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

CAMP I RICHLAND REAL ESTATE HOLDING CO, LLC
GUARDIAN ANGEL HOMES (THE COTTAGE)
245 Van Giesen St
Richland, WA 99354

RE: GUARDIAN ANGEL HOMES (THE COTTAGE) License # 1513

Dear Administrator:

This letter addresses Compliance Determination(s) 60640 (Completion Date 06/05/2025) and 56664 (Completion Date 04/10/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/05/2025 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-2450-2-h-iii, WAC 388-78A-2450-2-h-iv, WAC 388-78A-2450-2-h-v, WAC 388-78A-2450-2-h-vi, WAC 388-78A-2450-2-i-i, WAC 388-78A-2450-2-i-ii, WAC 388-78A-2450-2-i-iii, WAC 388-78A-2450-2-i, WAC 388-78A-2450-2-j

The Department staff who did the on-site verification:
Melissa Milanez, Community Complaint Investigator

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: GUARDIAN ANGEL HOMES (THE COTTAGE)
License/Cert.#: 1513
Compliance Determination #: 56664
Investigator: Melissa Milanez
Investigation Date(s): 03/20/2025 through 04/10/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 171421
Region/Unit #: RCS Region 1 / Unit G

Allegation(s):

Fall with injury.

Investigation Methods:

Sample:
Total residents: 80
Resident sample size: 6
Closed records sample size:

Observations:
Residents
Dining
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Identified staff
Nursing staff
Residents
Family members
Human resources

Record Reviews:
Medical records
Hospital records
State reporting log
Incident investigation
Facility policies
Personnel files
Staff training records
Staff patterns
Staffing agency contract)

Investigation Summary:

Interviews and record reviews showed that the facility investigated the fall and determined that agency staff did not have access to residents' care plans and were not informed of the identified resident's fall risk or care needs. Record review of the contract between the staffing agency and the facility showed that it was the facility' s responsibility to orient agency staff to the facility; its rules and regulations, to acquaint them with the facility's policies and procedures, and to validate competency and ability of assigned employees. Failed practice identified, please see the Statement of Deficiency dated 03/12/2025 for WAC 388-78a-2450 (2)(h)(iii)(iv)(v)(vi)(i)(i)(ii)(iii)(j) for staff.

Conclusion / Action:

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

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You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 03/20/2025 of:

GUARDIAN ANGEL HOMES (THE COTTAGE)
245 Van Giesen St
Richland, WA 99354

This document references the following complaint number(s): 170344, 170886, 171421, 171577, 170903

The following sample was selected for review during the unannounced on-site visit: 6 of 80 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Melissa Milanez, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Laura Williams-Davis
Residential Care Services

04/22/2025
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.

M Miller
Administrator (or Representative)

04/28/25
Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties, including:

(iii) Specific duties and responsibilities;

(iv) How to report resident abuse and neglect consistent with chapter 74.34 RCW and assisted living facility policies and procedures;

(v) Policies, procedures, and equipment necessary to perform duties;

(vi) Needs and service preferences identified in the negotiated service agreements of residents with whom the staff persons will be working; and

(i) Develop and implement a process to ensure caregivers:

(i) Acquire the necessary information from the preadmission assessment, on-going assessment and negotiated service agreement relevant to providing services to each resident with whom the caregiver works;

(ii) Are informed of changes in the negotiated service agreement of each resident with whom the caregiver works; and

(iii) Are given an opportunity to provide information to responsible staff regarding the resident when assessments and negotiated service agreements are updated for each resident with whom the caregiver works.

(j) Ensure all caregivers have access to resident records relevant to effectively providing care and services to the resident.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure caregivers had access to resident records and were properly trained and oriented to the facility in order to provide effective care and services for 1 of 6 residents (Resident 1). This failure resulted in unknowledgeable staff providing care to clients with chronic health conditions.

Findings included:

Review of the service agreement between Omni Staffing Services, Inc. (Omni [agency staff]) and Guardian Angels Richland (Facility) dated 10/18/2023, showed that the Facility Responsibilities are:

- Facility agrees to orient Omni employees to the facility; its rules and regulations, to acquaint them with the facility policies and procedures, and to validate competency and ability of assigned employees.

- Facility agrees to cooperate in an evaluation of each Omni Employee relative to such employee's ability to perform specific job functions upon completion of employee's assignment.

- Facility agrees to notify Omni within 24 hours of any event; competency issues, incidents, and/or complaints related to the Omni Employee and/or Omni Staffing Services.

- Client agrees to initiate communication with Omni whenever an incident/injury report related to the Omni Employee is completed. Upon notification, Omni shall document and track all unexpected incidents, including errors, sentinel events and other events, injuries and safety hazards related to the care and services provided.

Review of Resident 1's Negotiated Service Agreement (NSA) dated 12/24/2024, showed that Resident 1 was at risk for falls due to age, anticoagulation therapy, and the use of a walker. The NSA also showed that Resident 1 required stand-by assistance with gait belt for all mobility, ambulation, and transfers. Resident 1's diagnoses included [redacted] and [redacted].

Review of the facility's work schedule for March 2025, showed that on [redacted]/2025 for evening shift 2:00 PM-10:30 PM, the facility utilized agency staff [Omni staff] to provide direct care services to residents.

Record review of hospital summary dated [redacted]/2025, showed the resident reported to the emergency room (ER) with complaints of a headache and had sustained a fall. Resident 1 was diagnosed with [redacted]

[redacted]. Record reviews also showed that the resident was admitted to the Intensive Care Unit (ICU), was put on comfort measures on 03/25/2025 and expired on [redacted]/2025 at 9:27 AM.

During an interview on 03/20/2025 at 12:35 PM, Staff A, Facility Licensed Nurse stated they conducted the initial investigation of the fall incident that occurred on [redacted]/2025. Staff A stated that agency staff did not have access to the care plans. Staff A stated that the agency staff caregiver involved was defensive during the interview. Staff A also stated that the agency caregiver expressed concern regarding their lack of awareness of the resident's transfer status.

In an interview on 03/20/2025 at 2:41 PM, Staff B, Medication Technician (MT), stated agency staff did not have access to the care plans and that they relied on facility staff to give them information about the residents.

In an interview with on 04/01/2025 at 12:55 PM, Collateral Contact 1 (CC1), Human Resources (contracted agency company) stated they had a contract with the facility and per their signed contract, it was the facility's responsibility to supervise and orient staff to the facility. CC1 stated that their agency staff did not have access to the residents' care plans and were not aware of their facility's fall policy.

In an interview on 04/01/2025 at 2:54 PM, Staff C, Health and Wellness Director stated that on 12/09/2024, the facility transitioned to a new electronic health record system, and agency staff did not have access to the residents' care plans. Staff C stated they felt that agency staff not having access to the residents' care plans and not knowing the residents' transfer status may have contributed to Resident 1's fall on [redacted]/2025. Staff C stated they weren't sure if they had an actual fall policy but had an incident policy. They stated that if a resident hits their head, it's an automatic emergency call to 911 for further evaluation. They stated, "I don't think it's written anywhere and if it's not, I think it's time to reevaluate our policies."

During an interview on 04/04/2025 at 11:55 AM, Collateral Contact 2 (CC2), Agency staff caregiver, stated that they were not provided access to the resident's service plan and were unaware of the resident's mobility limitations when they worked with Resident 1 on [redacted]/2025. CC1 stated they assumed that the resident was not a fall risk because they had previously observed them ambulating independently with a walker. CC1 further stated that they were not informed that the resident was at risk for falls or required safety checks and that the only reason they knew anything about the resident was by talking to the residents' wife, who was also a resident at the facility.

During an interview on 04/09/2025 at 4:00 PM, Staff D, Executive Director stated in response to the fall incident on [redacted]/2025, the facility had created an orientation checklist specifically for agency staff working in the building. They recognized the importance of agency caregivers understanding what to do in the event of an emergency and being familiar with facility expectations before providing care. They stated that moving forward, any new agency staff would be required to review the information with facility staff prior to picking up shifts 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, GUARDIAN ANGEL HOMES (THE COTTAGE) is or will be in compliance with this law and / or regulation on (Date) 05/22/2025

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

Administrator (or Representative) 4/28/2025
Date

WAC NUMBER; 388-78a-2450

STEP ONE

How the facility will correct the deficiency for each numbered resident.

The resident is no longer at the facility.

We intend to provide orientation for each agency staff member that works at Guardian Angel Homes. We have provided a log-in for each agency staff member to access Individual service plans on our computer system PCC. We have binders in the houses with the care plans in case they cannot access our computer system, PCC, they will have access to care plans.

STEP TWO

Measures the facility will take or the systems it will change to ensure the problem does not recur.

We intend to provide orientation for each agency staff member that works at Guardian Angel Homes. We have provided a log-in for each agency staff member to access Individual service plans on our computer system PCC. We have binders in the houses with the individual service plans in case they cannot access our computer system, PCC, they will have access to individual service plans.

STEP THREE

Measures the facility will take or the systems it will change to ensure the problem does not recur.

Continued education specifically to staffing agency staff with orientation and signed acknowledgement.

Change in orientation policy for agency staff.

Binders in the houses with each resident care plan and face sheet.

STEP FOUR

How the facility plans to monitor its ongoing performance to sustain compliance

We acknowledge that we did not have proper training in place for our agency staff members working at Guardian Angel Homes. Staffing department and administration department will ensure the orientation is done properly for every agency staff member. Nursing will update individual service plans as changes occur.

STEP FIVE

Dates corrective action will be completed.

5/22/2025

STEP SIX

person responsible for this plan

Laura Miller, administrator.