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

LONGVIEW C.I. INVESTMENTS, LLC
CANTERBURY RETIREMENT INN
1324 3rd Ave
Longview, WA 98632

RE: CANTERBURY RETIREMENT INN License # 1581

Dear Administrator:

This letter addresses Compliance Determination(s) 50170 (Completion Date 11/13/2024) and 47190 (Completion Date 09/18/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/13/2024 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-b, WAC 388-78A-2090-6-e, WAC 388-78A-2290, WAC 388-78A-2290-1, WAC 388-78A-2290-2, WAC 388-78A-2290-3, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-d, WAC 388-78A-2290-3-e, WAC 388-78A-2290-4, WAC 388-78A-2290-4-a, WAC 388-78A-2290-4-b, WAC 388-78A-2290-4-c, WAC 388-78A-2290-4-d, WAC 388-78A-2290-5, WAC 388-78A-2290-6, WAC 388-78A-2290-7, WAC 388-78A-2130-1, WAC 388-78A-2130-1-a, WAC 388-78A-2130-1-b, WAC 388-78A-2130-1-c, WAC 388-78A-2130-2, WAC 388-78A-2140, WAC 388-78A-2140-1, WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-b, WAC 388-78A-2140-1-c, WAC 388-78A-2140-1-d, WAC 388-78A-2140-1-e, WAC 388-78A-2140-2, WAC 388-78A-2140-2-a, WAC 388-78A-2140-2-b, WAC 388-78A-2140-3, WAC 388-78A-2140-4, WAC 388-78A-2140-5, WAC 388-78A-2140-6, WAC 388-78A-2140-7, WAC 388-78A-2140-8, WAC 388-78A-2474-2-e, WAC 388-78A-2390, WAC 388-78A-2390-1, WAC 388-78A-2390-2, WAC 388-78A-2620-2-a, WAC 388-78A-2620-2-b, WAC 388-78A-2040, WAC 388-78A-2040-1, WAC 388-78A-2040-2, WAC 388-78A-2665, WAC 388-78A-2665-1, WAC 388-78A-2665-2, WAC 388-78A-2665-3, WAC 388-78A-2665-4, WAC 388-78A-2665-5, WAC 388-78A-2665-6

The Department staff who did the on-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

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 09/16/2024 and 09/18/2024 of:

CANTERBURY RETIREMENT INN
1324 3rd Ave
Longview, WA 98632

The following sample was selected for review during the unannounced on-site visit: 12 of 97 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

09/25/2024
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.

Administrator (or Representative)

10/2/24
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 9 residents (Resident 2 and 8) were administered medications not as prescribed. This failure placed these two residents at risk of harm from inconsistent or improper medication management.

Findings included...

Resident 2 (R2)

During an unannounced full inspection on 09/17/2024 at 9:30 AM, R2's records showed that R2 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Record review of R2's August and September of 2024 medication administration record (MAR) showed that an antibiotic named cefadroxil was started to treat a skin infection on R2's right hand. The order documents that the medication is to be started on 08/26/2024 and one capsule is to be given two times a day for seven days ending on 09/06/2024. On 08/26/2024, the evening dose was documented as not given with the reason of, "not needed." On 08/27/2024 – 09/02/2024, the medication is documented as given for both morning and evening doses. On 09/03/2024, the morning dose is documented as given and the evening dose is documented as not given with the reason of, "finished antibiotic." On 09/04/2024, the medication is documented as given in the morning and not given in the evening with the reason, "medication not available." On 09/05/2024, the medication is charted as given for both morning and evening doses.

Resident 8 (R8)

On 09/17/2024 at 11:40 AM, R8's records showed that R8 admitted to the facility on

[redacted]/2023 with various diagnoses including [redacted].

Review of R8's records showed a medication error note dated 08/14/2024 that documented on 08/13/2024 during the 8:00 PM medication pass an eye drop was not given.

Review of R8's MAR for August 2024 documented that on 08/13/2024 all three eye drop medications were given to R8 at 8:00 PM. No documentation was found on the August MAR to show that any medication was not given on 08/13/2024.

During an exit interview on 09/18/2024 at 11:55 AM, Staff A, Executive Director, acknowledged the need for additional training for medication assistance and administration.

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, CANTERBURY RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date) 11/2/24.

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

Administrator (or Representative) — Date: 10/2/24

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, medical devices and/or self-administration of medications for 4 of 6 sampled residents (Residents 2, 3, 4, and 7). These failures placed these four residents

at risk of their care needs not being met.

Findings included...

Resident 2 (R2)

During an unannounced full inspection on 09/17/2024 at 9:30 AM, R2's records showed that R2 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Record review of R2's assessments showed a transfer pole assessment dated 02/27/2024. The transfer pole assessment documented that the transfer pole was installed on 03/08/2024. Email documentation was provided to the department to show that R2's representative was sent the transfer pole assessment on 03/11/2024 for consent. No other documentation was provided by the facility to show that additional efforts were made to gain consent to use the transfer pole. The transfer pole assessment documented that R2's representative signed the transfer pole consent on 09/16/2024.

Resident 3 (R3)

On 09/17/2024 at 9:30 AM, R3's records showed that R3 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of the facility's resident characteristics roster documented that R3 was independent with medications.

Initial review of R3's records showed no self-administration of medications assessment.

On 09/18/2024 at 9:05 AM, Staff A, Executive Director, provided a self-administration of medications assessment for R3 dated 09/29/2022. No other documentation was provided to show a current self-administration of medications assessment had been completed for R3.

Resident 4 (R4)

On 09/17/2024 at 10:00 AM, R4's records showed that R4 admitted to the facility on [redacted]/2019 with various diagnoses including [redacted].

Record review of the facility's resident characteristics roster documented that R4 was independent with medications.

Initial review of R4's records showed no self-administration of medications assessment.

On 09/18/2024 at 9:05 AM, Staff A, Executive Director, provided a self-administration of medications assessment for R4 dated 03/14/2023. No other documentation was provided to show a current self-administration of medications assessment had been completed for R3.

Record review of R4's negotiated service agreement, dated 05/06/2024, documented that R4 uses a transfer pole next to the bed to assist with standing and pivoting to a bedside commode or wheelchair.

Record review of R4's assessments showed no transfer pole assessment for R4.

In an interview on 09/17/2024 at 10:14 AM, Staff C, Director of Nursing, confirmed that R4 does have a transfer pole.

On 09/18/2024 at 9:05 AM, Staff A delivered additional requested documents and stated that they do not have a transfer pole assessment for R4.

Resident 7 (R7)

On 09/17/2024 at 10:50AM, R7's records showed that R7 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

On 09/16/2024 at 12:00 PM, Staff A, confirmed that R7 was a smoker.

Record review of R7's NSA dated 03/28/2024 showed documentation that R7 is a smoker.

Record review of R7's assessments showed no smoking assessment for R7.

During an exit interview on 09/18/2024 at 11:55 AM, Staff A acknowledged the department's findings for R2, 3, 4, and 7.

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, CANTERBURY RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date) 11/2/24.

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

Administrator (or Representative) — Date: 10/2/24

WAC 388-78A-2290 Family assistance with medications and treatments.

(1) An assisted living facility may permit a resident's family member to administer medications or treatments or to provide medication or treatment assistance, including obtaining medications or treatment supplies, to the resident.

(2) The assisted living facility must disclose to the department, residents, the residents' legal representatives, if any, and if not the residents' representative if any, and to interested consumers upon request, information describing whether the assisted living facility permits such family administration or assistance and, if so, the extent of any limitations or conditions.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

(5) The assisted living facility may, through policy or procedure, require the resident's family member to immediately notify the assisted living facility of any changes in the medication or treatment plans for family assistance or administration.

(6) The assisted living facility must require that whenever a resident's family provides medication assistance or medication administration services, the resident's significant medications remain on the assisted living facility premises whenever the resident is on the assisted living facility premises.

(7) The assisted living facility's duty of care shall be limited to: Observation of the resident for changes in overall functioning consistent with RCW 18.20.280 ; notification to the person or persons identified in RCW 70.129.030 when there are observed changes in the resident's overall functioning or condition, or when the assisted living facility is aware that both the primary and alternate plan are not implemented; and appropriately responding to obtain needed assistance when there are observable or reported changes in the resident's physical or mental functioning.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the written family medication assistance plan submitted included the minimum information required when 1 of 4 residents (Resident 4) had family assisting with medications. This failure placed these residents at risk for not receiving medications as prescribed due to missing documentation of the assistance family was providing with medications.

Findings included...

Resident 4 (R4)

During an unannounced full inspection on 09/17/2024 at 10:00 AM, R4's records showed that R4 admitted to the facility on [redacted]/2019 with various diagnoses including [redacted].

Review of the facility's resident characteristic roster showed that R4 was independent with medications.

Record review of R4's assessment, dated 07/30/2024, and negotiated service agreement, dated 05/06/2024, showed documentation that R4 manages their own medications and that R4's spouse picks up prescriptions as needed.

Record review of R4's family assistance with medications and/or treatments dated and signed 12/16/2019 documented that R4's spouse will fill medication boxes each week and documented that the secondary plan would be that R4 will fill the medication boxes. No documentation was found to show what medications R4's spouse is responsible for filling and picking up from the pharmacy. There was also no documentation that R4's spouse was responsible to pick up the medications from the pharmacy as needed nor a secondary plan if R4's spouse was unavailable to pick up the medications.

In an exit interview on 09/18/2024 at 11:55 AM, Staff A, Executive Director, acknowledged that the family assistance with medications and/or treatments for R4 was missing the necessary information.

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, CANTERBURY RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date) 11/2/24.

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

Administrator (or Representative) — Date: 10/2/24

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete the Negotiated Service Agreement (NSA) upon admission and/or within 30 days of admission to the facility for 6 of 12 sampled residents (Resident 5, 7, 9, 10, 11, and 12). This failure placed these residents at risk for proper care needs being unmet.

Findings included...

Resident 5 (R5)

During an unannounced full inspection on 09/16/2024 at 12:40 PM, R5's records showed that R5 admitted to the facility on [redacted]2024 with various diagnoses including [redacted].

Review of R5's NSAs showed an NSA dated 04/10/2024. No other NSAs were found to show that an NSA was completed for R5 upon admission to the facility.

Resident 7 (R7)

During an unannounced full inspection on 09/17/2024 at 10:50AM, R7's records showed that R7 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Review of R7's NSAs showed an NSA dated 03/28/2024. No other NSAs were found to show that an NSA was completed for R7 upon admission to the facility.

Resident 9 (R9)

During an unannounced full inspection on 09/17/2024 at 11:50 AM, R9's records showed that R9 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Review of R9's NSAs showed an NSA dated 09/16/2024. No other NSAs were found to show that an NSA was completed for R9 upon admission and/or within 30 days of admission.

On 09/17/2024 at 2:30 PM, the department provided a cover sheet requesting the missing NSAs for R5, 7, and 9.

On 09/18/2024 at 9:05 AM, Staff A, Executive Director, delivered the additional requested documents along with the cover sheet stating that if it was not checked, they

do not have it.

Record review of the requested document cover sheet showed that the facility did not have the initial NSA for R5 and 7 and the initial and 30-day NSA for R9.

Resident 10 (R10)

During an unannounced full inspection on 09/18/2024 at 9:39 AM, R10's records showed that R10 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Review of R10's NSAs showed an NSA dated [redacted]/2024. No other NSAs were found to show that an NSA was completed for R10 within 30 days of admission.

Resident 11 (R11)

During an unannounced full inspection on 09/18/2024 at 9:45 AM, R11's records showed that R11 admitted to the facility on [redacted]/2024 with various diagnoses including chronic kidney disease [redacted]

Review of R11's NSAs showed an NSA dated [redacted]/2024. No other NSAs were found to show that an NSA was completed for R11 within 30 days of admission.

Resident 12 (R12)

During an unannounced full inspection on 09/18/2024 at 9:50 AM, R12's records showed that R12 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Review of R12's NSAs showed an NSA dated [redacted]/2024. No other NSAs were found to show that an NSA was completed for R12 within 30 days of admission.

During an exit interview on 09/18/2024 at 11:55 AM, Staff A acknowledged that the facility was missing NSAs for R5, 7, 9, 10, 11, and 12.

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, CANTERBURY RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date) 11/2/24 .

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

Administrator (or Representative) Date 10/2/24

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

(6) A communication plan, if special communication needs are present;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

(8) The assisted living facility must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of personal property or injury on the resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in the resident's Negotiated Service Agreements (NSA) the plan to provide specific resident identified care and service needs for 4 of 12 sampled residents (Resident 2, 4, 5, and 12). Failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

Resident 2 (R2)

During an unannounced full inspection on 09/17/2024 at 9:30 AM, R2's records showed that R2 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Record review of R2's assessments showed a transfer pole assessment dated 02/24/2024 that documented that a transfer pole was installed on 03/08/2024.

Review of R2's NSA dated 07/17/2024 showed no documentation that the resident utilized a transfer pole.

Resident 4 (R4)

On 09/17/2024 at 10:00 AM, R4's records showed that R4 admitted to the facility on [redacted]/2019 with various diagnoses including [redacted].

Record review of the facility's resident characteristic roster showed that R4 was receiving a non-concentrated sweet diet.

Record review of R4's NSA dated 05/06/2024 showed no documentation of the type of diet that R4 was receiving.

Resident 5 (R5)

On 09/16/2024 at 12:40 PM, R5's records showed that R5 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of the facility's resident characteristic roster showed that R5 was receiving home health services.

Record review of R5's progress notes dated 04/09/2024 and 04/15/2024 showed documentation that R5 received home health occupational therapy visits.

Record review of R5's NSA dated 04/10/2024 showed no documentation that R5 was receiving home health services.

Resident 12 (R12)

On 09/18/2024 at 9:50 AM, R12's records showed that R12 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted]

Record review of the facility's resident characteristic roster showed that R12 was receiving home health services.

Record review of R12's NSA dated [redacted]/2024 showed no documentation of R12 receiving home health services.

During an exit interview on 09/18/2024 at 11:55 AM, Staff A, Executive Director, acknowledged that the NSAs for R2, 4, 5, and 12 were missing specific resident identified care and services.

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, CANTERBURY RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date) 11/2/24.

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

Administrator (or Representative) — Date: 10/2/24

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 5 sampled staff (Staff G and Staff H) had completed and/or had documentation of them completing their required 12 hours of continuing education (CEUs) per regulation. This failure placed all residents at risk for harm due to staff not being properly trained.

Findings included...

During an unannounced licensing inspection on 09/16/2024 at 12:00 PM, the department received the requested staff documents.

Staff G

Record review for Staff G, Certified Nursing Assistant/Medication Technician, showed that Staff G was hired on 05/26/2021. Review of Staff G's personnel file showed only nine of the required 12 hours of continuing education since their last two birthdays.

Staff H

Record review for Staff H, Licensed Practical Nurse/Assistant Director of Resident Services, showed that Staff H was hired on 07/21/1998. Review of Staff H's personnel

file showed only eight and a half of the required 12 hours of continuing education since their last two birthdays.

During an exit interview on 09/18/2024 at 11:55 AM, Staff A, Executive Director, acknowledged the department's findings.

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, CANTERBURY RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date) 11/2/24 .

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

Administrator (or Representative) — Date 10/2/24

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident; and

(2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 5 of 12 residents (Resident 2, 4, 7, 8, and 9). This failure placed these residents at risk for proper care needs being unmet.

Findings included...

Resident 2 (R2)

During an unannounced full inspection on 09/17/2024 at 9:30 AM, R2's records showed that R2 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Record review of R2's assessments, showed a transfer pole assessment dated 02/27/2024.

Review of R2's records showed a nurse delegation consent signed on [redacted]/2023 and a nurse delegation visit for eye drop administration on 09/04/2024.

Record review of the facilities resident characteristic roster showed no documentation that R2 utilized any medical device or that R2 was receiving nurse delegation services.

Resident 4 (R4)

On 09/17/2024 at 10:00 AM, R4's records showed that R4 admitted to the facility on [redacted]/2019 with various diagnoses including [redacted].

Record review of R4's assessment, dated 07/30/2024, and negotiated service agreement (NSA), dated 05/06/2024, showed documentation that R4 manages their own medications and that R4's spouse picks up prescriptions as needed. The NSA also documented that R4 utilizes a transfer pole next to the bed for assistance with standing and pivoting to a bedside commode or wheelchair.

Review of R4's records showed a family assistance with medications and/or treatments dated and signed on [redacted]/2019.

In an interview on 09/17/2024 at 10:14 AM, Staff C, Director of Nursing, confirmed that R4 does utilize a transfer pole.

Review of the facility's resident characteristic roster showed that R4 was independent with medications. No documentation was found to show that R4 utilized any medical device or that R4 had a family plan for assistance with medications.

Resident 7 (R7)

On 09/17/2024 at 10:50AM, R7's records showed that R7 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R7's NSA dated, 03/28/2024, showed documentation that R7 is smoker.

Review of the facility's resident characteristics roster showed no documentation that R7

is a smoker.

Resident 8 (R8)

On 09/17/2024 at 11:40 AM, R8's records showed that R8 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Record review of R8's assessment and NSA, dated 07/29/2024, showed documentation that R8 has diabetic oversight, is on a no added salt and no concentrated sweets diet, and is heard of hearing.

Review of R8's records showed a nurse delegation consent signed on 02/02/2023 and a nurse delegation visit for topical medication and eye drop administration, and capillary blood glucose monitoring on 09/15/2024.

Record review of the facilities resident characteristic roster showed no documentation that R8 was a non-insulin diabetic receiving a no added salt and no concentrated sweets diet, is hard of hearing, or that they were receiving nurse delegation services.

Resident 9 (R9)

On 09/17/2024 at 11:50 AM, R9's records showed that R9 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R9's assessment dated, 09/16/2024, showed documentation that R9 had been put on dementia protocol.

Review of the facility's resident characteristics roster showed no documentation that R9 has dementia.

During an exit interview on 09/18/2024 at 11:55 AM, Staff A, Executive Director, acknowledged the department's findings for R2, 4, 7, 8, and 9.

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, CANTERBURY RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date) 11/2/24.

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

Administrator (or Representative) Date 10/2/24

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 4 pets living in the facility have had regular examinations and immunizations and have been certified by a veterinarian to be free of diseases transmittable to humans. This failure placed all staff and residents at risk for possible exposure and harm from a transmittable disease.

Findings included...

During an unannounced licensing inspection on 09/16/2024 at 1:00 PM, the department reviewed the requested pet records.

Review of the facility's pet records showed a pet agreement/rider, dated 07/21/2023, for a canine living in the facility. No documentation was found to show that this canine had regular examinations and immunizations and had been certified by a veterinarian to be free of diseases transmittable to humans since moving into the facility.

In an exit interview on 09/18/2024 at 11:55 AM, Staff A, Executive Director, acknowledged that there was a pet living in the facility that had no documentation that they had regular examinations and immunizations and had been certified by a veterinarian to be free of diseases transmittable to humans since moving into 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, CANTERBURY RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date) 11/2/24 .

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

Administrator (or Representative) — Date: 10/2/24

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.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure 14 of 14 observed fire extinguishers had been inspected monthly to verify they were operating adequately. This failure placed all residents at risk for injury and possible harm from defective or non-functioning extinguishers in the event of a fire in the facility.

Findings included...

State Fire Marshall regulation code IFC 906.2 2015,2018 states "Portable fire extinguishers shall be selected, installed, and maintained in accordance with this section and NFPA 10".

During an unannounced licensing inspection on 09/16/2024 at 11:00 AM, all the fire extinguishers were observed both upstairs and downstairs, each with inspection tags. All inspection tags documented that the fire extinguishers were serviced in December of 2023. 13 of the 14 fire extinguishers overserved showed that they had been inspected January through June of 2024. No documentation was found on these fire extinguishers showing that they were inspected during the months of July and August of 2024. One of the 14 fire extinguishers located across from the media room showed that it had been inspected January through March of 2024. No documentation was found on this fire extinguisher to show that it had been inspected during the months of April, May, June, July, and August of 2024.

During an exit interview, on 09/18/2024 at 11:55 AM, Staff A, Executive Director, acknowledged that there was no documentation on these fire extinguishers showing that they had been inspected monthly per regulations.

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, CANTERBURY RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date) 11/2/24 .

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

Administrator (or Representative) — Date: 10/2/24

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Medicaid policy was on a page separate from other documents and was signed on or before admission for 3 of 9 sampled residents (Resident 3, 4, and 8). This failure placed these residents at risk of not being aware of their rights as they pertain to Medicaid.

Findings included...

During an unannounced licensing full inspection on 09/16/2024 at 12:00 PM, the

department requested signed Medicaid policies for the nine sampled residents.

On 09/17/2024 at 11:45 AM, Staff A, Executive Director, provided the department with copies of the Medicaid policies and stated that one was missing but that they were getting it signed and one was signed today.

Resident 2 (R2)

On 09/17/2024 at 9:30 AM, R2's records showed that R2 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted]

During review of R2's documents, no Medicaid policy was found.

On 09/18/2024 at 11:00 AM, the department requested the signed Medicaid policy for R2. Staff A stated that they were still attempting to get it signed.

On 09/18/2024 at 11:55 AM, Staff A provided a Medicaid policy for R2 that was signed and dated on 09/18/2024.

Resident 4 (R4)

On 09/17/2024 at 10:00 AM, R4's records showed that R4 admitted to the facility on [redacted]/2019 with various diagnoses including [redacted].

Review of R4's documents showed a signed Medicaid policy with no date.

Resident 6 (R6)

During an unannounced full inspection on 9/17/2024 at 10:07 AM, R6's records showed that R6 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R6's documents showed a Medicaid policy that was signed and dated on 09/17/2024.

During an exit interview on 09/18/2024 at 11:55 AM, Staff A acknowledged that Medicaid policies for R2 and 6 were signed late and that the Medicaid policy for R4 was

missing a date.

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, CANTERBURY RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date) 11/2/24 .

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

Administrator (or Representative) — Date: 10/2/24

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

09/25/2024

LONGVIEW C.I. INVESTMENTS, LLC
CANTERBURY RETIREMENT INN
1324 3rd Ave
Longview, WA 98632

RE: CANTERBURY RETIREMENT INN # 1581

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 09/18/2024 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:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit I
800 NE 136th Ave Ste 200

Vancouver, WA 98684

• 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-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.

The facility failed to ensure that they had documentation of the date the Negotiated Service Agreement (NSA) was signed by the resident and/or resident's representative for 2 of 9 sampled residents. The facility verbalized a plan to ensure that the date is completed when signed moving forward.

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 (360)450-1218.

Sincerely,

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

Enclosure