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

Arbor Ridge Assisted Living Limited Partnership
ARBOR RIDGE ASSISTED LIVING
9501 NE Hazel Dell Ave
Vancouver, WA 98665

RE: ARBOR RIDGE ASSISTED LIVING License # 1588

Dear Administrator:

This letter addresses Compliance Determination(s) 46552 (Completion Date 09/03/2024) and 45093 (Completion Date 08/07/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/03/2024 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-2130, 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-2130-3, WAC 388-78A-2130-3-a, WAC 388-78A-2130-3-b, WAC 388-78A-2130-4, WAC 388-78A-2130-5, WAC 388-78A-2130-5-a, WAC 388-78A-2130-5-b, WAC 388-78A-2130-5-c, WAC 388-78A-2130-5-d, WAC 388-78A-2130-5-e, WAC 388-78A-2130-6, WAC 388-78A-2130-6-a, WAC 388-78A-2130-6-a-i, WAC 388-78A-2130-6-a-ii, WAC 388-78A-2130-6-b, WAC 388-78A-2480-1

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 #: 1588 | Compliance Determination # 45093 |
| Plan of Correction | ARBOR RIDGE ASSISTED LIVING | Completion Date |
| Page 1 of 5 | Licensee: Arbor Ridge Assisted Living Limited | 08/07/2024 |

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

The department completed data collection for the unannounced on-site full inspection on 08/06/2024 and 08/07/2024 of:
ARBOR RIDGE ASSISTED LIVING
9501 NE Hazel Dell Ave
Vancouver, WA 98665

The following sample was selected for review during the unannounced on-site visit: 10 of 58 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Richard Westom, NCI, ALF Complaint Investigator

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.

Nicki Brake — 08/08/2024

Residential Care Services — 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)

8/8/2024
Date

**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;

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

(4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

(5) Involve the following persons in the process of developing and updating a negotiated service agreement:

(a) The resident;

(b) The resident's representative to the extent he or she is willing and capable, if the resident has one;

(c) Other individuals the resident wants included;

(d) The department's case manager, if the resident is a recipient of medicaid assistance, or any private case manager, if available; and

(e) Staff designated by the assisted living facility.

(6) Ensure:

(a) Individuals participating in developing the resident's negotiated service agreement:

| Statement of Deficiencies | License #: 1588 | Compliance Determination # 45093 |
|---|---|---|
| Plan of Correction | ARBOR RIDGE ASSISTED LIVING | Completion Date |
| Page 3 of 5 | Licensee: Arbor Ridge Assisted Living Limited | 08/07/2024 |

(i) Discuss the resident's assessed needs, capabilities, and preferences; and

(ii) Negotiate and agree upon the care and services to be provided to support the resident; and

(b) Staff persons document in the resident's record the agreed upon plan for services.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure a Negotiated Service Agreement (NSA) was agreed to and signed by the resident and/or the resident's responsible party before or on admission and within 30 days of admission for 3 of 4 sampled residents (Resident 1, 2, and 5). These failures placed these three residents and their responsible parties at risk for not being involved in their care decisions and the services being provided.

Findings included...

Resident 1 (R1)

During an unannounced full inspection on 08/06/2024 at 2:15 PM, R1's records showed that R1 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R1's NSAs showed an initial NSA that was completed on 06/22/2024 but signed by the resident's responsible party on 07/26/2024. R1's records showed that their 30-day NSA was completed on 07/19/2024 and signed on 07/26/2024 by the resident's responsible party.

Resident 2 (R2)

On 08/06/2024 at 12:40 PM, R2's records showed that R2 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R2's NSAs showed an initial NSA that was completed on 03/11/2024 but signed by the resident and the resident's responsible party on 07/16/2024. R2's records showed that their 30-day NSA was completed on 05/10/2024 and signed on 07/16/2024 by the resident and the resident's responsible party.

Resident 5 (R5)

On 08/06/2024 at 12:25 PM, R5's records showed that R5 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R5's NSAs showed an initial NSA that was completed on 04/12/2024 but signed by the resident on 07/31/2024. R5's records showed that their 30-day NSA was completed on 05/10/2024 and signed on 07/31/2024 by the resident.

During an exit interview on 08/07/2024 at 2:03 PM, Staff A, Executive Director, acknowledged that they lacked documentation to show that the initial NSA's and 30-day NSA's for R1, 2 and 5 were agreed to and signed by the resident and/or resident's responsible party when the NSA's were completed and initiated.

**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, ARBOR RIDGE ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 9/1/24.

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

Administrator (or Representative) 8/8/24 Date

**WAC 388-78A-2480 Tuberculosis Testing Required.**

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to complete the first step of tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of employment for 1 of 3 sampled staff (Staff A). This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced licensing inspection on 08/06/2024 at 11:30 AM, the department received the requested staff documents. While delivering the documents, Staff A, Executive Director, stated that their TB test was late.

Staff A
Record review for Staff A showed that Staff A was hired on 05/16/2022. Review of Staff A's personnel file showed that the first step TB test was initiated on 07/29/2022.

On 08/07/2024 at 1:40 PM, Staff A again stated knowledge that their TB test was late.

During an exit interview on 08/07/2024 at 2:03 PM, Staff A acknowledged the departments findings that Staff A's first step TB tests was initiated late.

**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, ARBOR RIDGE ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 9/1/24 .

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

Administrator (or Representative) 8/8/24 Date

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

08/08/2024

Arbor Ridge Assisted Living Limited Partnership
ARBOR RIDGE ASSISTED LIVING
9501 NE Hazel Dell Ave
Vancouver, WA 98665

RE: ARBOR RIDGE ASSISTED LIVING # 1588

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 08/07/2024 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-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.

The facility failed to include pertinent contents on the negotiated service agreement for 1 of 10 sampled residents when they overlooked and forgot to include one of the two medical devices the resident utilizes.

**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