STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

926 DELAWARE LLC
DELAWARE PLAZA RETIREMENT INN
926 Delaware St
Longview, WA 98632

RE: DELAWARE PLAZA RETIREMENT INN License # 1574

Dear Administrator:

This letter addresses Compliance Determination(s) 33759 (Completion Date 12/15/2023) and 31089 (Completion Date 10/20/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/15/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2320-1-b, WAC 388-78A-2240, WAC 388-78A-2090-6-e, WAC 388-78A-2210-1-b

The Department staff who did the off-site verification:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 1574	Compliance Determination # 31089
Plan of Correction	DELAWARE PLAZA RETIREMENT INN	Completion Date
Page 1 of 8	Licensee: 926 DELAWARE LLC	10/20/2023

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 10/17/2023 and 10/19/2023 of:
DELAWARE PLAZA RETIREMENT INN
926 Delaware St
Longview, WA 98632

The following sample was selected for review during the unannounced on-site visit: 11 of 68 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Jacob Ubl, ALF NCI CI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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

Residential Care Services — Date: 10/24/2023

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.

Statement of Deficiencies	License #: 1574	Compliance Determination # 31089
Plan of Correction	DELAWARE PLAZA RETIREMENT INN	Completion Date
Page 2 of 8	Licensee: 926 DELAWARE LLC	10/20/2023

Shawna Conley, RN
Administrator (or Representative)

10/24/2023
Date

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

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a registered nurse (RN) had delegated, supervised, and evaluated at least weekly for the first four weeks, nursing tasks for one Resident Assistant (Staff D) to administer insulin injections to 1 of 4 sampled residents (Resident 1). This failure placed this resident at risk for harm due to untrained and unsupervised care staff.

Findings included...

WAC 246-840-930 Criteria for delegation:
(19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least weekly for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

During an unannounced full inspection on 10/18/2023 at 11:00 AM, R1's records showed that R1 admitted to the facility on [redacted]/2022, with various diagnoses including [redacted].

Record review of the facility's nurse delegation documents showed that R1 was receiving nurse delegation for oral medication administration, blood glucose monitoring and insulin administration.

Record review of R1's Negotiated Service Agreement dated, 07/28/2023, showed that R1 was receiving full assistance with medication management and staff were coordinating injections and glucometer (device to measure blood glucose) checks.

During an interview on 10/19/2023 at 11:30 AM, Staff B, Director of Resident Services, confirmed that R1 was receiving nurse delegation and that Staff D should be delegated to administer insulin to R1.

Record review of R1's Nurse Delegation Nursing Visit, documented Staff D received their first insulin evaluation and training on 09/23/2023. No other documentation was found to show that Staff D had any other evaluation or training completed as of 10/19/2023.

During an exit interview on 10/19/2023 at 1:50 PM, Staff B acknowledged that Staff D had not received evaluations and training to administer insulin injections to R1 weekly for the first four weeks.

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, DELAWARE PLAZA RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date) 12/1/2023.

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

Shawna Clark, ED — Administrator (or Representative)

10/24/2023 — Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain prescribed medications in a correct and timely manner for 2 of 11 sampled residents (Resident 9 [R9] and Resident 11 [R11]). This failure placed R9 and R11 at risk of harm from adverse reactions due to medications not being given as prescribed.

Findings included...

Resident 9 (R9)
During an unannounced licensing full inspection on 10/18/2023 at 12:20 PM, R9's records showed that R9 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of R9's medication administration record's (MAR) dated, 07/01/2023 – 10/18/2023, showed that Naproxen 220 mg (an anti-inflammatory medication) was not given from 07/01/2023 – 07/08/2023 and then again on 08/10/2023 – 08/16/2023. It was documented not given due to the

Record review of R1's Nurse Delegation Nursing Visit, documented Staff D received their first insulin evaluation and training on 09/23/2023. No other documentation was found to show that Staff D had any other evaluation or training completed as of 10/19/2023.

During an exit interview on 10/19/2023 at 1:50 PM, Staff B acknowledged that Staff D had not received evaluations and training to administer insulin injections to R1 weekly for the first four weeks.

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, DELAWARE PLAZA RETIREMENT INN 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-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain prescribed medications in a correct and timely manner for 2 of 11 sampled residents (Resident 9 [R9] and Resident 11 [R11]). This failure placed R9 and R11 at risk of harm from adverse reactions due to medications not being given as prescribed.

Findings included…

Resident 9 (R9)
During an unannounced licensing full inspection on 10/18/2023 at 12:20 PM, R9's records showed that R9 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of R9's medication administration record's (MAR) dated, 07/01/2023 – 10/18/2023, showed that Naproxen 220 mg (an anti-inflammatory medication) was not given from 07/01/2023 – 07/08/2023 and then again on 08/10/2023 – 08/16/2023. It was documented not given due to the medication being unavailable.

Record review of R9's progress notes dated, 07/01/2023 – 10/18/2023, showed no documentation regarding the medications being unavailable or that actions were taken to obtain the medications in a correct and timely manner.

Resident 11 (R11)
On 10/19/2023 at 10:00 AM, R11's records showed that R11 admitted to the facility on [redacted]/2014 with various diagnoses including [redacted].

Review of R11's MAR's, dated 07/01/2023 – 10/18/2023, showed that Nystatin Cream 100,000 units (an anti-fungal medication) to be given three times a day for seven days was a new medication that was added to the MAR on 10/11/2023. Starting on 10/14/2023 the 6:00 AM and 12:00 PM doses were documented as not given and the evening dose through 10/19/2023 were left blank. On a note posted to the October MAR it stated that the pharmacy was called on 10/18/2023 and would be arriving in the mail.

In an interview on 10/19/2023 at 10:20 AM, Staff B, Director of Resident Services, confirmed that R11 was not given the nystatin cream because they had not received it from the pharmacy.

In an exit interview on 10/19/2023 at 1:50 PM, Staff B acknowledged that these medications for R9 and R11 were not obtained in a correct and timely manner.

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, DELAWARE PLAZA RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date) 12/4/2023

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

Shawna Ironside ED — 10/24/2023

Administrator (or Representative) — Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special

Record review of R9's progress notes dated, 07/01/2023 – 10/18/2023, showed no documentation regarding the medications being unavailable or that actions were taken to obtain the medications in a correct and timely manner.

Resident 11 (R11)
On 10/19/2023 at 10:00 AM, R11's records showed that R11 admitted to the facility on [redacted]/2014 with various diagnoses including [redacted].

Review of R11's MAR's, dated 07/01/2023 – 10/18/2023, showed that Nystatin Cream 100,000 units (an anti-fungal medication) to be given three times a day for seven days was a new medication that was added to the MAR on 10/11/2023. Starting on 10/14/2023 the 6:00 AM and 12:00 PM doses were documented as not given and the evening dose through 10/19/2023 were left blank. On a note posted to the October MAR it stated that the pharmacy was called on 10/18/2023 and would be arriving in the mail.

In an interview on 10/19/2023 at 10:20 AM, Staff B, Director of Resident Services, confirmed that R11 was not given the nystatin cream because they had not received it from the pharmacy.

In an exit interview on 10/19/2023 at 1:50 PM, Staff B acknowledged that these medications for R9 and R11 were not obtained in a correct and timely manner.

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, DELAWARE PLAZA RETIREMENT INN 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-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete safety assessments for smoking and medical devices for 6 of 11 sampled residents (Residents 2, 4, 6, 7, 9, and 10). These failures placed these six residents at risk of their care needs not being met.

Findings included...

Resident 2 (R2)
During an unannounced full inspection on 10/18/2023 at 10:35 AM, R2's records showed that R2 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of the facility's Resident Characteristic Roster documented that R2 was a smoker.

Record review of R2's Negotiated Service Agreement (NSA) dated, 01/18/2023, also documented that R2 was a smoker.

During review of R2's records, no smoking assessments were found.

Resident 4 (R4)
On 10/18/2023 at 11:00 AM, R4's records showed that R4 admitted to the facility on [redacted]/2018 with various diagnoses including [redacted].

In an interview on 10/17/2023 at 11:50 AM, Staff B, Director of Resident Services, stated that R4 had a hospital bed with side rails.

During review of R4's records, no side rail assessments were found.

Resident 6 (R6)
On 10/18/2023 at 12:10 PM, R6's records showed that R6 admitted to the facility on [redacted]/2008 with various diagnoses including [redacted].

Record review of the facility's Resident Characteristic Roster documented that R6 was a smoker.

During review of R6's records, no smoking assessments were found.

Resident 7 (R7)
On 10/18/2023 at 10:35 AM, R7's records showed that R7 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Record review of R7's comprehensive assessment dated, [redacted]/2023, documented that R7 was a smoker.

During review of R7's records, no smoking assessments were found.

Resident 9 (R9)
On 10/18/2023 at 12:20 PM, R9's records showed that R9 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

In an interview on 10/17/2023 at 11:50 AM, Staff B stated that R9 had a hospital bed with side rails.

Review of R9's NSA dated, 09/30/2023, documented that R9 has side rails.

During review of R9's records, no side rail assessments were found.

Resident 10 (R10)
On 10/19/2023 at 9:55 AM, R10's records showed that R10 admitted to the facility on [redacted]/2018 with various diagnoses including [redacted].

Review of the facility's Resident Characteristic Roster documented that R10 was a smoker.

Review of R10's NSA dated, 09/28/2023, also documented that R10 was a smoker.

During review of R10's records, no smoking assessments were found.

In an exit interview on 10/19/2023 at 1:50 PM Staff B acknowledged that the required assessments were not completed for R2, R4, R6, R7, R9, and R10.

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, DELAWARE PLAZA RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date) 12/1/2023.

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

Shawna Cronk, RD — Administrator (or Representative)

10/24/2023 — 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.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to develop and implement systems that support and promote safe medication service when 2 of 11 residents (Resident 10 and 11) were taking medications that the facility was aware of but not managing or monitoring. This failure placed these two residents at risk of harm from inconsistent or improper medication management.

Findings included...

Resident 10 (R10)
During an unannounced licensing inspection on 10/19/2023 at 9:55 AM, R10's records showed that R10 admitted to the facility on [redacted]/2018 with various diagnoses including [redacted].

Record review of R10's assessment dated 05/29/2023 documented that R10 was receiving full assistance with medication management.

Record review of R10's Negotiated Service Agreement (NSA) dated, 09/28/2023, also documented that R10 was receiving "maximum assistance" with medication management.

Record review of R10's medication administration record (MAR) dated, 07/01/2023 – 10/18/2023, documented that R10 was self-administering Alvesco (a medication to

control breathing problems), Acyclovir (an anti-viral topical cream), sildenafil (a medication to assist with sexual activity), and triamcinolone (an anti-inflammatory cream).

Resident 11 (R11)
On 10/19/2023 at 10:00 AM, R11's records showed that R11 admitted to the facility on [redacted]/2014 with various diagnoses including [redacted].

Record review of R11's assessment dated, 10/02/2023, documented that R11 was receiving full assistance with medication management.

Record review of R11's NSA dated, 09/27/2023, also documented that R11 was receiving "maximum assistance" with medication management.

Record review of R11's MAR's dated, 07/01/2023 – 10/18/2023, documented that R11 was self-administering supplements vitamin B12, vitamin D3, and Os-cal, Refresh eye drops, and Cetirizine (an allergy medication).

In an interview on 10/19/2023 at 10:20 AM, Staff B, Director of Resident Services, stated that these medications are not the facility's responsibility because R10 and R11 were self-administering them per their physician's orders.

In an exit interview on 10/19/2023 at 1:50 PM, Staff B acknowledged that because R10 and R11 are receiving services for full or maximum medication administration, the facility is responsible for managing all medications.

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, DELAWARE PLAZA RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date) 12/4/2023

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

Shawna Monk, RD — Administrator (or Representative)

10/24/2023 — Date