's face piece and the HCW's face. It includes a medical evaluation and is completed by someone who is trained to fit test which takes a minimum of 15-20 minutes.The "fit test" is to be completed every 12 months."

Record review of the Dear Provider (DP) Letter dated 04/30/2021, ALF# 2021-024, titled, "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment (PPE)", directed LTCF's under WAC 296-842-12005 to develop and maintain a respirator program which included initial fit testing and providing staff with their fit tested respirator.

Record review of the dear provider letter number 2023-014, dated 03/30/2023, showed

that the Secretary of Health announced the order that required wearing a face covering in long term care facilities had ended on 04/03/2023. Despite that the order had ended the individuals in long-term care facilities, including residents, staff, and visitors, were required to continue to follow the Department of Health (DOH) and Centers of Disease Control and Prevention (CDC) guidance. Respiratory Protection Program (RPP) requirements were not changed by the ending of the Secretary of Health's order, nor would they change when the federal public health emergency ended on 05/11/2023. Staff would still be required to wear N95 respirators around individuals with suspected or confirmed COVID-19, and an RPP was required anytime a respirator was used in a long-term care facility. An RPP must include medical clearance, fit testing, training, written policies, and documentation.

Record review of the Department of Health's website document titled, "Respiratory Protection Program for Long-Term Care Facilities", undated, under the section titled, "record keepin," showed "there are 4 items that must be kept and available for your workers to review:
An up-to-date written respirator program
Each worker's current fit test record (must be done yearly)
The fit test record must include:
The worker's name
Test date
Type of fit test performed
Description of the N95 (manufacturer, model, style, and size)
Results of the fit test
Each worker's current training record (must be done yearly)
The record must include:
The worker's name
Date the training was done
The written recommendations from the licensed health care professional that reviewed the worker's medical evaluation (must be done as indicated by the person reviewing the questions)
NOTE: If your facility's medical evaluations are being reviewed in house, the questions and answers will need to be stored for 30 years after the worker has terminated employment. It must be kept separate from their HR records because the questions are HIPPA protected."

Despite the facility providing a printout of a spreadsheet dated 08/09/2024, and labeled "Respiratory Protection Program" with a column labeled "medical eval on file" and a check mark in that column for Staff D, no other documents to verify completion of a medical clearance evaluation was provided for Staff D. Review of the document "Respiratory Protection Program," shows fit test date for Staff D as 04/04/2023 and expiration date for this test as 04/04/2024. No other documentation for Staff D to verify FIT testing compliance was provided.

On the same spreadsheet dated 08/09/2024, and labeled "Respiratory Protection Program," there is nothing in the column labeled "medical eval on file" for Staff B, Med Tech, Staff C, RN/Nurse, and Staff E, Health Care Coordinator. No other documents to verify completion of a medical clearance evaluation were provided to review for these staff.

The spreadsheet dated 08/09/2024, labeled "Respiratory Protection Program," does not indicate Staff B, Staff C, and Staff E were ever fit tested.

Record review of Facility document "Respiratory Protection Program" spreadsheet dated 08/09/2024, shows 04/04/2023 as the date fit tested 04/04/2023 for Staff A, Administrator. The listed expiration date was 04/04/2024.

In an interview on 08/13/2024 at 3:34 P.M., Staff A stated the facility was not compliant with FIT testing requirements for all staff working at the facility.

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, PIONEER PLACE ALZHEIMER RESIDENCE OF TACOMA is or will be in compliance with this law and / or regulation on (Date) 10/31/2024.

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

Administrator (or Representative) 09/25/2024 Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 5 sampled staff (Staff D) received their Tuberculosis (TB, communicable disease) test within three days of hire. This failure placed 34 of 34 residents and all staff (both contracted and facility) at risk for exposure to Tuberculosis.

Findings included...

During an unannounced licensing inspection on 08/07/2024, the department requested sampled staff documents. Requested staff records were received on 08/09/2024.

Review of an undated staff record list show Staff D, Registered Nurse, was hired 03/01/2024. Review of tuberculosis test records show Staff D's one-step TB test was initiated on 03/22/2024 at 9:30AM. On 09/03/2024 at 4:51PM, Staff A, Administrator emailed an undated document titled "Nurse Delegation and Consulting Agreement." Review of this document reflected Staff D's facility contract began 08/09/2024. No other contract documents were provided.

In interview on 08/09/2024 at 5:00PM, Staff A acknowledged Staff D was not TB tested within three days of employment.

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, PIONEER PLACE ALZHEIMER RESIDENCE OF TACOMA is or will be in compliance with this law and / or regulation on (Date) 10/31/2024 .

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

Administrator (or Representative) — Date: 09/25/2024