STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

CLAY DAVIS STROUD LLC
SUN TERRACE PROSSER
2131 WINE COUNTRY ROAD
PROSSER, WA 99350

RE: SUN TERRACE PROSSER License # 1440

Dear Administrator:

This letter addresses Compliance Determination(s) 46868 (Completion Date 09/11/2024) and 44345 (Completion Date 07/22/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/11/2024 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-2160, WAC 388-78A-2610-2-c, WAC 388-78A-2660-4, RCW 70.129.030.4, WAC 388-78A-2700-1-g-iv, WAC 388-78A-2730-1-b, WAC 388-78A-3090-1-a, WAC 388-78A-3090-2-c-iv

The Department staff who did the on-site verification:
Tracy Ramirez, Assisted Living Facility Licensor
Anna Cairns, ALF Long Term Care Surveyor

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

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: SUN TERRACE PROSSER **Provider Type:** Assisted Living Facility

License/Cert.#: 1440
Intake ID: 138361
Compliance Determination #: 44345
Region/Unit #: RCS Region 1 / Unit G
Investigator: Tracy Ramirez
Investigation Date(s): 07/15/2024 through 07/22/2024
Complainant Contact Date(s): 07/15/2024, 07/23/2024

Allegation(s):

1. The Memory Care Unit's (MCU) courtyard door had poor access.
2. Laundry services care planned were not followed.

Investigation Methods:

Sample:
Total residents: 64
Resident sample size: 10
Closed records sample size: 0

Observations:
Identified resident
Residents
Dining
Resident rooms
Staff to resident interactions
Resident to resident interactions
Environment
Courtyard

Interviews:
Identified resident
Nursing staff
Residents
Family members
Maintenance staff
Admistrative staff

Record Reviews:
Medical records
Incident investigation
Staff patterns
Personnel files
Facility policies
Incident investigation

Investigation Summary:

1. Interview and observation showed that the facility had removed the recliner form the MCU's courtyard door. No failed practice identified.
2. Based on interview and record review, the Assisted Living Facility did not follow

the named resident's care plan for laundry services. Record review showed the facility had not notified their representative of charges. Failed practice identified WAC 388-78A-2660 (4) and RCW 70.129.030 (4)(b).

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

Licensee: CLAY DAVIS STROUD LLC
SUN TERRACE PROSSER
2131 WINE COUNTRY ROAD
PROSSER, WA 99350

RE: SUN TERRACE PROSSER License # 1440

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 07/22/2024 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:

Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit G
1200 Alder Street
Union Gap, WA 98903

• 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)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit G
Residential Care Services

Enclosure

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

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 07/15/2024, 07/16/2024, 07/17/2024 and 07/18/2024 of:

SUN TERRACE PROSSER
2131 WINE COUNTRY ROAD
PROSSER, WA 99350

This document references the following complaint numbers: 138361.

The following sample was selected for review during the unannounced on-site visit: 10 of 64 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor
Jessica Clapp, Assisted Living Facility Licensor
Robin Rainville, Assisted Living Facility Licensor
Tracy Ramirez, Assisted Living Facility Licensor

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.

Michelle Closner
Residential Care Services

07/25/2024
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.

Carrie Herrera
Administrator (or Representative)

7/29/2024
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 follow the laundry services agreed upon in the resident's negotiated service agreement for 1 of 3 residents (Resident 2), who did not require laundry assistance from the ALF. This failure resulted in increased laundry service fees and unmet care needs.

Findings included...

Review of Resident 2's Negotiated Service Agreement (NSA), dated 03/27/2024, showed the resident's family managed the resident's personal laundry.

In an interview on 07/17/2024 at 9:49 AM, Collateral Contact 1 (CC1), Resident Representative, stated that they were responsible for Resident 2's laundry. CC1 stated that the staff were aware the family picked up the laundry two times a week. CC1 stated that the ALF had washed Resident 2's personal laundry on multiple occasions. CC1 further stated that they told the staff to stop doing Resident 2's laundry and the ALF had continued to do so, which resulted in additional charges.

In an interview on 07/18/2024 at 8:49 AM, Staff A, Administrator, acknowledged that staff had done Resident 2's personal laundry and charged for the service.

Plan/Attestation Statement

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

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 follow the laundry services agreed upon in the resident's negotiated service agreement for 1 of 3 residents (Resident 2), who did not require laundry assistance from the ALF. This failure resulted in increased laundry service fees and unmet care needs.

Findings included...

Review of Resident 2's Negotiated Service Agreement (NSA), dated 03/27/2024, showed the resident's family managed the resident's personal laundry.

In an interview on 07/17/2024 at 9:49 AM, Collateral Contact 1 (CC1), Resident Representative, stated that they were responsible for Resident 2's laundry. CC1 stated that the staff were aware the family picked up the laundry two times a week. CC1 stated that the ALF had washed Resident 2's personal laundry on multiple occasions. CC1 further stated that they told the staff to stop doing Resident 2's laundry and the ALF had continued to do so, which resulted in additional charges.

In an interview on 07/18/2024 at 9:49 AM, Staff A, Administrator, acknowledged that staff had done Resident 2's personal laundry and charged for the service.

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, SUN TERRACE PROSSER is or will be in compliance with this law and / or regulation on (Date) ~~September 5, 2024~~ 09/05/2024

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

Carrie Herrera — Administrator (or Representative)

7/29/2024 — Date

Per facility Administrator, Carrie Herrera, via telephone on 08/01/2024, the BIC date has been changed to: 09/05/2024

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to provide staff with gloves necessary for providing resident care for 2 of 4 residents (Residents 2 and 8) who required toileting and other assistance. This failure placed the residents and staff at risk for infection due to cross contamination during resident care.

Findings included...

Review of the facility's undated Resident Handbook showed that the community (facility) would order and store products for toileting care. The document did not show that residents were required to provide gloves for staff to use for toileting or other resident cares.

Resident 2

Resident 2's Negotiated Service Agreement (NSA), dated 03/27/2024, showed that the resident required assistance with toileting and bathing (tasks requiring glove use by staff).

Review of Resident 2's progress note, dated 05/27/2024 at 12:56 PM, showed that the staff had to call the resident's family to bring in gloves for Resident 2's care.

Resident 8

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, SUN TERRACE PROSSER is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Administrator (or Representative) Date

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to provide staff with gloves necessary for providing resident care for 2 of 4 residents (Residents 2 and 8) who required toileting and other assistance. This failure placed the residents and staff at risk for infection due to cross contamination during resident care.

Findings included...

Review of the facility's undated Resident Handbook showed that the community (facility) would order and store products for toileting care. The document did not show that residents were required to provide gloves for staff to use for toileting or other resident cares.

Resident 2

Resident 2's Negotiated Service Agreement (NSA), dated 03/27/2024, showed that the resident required assistance with toileting and bathing (tasks requiring glove use by staff).

Review of Resident 2's progress note, dated 05/27/2024 at 12:56 PM, showed that the staff had to call the resident's family to bring in gloves for Resident 2's care.

Resident 8

Review of Resident 8's NSA, dated 03/29/2024, showed that the resident required assistance for their care which included bathing, toileting care, laundry, blood sugar testing (a prick in the skin to test levels of sugar in the blood stream) and insulin (injected medication to regulate blood sugars) administration (tasks requiring glove use by staff).

Review of a progress note in Resident 8's record, dated 04/30/2024 at 2:53 PM, showed that a staff member called Resident 8's family to have them bring in more disposable gloves for the resident's care.

In an interview on 07/17/2024 at 11:11 AM, Resident 8 stated that they were bed bound and that staff helped them with changing their brief, bed baths, checked their blood sugars, and gave them their insulin.

In an interview on 07/17/2024 at 12:19 PM, Staff A, Administrator, stated that it was the facility's policy to require private pay residents to supply the ALF staff with gloves if a resident required toileting care assistance.

In an interview on 07/22/2024 at 11:17 AM, Collateral Contact 2 (CC2), Representative for Resident 8, stated that they were not informed of the need to provide gloves to the facility when Resident 8 first moved in. CC2 stated that Resident 8 needed more care than they did initially, and the staff did call them to provide gloves at times. CC2 stated that they thought this practice was, "kind of weird."

In an interview on 07/22/2024 at 12:44 PM, CC1, Representative for Resident 2, stated that the facility had called them a few times to notify them of the need to provide gloves for the care of Resident 2. CC1 stated that they declined to do so, as they felt it was the ALF's responsibility to provide gloves for their staff to deliver resident care. CC1 further stated that they had not been informed of the requirement to provide gloves at the time Resident 2 moved into the ALF and the requirement was not documented anywhere in the admission paperwork.

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, SUN TERRACE PROSSER is or will be in compliance with this law and / or regulation on (Date) 9/8/24

09/05/2024

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

Per facility Administrator, Carrie Herrera, via telephone on 08/01/2024, the BIC date has been changed to: 09/05/2024

Review of Resident 8's NSA, dated 03/29/2024, showed that the resident required assistance for their care which included bathing, toileting care, laundry, blood sugar testing (a prick in the skin to test levels of sugar in the blood stream) and insulin (injected medication to regulate blood sugars) administration (tasks requiring glove use by staff).

Review of a progress note in Resident 8's record, dated 04/30/2024 at 2:53 PM, showed that a staff member called Resident 8's family to have them bring in more disposable gloves for the resident's care.

In an interview on 07/17/2024 at 11:11 AM, Resident 8 stated that they were bed bound and that staff helped them with changing their brief, bed baths, checked their blood sugars, and gave them their insulin.

In an interview on 07/17/2024 at 12:19 PM, Staff A, Administrator, stated that it was the facility's policy to require private pay residents to supply the ALF staff with gloves if a resident required toileting care assistance.

In an interview on 07/22/2024 at 11:17 AM, Collateral Contact 2 (CC2), Representative for Resident 8, stated that they were not informed of the need to provide gloves to the facility when Resident 8 first moved in. CC2 stated that Resident 8 needed more care than they did initially, and the staff did call them to provide gloves at times. CC2 stated that they thought this practice was, "kind of weird."

In an interview on 07/22/2024 at 12:44 PM, CC1, Representative for Resident 2, stated that the facility had called them a few times to notify them of the need to provide gloves for the care of Resident 2. CC1 stated that they declined to do so, as they felt it was the ALF's responsibility to provide gloves for their staff to deliver resident care. CC1 further stated that they had not been informed of the requirement to provide gloves at the time Resident 2 moved into the ALF and the requirement was not documented anywhere in the admission paperwork.

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, SUN TERRACE PROSSER is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Carla Herrera
Administrator (or Representative)

7/29/2024
Date

RCW 70.129.030 Notice of rights and services -- Admission of individuals.

(4) The facility must inform each resident in writing in a language the resident or his or her representative understands before admission, and at least once every twenty-four months thereafter of: (a) Services, items, and activities customarily available in the facility or arranged for by the facility as permitted by the facility's license; (b) charges for those services, items, and activities including charges for services, items, and activities not covered by the facility's per diem rate or applicable public benefit programs; and (c) the rules of facility operations required under RCW 70.129.140 (2). Each resident and his or her representative must be informed in writing in advance of changes in the availability or the charges for services, items, or activities, or of changes in the facility's rules. Except in emergencies, thirty days' advance notice must be given prior to the change. However, for facilities licensed for six or fewer residents, if there has been a substantial and continuing change in the resident's condition necessitating substantially greater or lesser services, items, or activities, then the charges for those services, items, or activities may be changed upon fourteen days' advance written notice.

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(4) Promote and protect the residents' exercise of all rights granted under chapter 70.129 RCW;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to inform a resident's representative verbally and in writing of additional charges for service and items for 1 of 4 residents (Resident 2). This failure resulted in the resident's representative paying for services they were not informed of or agreed upon

Findings included...

Review of Resident 2's Negotiated Service Agreement (NSA), dated 03/27/2024, showed Resident 2's family would manage the resident's personal laundry.

In an interview on 07/17/2024 at 9.49 AM, Collateral Contact 1 (CC1), Resident Representative, stated that they were responsible for washing Resident 2's personal laundry. CC1 stated that the ALF had washed Resident 2's personal laundry on multiple occasions since move in and had charged CC1 for laundry service. CC1 stated that they told the staff to stop doing the resident's laundry and the ALF continued to do so. CC1 stated that when Resident 2 had moved into the memory care unit they discussed laundry services with Staff A, Administrator, who agreed with the family doing the personal laundry. CC1 stated that upon Resident 2's move to the memory care unit in

Administrator (or Representative) _____ Date _____

RCW 70.129.030 Notice of rights and services -- Admission of individuals.

(4) The facility must inform each resident in writing in a language the resident or his or her representative understands before admission, and at least once every twenty-four months thereafter of: (a) Services, items, and activities customarily available in the facility or arranged for by the facility as permitted by the facility's license; (b) charges for those services, items, and activities including charges for services, items, and activities not covered by the facility's per diem rate or applicable public benefit programs; and (c) the rules of facility operations required under RCW 70.129.140 (2). Each resident and his or her representative must be informed in writing in advance of changes in the availability or the charges for services, items, or activities, or of changes in the facility's rules. Except in emergencies, thirty days' advance notice must be given prior to the change. However, for facilities licensed for six or fewer residents, if there has been a substantial and continuing change in the resident's condition necessitating substantially greater or lesser services, items, or activities, then the charges for those services, items, or activities may be changed upon fourteen days' advance written notice.

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(4) Promote and protect the residents' exercise of all rights granted under chapter 70.129 RCW;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to inform a resident's representative verbally and in writing of additional charges for service and items for 1 of 4 residents (Resident 2). This failure resulted in the resident's representative paying for services they were not informed of or agreed upon.

Findings included...

Review of Resident 2's Negotiated Service Agreement (NSA), dated 03/27/2024, showed Resident 2's family would manage the resident's personal laundry.

In an interview on 07/17/2024 at 9:49 AM, Collateral Contact 1 (CC1), Resident Representative, stated that they were responsible for washing Resident 2's personal laundry. CC1 stated that the ALF had washed Resident 2's personal laundry on multiple occasions since move in and had charged CC1 for laundry service. CC1 stated that they told the staff to stop doing the resident's laundry and the ALF continued to do so. CC1 stated that when Resident 2 had moved into the memory care unit they discussed laundry services with Staff A, Administrator, who agreed with the family doing the personal laundry. CC1 stated that upon Resident 2's move to the memory care unit in

[redacted] 2024, the ALF's paperwork was left blank about the cost of care. CC1 made a payment and requested that the ALF contact them with the charges and total monthly cost. CC1 stated that they had received an eviction letter in the mail for nonpayment, called the ALF and learned the ALF had been sending the bill to the wrong address. CC1 stated that there were late charges on Resident 2's billing statements for the months of May and June of 2024. Additionally, CC1 stated that they still had not received an admission agreement with the total monthly charges for Resident 2.

Review of Resident 2's billing statement, dated 05/01/2024, showed there was a laundry service fee for April 2024.

Review of Resident 2's billing statement, dated 06/01/2024, showed there were three laundry service fees for the month of May 2024.

Review of Resident 2's billing statement, dated 07/01/2024, showed there were late fees and laundry service fees for the month of June 2024.

In an interview on 07/18/2024 at 11:24 AM, Staff A stated that they removed the late fee for May 2024 and kept a late fee for June 2024 on Resident 2's billing statement. Staff A stated that laundry services were charged for each time the services were provided. Staff A did not supply documentation of the ALF notifying CC1 of the charges for laundry services and or the cost for care in the memory care unit upon admission.

Per facility Administrator, Carrie Herrera, via telephone on 08/01/2024, the BIC date has been changed to: 09/05/2024

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, SUN TERRACE PROSSER is or will be in compliance with this law and / or regulation on (Date) 9/5/24 .

09/05/2024

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

Administrator (or Representative) — Date: 7/29/24

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

[redacted] 2024, the ALF's paperwork was left blank about the cost of care. CC1 made a payment and requested that the ALF contact them with the charges and total monthly cost. CC1 stated that they had received an eviction letter in the mail for nonpayment, called the ALF and learned the ALF had been sending the bill to the wrong address. CC1 stated that there were late charges on Resident 2's billing statements for the months of May and June of 2024. Additionally, CC1 stated that they still had not received an admission agreement with the total monthly charges for Resident 2.

Review of Resident 2's billing statement, dated 05/01/2024, showed there was a laundry service fee for April 2024.

Review of Resident 2's billing statement, dated 06/01/2024, showed there were three laundry service fees for the month of May 2024.

Review of Resident 2's billing statement, dated 07/01/2024, showed there were late fees and laundry service fees for the month of June 2024.

In an interview on 07/18/2024 at 11:24 AM, Staff A stated that they removed the late fee for May 2024 and kept a late fee for June 2024 on Resident 2's billing statement. Staff A stated that laundry services were charged for each time the services were provided. Staff A did not supply documentation of the ALF notifying CC1 of the charges for laundry services and or the cost for care in the memory care unit upon admission.

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, SUN TERRACE PROSSER is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Administrator (or Representative) Date

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(iv) Alternative resident accommodations.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop and maintain a disaster plan that included a meeting place, an alternate location, and evacuation plan should the need to evacuate occur. This failure placed residents and staff at risk of not being able to evacuate the facility to a safe or alternate location in the event of an emergency.

Findings included...

Review of the facility's undated disaster manual showed that the ALF did not have an evacuation plan, meeting location at the facility, or an alternate location if residents needed to be evacuated to a different location.

Review of the facility's undated evacuation map showed that the ALF did not have an evacuation location at the facility.

In an interview on 07/15/2024 at 10:35 AM Staff A, Administrator, stated that the facility did not have a hands-on drill for evacuation and could not confirm a meeting location for residents and staff if there was an emergency.

In an interview on 07/17/2024 at 10:03 AM with Staff G, Bath Aide, stated that they could not recall when the facility had an evacuation drill and was unsure of the meeting place at the facility if residents were to be evacuated.

In an interview on 07/17/2024 at 2:13 PM, Resident 10 stated that they lived at the facility with their spouse and they had not had an evacuation drill since they had moved in a year ago. Resident 10 stated that their spouse had dementia and that they would not feel safe if an emergency were to occur

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, SUN TERRACE PROSSER is or will be in compliance with this law and / or regulation on (Date) ~~September 5, 2024~~ 09/05/2024

Per facility Administrator, Carrie Herrera,
via telephone on 08/01/2024, the BIC
date has been changed to: 09/05/2024

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(iv) Alternative resident accommodations;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop and maintain a disaster plan that included a meeting place, an alternate location, and evacuation plan should the need to evacuate occur. This failure placed residents and staff at risk of not being able to evacuate the facility to a safe or alternate location in the event of an emergency.

Findings included...

Review of the facility's undated disaster manual showed that the ALF did not have an evacuation plan, meeting location at the facility, or an alternate location if residents needed to be evacuated to a different location.

Review of the facility's undated evacuation map showed that the ALF did not have an evacuation location at the facility.

In an interview on 07/15/2024 at 10:35 AM Staff A, Administrator, stated that the facility did not have a hands-on drill for evacuation and could not confirm a meeting location for residents and staff if there was an emergency.

In an interview on 07/17/2024 at 10:03 AM with Staff G, Bath Aide, stated that they could not recall when the facility had an evacuation drill and was unsure of the meeting place at the facility if residents were to be evacuated.

In an interview on 07/17/2024 at 2:13 PM, Resident 10 stated that they lived at the facility with their spouse and they had not had an evacuation drill since they had moved in a year ago. Resident 10 stated that their spouse had dementia and that they would not feel safe if an emergency were to occur.

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, SUN TERRACE PROSSER is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Carol Herrera
Administrator (or Representative)

7/29/2024
Date

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff had completed respirator fit testing prior to providing care and services to residents for 4 of 4 staff (Staff B, C, E, and F). This failure placed residents, staff, and visitors at risk for exposure to respiratory infection.

Findings included...

Review of Washington Administrative Code (WAC) 296-842-12005 showed that all long-term care facilities are required to develop and maintain a Respiratory Protection Program (RPP).

Review of a Department of Social and Health Services provider letter, dated 09/14/2023, showed that employers in Long Term Care settings are responsible to "follow regulations pertaining to respiratory protection."

Review of the ALF's undated RPP facility policy showed that the ALF administrator was responsible for the development of the respiratory program, evaluation of the program, and the monitoring of respirator use. Additionally, the policy showed that elements included were records of the completed respirator program, medical evaluations, employees' latest fit-testing results, and their fit testing training.

Review of the file for Staff B, Wellness Director, showed that they were hired on 07/11/2022. Staff B's file showed that they had an annual fit test completed on 10/18/2022. Staff B's file did not include an updated annual fit test.

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

Administrator (or Representative) Date

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff had completed respirator fit testing prior to providing care and services to residents for 4 of 4 staff (Staff B, C, E, and F). This failure placed residents, staff, and visitors at risk for exposure to respiratory infection.

Findings included...

Review of Washington Administrative Code (WAC) 296-842-12005 showed that all long-term care facilities are required to develop and maintain a Respiratory Protection Program (RPP).

Review of a Department of Social and Health Services provider letter, dated 09/14/2023, showed that employers in Long Term Care settings are responsible to "follow regulations pertaining to respiratory protection."

Review of the ALF's undated RPP facility policy showed that the ALF administrator was responsible for the development of the respiratory program, evaluation of the program, and the monitoring of respirator use. Additionally, the policy showed that elements included were records of the completed respirator program, medical evaluations, employees' latest fit-testing results, and their fit testing training.

Review of the file for Staff B, Wellness Director, showed that they were hired on 07/11/2022. Staff B's file showed that they had an annual fit test completed on 10/18/2022. Staff B's file did not include an updated annual fit test.

Review of the file for Staff C, Medication Aide, showed that they were hired on 03/12/2024. Staff C's file did not include documentation to show that a fit test had been completed.

Review of the file for Staff E, Medication Aide, showed that they were hired on 08/26/2021. Staff E's file showed that they had been fit tested on 02/04/2022. Staff E's file did not include an updated annual fit test.

Review of the file for Staff F, Medication Aide, showed that they were hired on 05/15/2012. Staff F's file did not include documentation to show that a fit test had been completed since their date of hire..

In an interview on 07/15/2024 at 10:12 AM, Staff A, Administrator, stated that the staff at the facility did not have fit testing completed. Additionally, Staff A acknowledged that if there was an outbreak at the facility, staff caring for residents may not be fit tested.

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, SUN TERRACE PROSSER is or will be in compliance with this law and / or regulation on (Date) August 9th 2024.

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

Carrie Herrera — Administrator (or Representative)

7/29/2024 — Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(2) The assisted living facility must provide housekeeping supply room(s):

(c) Equipped with:

(iv) Mechanical ventilation to the outside of the assisted living facility

This requirement was not met as evidenced by:

Review of the file for Staff C, Medication Aide, showed that they were hired on 03/12/2024. Staff C's file did not include documentation to show that a fit test had been completed.

Review of the file for Staff E, Medication Aide, showed that they were hired on 08/25/2021. Staff E's file showed that they had been fit tested on 02/04/2022. Staff E's file did not include an updated annual fit test.

Review of the file for Staff F, Medication Aide, showed that they were hired on 05/15/2012. Staff F's file did not include documentation to show that a fit test had been completed since their date of hire.

In an interview on 07/15/2024 at 10:12 AM, Staff A, Administrator, stated that the staff at the facility did not have fit testing completed. Additionally, Staff A acknowledged that if there was an outbreak at the facility, staff caring for residents may not be fit tested.

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, SUN TERRACE PROSSER is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Administrator (or Representative) Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(2) The assisted living facility must provide housekeeping supply room(s):

(c) Equipped with:

(iv) Mechanical ventilation to the outside of the assisted living facility.

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to provide a well-maintained environment and mechanical ventilation for 4 of 4 areas (memory care unit, ventilation to storage areas, fire doors, and kitchen) of the facility. This failure placed the residents at risk of decreased quality of life and an unsafe environment.

Findings included...

Memory Care Unit (MCU)

Observation on 07/16/2024 at 1:32 PM, showed that the locking doors leading to the secured MCU did not latch properly.

In an interview on 7/16/2024 at 2:15 PM, Staff A, Administrator, stated that they were aware the locking doors going to the secured MCU did not shut completely. Staff A stated that they would place a sign on the door with instructions to firmly push the door closed.

Observation on 07/17/2024 at 9:42 AM, showed a staff member entered the secured MCU and the doors did not latch and lock when closed.

Observation on 07/17/2024 at 10:00 AM, showed that a sign was placed on the inside of the secured MCU door with instructions to push firmly on the door to close it. Observation showed that pushing firmly on the doors did not secure them.

In an interview on 07/17/2024 at 11:25 AM, Staff I, Medication Aide, stated that the locking doors leading to the secured unit had not been working correctly for a couple of months. Staff I stated that staff members were aware of the door not securing properly and would, "keep a close eye" on the door. Staff I stated that there were residents in the secured MCU that did exit seek and stated that residents had attempted to exit in the past.

Ventilation To Storage Areas

Observation on 07/15/2024 at 11:18 AM, showed that a storage room next to the maintenance office had a mechanical ventilation system to the outside that was not blowing air to the outside. The storage room had five, five-gallon sized buckets of paint, 21 small paint cans, seven spray cans of paint and one can of bug spray.

In an interview on 07/15/2024 at 11:20 AM, Staff J, Maintenance Supervisor, stated that the mechanical ventilation system to the room was not working and that it felt like the air was flowing into the room instead of blowing out.

Observation on 07/15/2024 at 11:30 AM, showed that the second floor laundry room had a mechanical ventilation system to the outside that was not blowing air to the outside. Further observation showed the laundry room contained chemical cleaning supplies.

Observation on 07/15/2024 at 11:40 AM, showed that the facility laundry room had a mechanical ventilation system to the outside that was not blowing air to the outside. The room had containers of sanitizer, chemical cleaning supplies, bleach and laundry soap.

Observation on 07/16/2024 at 12:20 PM, showed that the chemical storage room located in the kitchen had a mechanical ventilation system that was not blowing air to the outside.

In an interview on 07/15/2024 at 11:40 AM, Staff J stated that they were not aware of a problem with the ventilation system. Staff J stated that the system would have to be checked.

In an interview on 07/18/2024 at 9:30 AM, Staff J stated that a heating and ventilation company had inspected the vents at the ALF and found four that were not working and still had to inspect additional vents.

Fire Doors

Observation on 07/18/2024 showed that fire doors throughout the facility were cracked and had holes. The damage caused a breach in the fire door (physical damage that would cause fire and smoke to go through the protective barrier). The following was observed:

- Both fire doors in the East Hallway near room 117 were cracked.
- One of two fire doors near the first floor commercial laundry room was cracked.
- The fire door to the first floor dining room had been sanded down to the interior wood at the top right corner and top center of the door had a crack.
- A second door to the first floor dining room had a crack at the top and had four screw holes near the magnetic latch.
- One of two fire doors near the first floor television room was cracked at the top and had four screw holes near the door closer mechanism.
- Both fire doors in the hallway near the second floor activity lounge were cracked at the top.
- There were two fire doors located in the hallway on the second floor near room 217. Both doors were cracked and one of the doors had a screw hole and a crack near the hinge.
- The second floor stairway had a fire door that was cracked and the bottom hinge at the corner of the door was coming apart.

- One of two fire doors in the hallway on the second floor near room 229 was cracked at the top.
- The fire door to the second floor resident laundry room was cracked at the top.
- The fire door to the stairway on the second floor near room 230 was cracked at the top.
- The fire door to the stairway leading into the secured MCU had a crack at the top of the door and a crack by the doorknob.

In an interview on 07/18/2024 at 9:30 AM, Staff J stated that they had sanded the dining room fire door so that it would close.

Kitchen Flooring

Observation on 07/16/2024 at 11:23 AM, showed that the flooring in several areas of the kitchen was worn, torn and cracked. The flooring was observed to have areas of grout falling out and the surface was not cleanable.

In an interview on 07/18/2024 at 11:23 AM, Staff K, Dietary Manager, stated that the kitchen floors were, "Terrible" and that they were in the process of requesting new flooring.

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, SUN TERRACE PROSSER is or will be in compliance with this law and / or regulation on (Date) September 8th, 2024

09/05/2024

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

Carrie Herrera — Administrator (or Representative)

7/29/24 — Date

Per facility Administrator, Carrie Herrera, via telephone on 08/01/2024, the BIC date has been changed to: 09/05/2024

- One of two fire doors in the hallway on the second floor near room 229 was cracked at the top.
- The fire door to the second floor resident laundry room was cracked at the top.
- The fire door to the stairway on the second floor near room 230 was cracked at the top.
- The fire door to the stairway leading into the secured MCU had a crack at the top of the door and a crack by the doorknob.

In an interview on 07/18/2024 at 9:30 AM, Staff J stated that they had sanded the dining room fire door so that it would close.

Kitchen Flooring

Observation on 07/16/2024 at 11:23 AM, showed that the flooring in several areas of the kitchen was worn, torn and cracked. The flooring was observed to have areas of grout falling out and the surface was not cleanable.

In an interview on 07/16/2024 at 11:23 AM, Staff K, Dietary Manager, stated that the kitchen floors were, "Terrible" and that they were in the process of requesting new flooring.

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, SUN TERRACE PROSSER is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Administrator (or Representative) Date