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

CHENEY CARE CENTER ASSOCIATION
CHENEY ASSISTED LIVING
2219 N 6TH ST
CHENEY, WA 99004

RE: CHENEY ASSISTED LIVING License # 1326

Dear Administrator:

This letter addresses Compliance Determination(s) 40132 (Completion Date 04/23/2024) and 39191 (Completion Date 04/09/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/23/2024 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-2210-1, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2, WAC 388-78A-2210-2-b, WAC 388-78A-2210

The Department staff who did the on-site verification:
Veronica Jackson, Assisted Living Facility 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

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8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

CHENEY CARE CENTER ASSOCIATION
CHENEY ASSISTED LIVING
2219 N 6TH ST
CHENEY, WA 99004

RE: CHENEY ASSISTED LIVING # 1326

Dear Administrator:

This document references the following complaint numbers 124992.

The Department completed a full inspection of your Assisted Living Facility on 04/09/2024 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:

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.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

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

The facility had not evaluated delegated tasks for residents quarterly and had not assessed the residents and delegated caregivers every 90 days as required. Administration had a policy and procedure in place prior to the exit of the licensing survey.

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

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

The facility used annual assessments completed by the Department of Social and Health Services case managers, for residents who received Medicaid. Administrative staff did not know that an in-house (facility) assessment was needed to be completed annually by the facility for each resident. A plan was developed immediately, and the facility stated they would update each resident's assessment.

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)993-7821.

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit B
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 #: 1326	Compliance Determination # 39191
Plan of Correction	CHENEY ASSISTED LIVING	Completion Date
Page 4 of 6	Licensee: CHENEY CARE CENTER ASSOCIATION	04/09/2024

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 04/04/2024, 04/05/2024, 04/08/2024 and 04/09/2024 of:

CHENEY ASSISTED LIVING
2229 N 6TH ST
CHENEY, WA 99004

This document references the following complaint numbers: 124992.

The following sample was selected for review during the unannounced on-site visit: 7 of 32 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Veronica Jackson, Assisted Living Facility 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 — 04/11/2024 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.

Ashley Sealey
Administrator (or Representative)

4/15/2024
Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to provide medications as prescribed for 1 of 7 sampled residents (Resident 5). This failure resulted in the resident not receiving medications as ordered and placed the resident at risk of health complications.

Findings included...

Review of Resident 5's negotiated service plan, dated 02/24/2024, showed the resident was admitted to the facility on [redacted]/2024, and was diagnosed with [redacted], and had received dialysis (procedure that filters waste and excess fluid out of the blood when the kidneys cannot) every Tuesday, Thursday and Saturday mornings for three to five hours outside of the facility. Further review showed the resident received medication assistance with all medications.

Review of Resident 5's February 2024, March 2024, and April 2024 medication administration records (MARs) showed Resident 5 was prescribed the following medications every morning: amlodipine (lowers blood pressure), tamsulosin (increases urinary flow), Protonix (decreases stomach acid), and calcium carbonate (used to bind to phosphorus to decrease phosphorus levels in the blood when kidneys cannot excrete). Further review showed that morning medications were not given on the following days: 02/03/2024, 02/06/2024, 02/08/2024, 02/10/2024, 02/13/2024, 02/15/2024, 02/17/2024, 02/20/2024, 02/22/2024, 02/24/2024, 02/27/2024, 02/29/2024, 03/02/2024, 03/05/2024, 03/07/2024, 03/09/2024, 03/12/2024, 03/14/2024, 03/16/2024, 03/19/2024, 03/23/2024, 03/26/2024, 03/28/2024, 04/02/2024,

04/04/2024.

In an interview on 04/05/2024 at 10:05 AM, Staff D, Assisted Living Director, stated that staff were afraid to give morning medications to Resident 5 before dialysis treatments due to medications being flushed out during the procedure. Staff D further stated that they did not have any documentation to show the facility had notified the provider of the missed medication doses and did not have a physician's order to hold the medications prior to dialysis.

In an interview on 04/05/2024 at 10:15 AM, Staff D stated that they had spoken to Resident 5's provider and received orders to give the morning medications when the resident returned from their dialysis treatments.

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, CHENEY ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 4/5/24 .

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

Ashley Dealey
Administrator (or Representative)

4/15/2024
Date