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

WWGHR LLC
WHEATLAND VILLAGE
1500 CATHERINE STREET
WALLA WALLA, WA 99362

RE: WHEATLAND VILLAGE License # 1640

Dear Administrator:

This letter addresses Compliance Determination(s) 52168 (Completion Date 12/30/2024) and 49204 (Completion Date 11/06/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/30/2024 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-2140-1-a-iii, WAC 388-78A-2240, WAC 388-78A-2466-1-a, WAC 388-78A-2660-1, RCW 70.129.030.4

The Department staff who did the on-site verification:
Elaine Lopez, Licensor

If you have any questions, please contact me at (509)323-7315.

Sincerely,

J Salquist

Jessica Salquist, Field Manager
Region 1, Unit Z
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 1640	Compliance Determination # 49204
Plan of Correction	WHEATLAND VILLAGE	Completion Date
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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 the unannounced on-site full inspection on 10/28/2024, 10/29/2024 and 10/30/2024 of:
WHEATLAND VILLAGE
1500 CATHERINE STREET
WALLA WALLA, WA 99362

The following sample was selected for review during the unannounced on-site visit: 9 of 88 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Elaine Lopez, Licensor
Anna Cairns, ALF Long Term Care Surveyor
Jessica Clapp, Assisted Living Facility Licensor
Robin Rainville, Assisted Living Facility Licensor
Elizabeth Hall, AFH/ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit Z
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.

J Salquist
Residential Care Services

11/12/2024
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.

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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:

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to develop and document in the resident's record, the plan to meet the residents' assessed needs which posed risks to their health and safety for 1 of 9 residents (Resident 4). This failure placed the resident at risk of complications with their medical device.

Findings included...

Review of Resident 4's full facility assessment, dated 08/02/2024, showed that the resident was diagnosed with [redacted]. Resident 4's assessment showed that the resident had a cardiac pacemaker (medical device in the chest or abdomen that regulates a person's heartbeat).

Review of Resident 4's Negotiated Service Agreement (NSA), dated 09/24/2024, showed that it did not include that the resident had a pacemaker, what care they required related to their pacemaker, or who was to monitor it.

In an interview on 10/30/2024 at 9:07 AM, Staff O, Caregiver, stated that they did not know Resident 4 had a pacemaker.

In an interview on 10/30/2024 at 12:08 PM, Staff P, Caregiver, stated that they would review the NSA to know the care needs of each resident.

In an interview on 10/30/2024 at 2:05 PM, Staff B, Registered Nurse/Health Services Director, acknowledged that Resident 4 had a pacemaker, and that the information

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related to the pacemaker was not included in their NSA.

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, WHEATLAND VILLAGE is or will be in compliance with this law and / or regulation on (Date) 11/27/24.

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

Administrator (or Representative) 11/13/24 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 resident medications timely to ensure they were available for administration, for 1 of 9 residents (Resident 1). This failure resulted in Resident 1 not receiving medications and placed the resident at risk of worsening health conditions.

Findings included...

Review of Resident 1's full facility assessment, dated 07/09/2024, showed that they required medication administration by the staff. The assessment showed that Resident 1 was on hospice services (end of life comfort care).

Review of Resident 1's doctor's orders, dated 09/01/2024, showed that they were prescribed medication which included Senna once daily for constipation, and quetiapine twice daily for agitation.

Review of Resident 1's September 2024 and October 2024 Medication Administration Records (MARs) showed that the resident did not receive their Senna from 09/24/2024 through 10/07/2024. The MARs showed that Resident 1 did not receive the quetiapine at 6:00 PM on 09/03/2024, at 6:00 AM on 09/04/2024, and at 6:00 AM on 09/11/2024.

Review of the September 2024 and October 2024 progress notes in Resident 1's record

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showed that the reasons the resident missed their Senna and quetiapine included, "on order," "med unavailable, was ordered yesterday," "out of stock," and "out of this medication."

Review of a fax to Resident 1's hospice provider, dated 10/07/2024, showed that the resident care coordinator notified the hospice provider that the resident was out of their Senna medication. The fax showed that Resident 1's Senna was out of refills with the pharmacy.

In an interview on 10/30/2024 at 12:10 PM, Staff K, Medication Aide, stated that medications were supposed to be reordered when the bubble pack was used down to the last row on the package, where it was highlighted in blue to indicate the medication needed to be reordered.

In an interview on 10/30/2024 at 12:16 PM, Staff J, Memory Care Health Services Director, stated that the 10/07/2024 fax was the only documentation in Resident 1's record to show that the resident's hospice provider was notified that the resident was out of any of their medication. Staff J stated that the resident care coordinator should have been involved sooner to get Resident 1's Senna refilled in September 2024.

Plan/Attestation Statement

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WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

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Based on interview and record review, the facility failed to maintain a valid Washington state name and date of birth background check for staff that were employed at the facility for more than two years for 1 of 2 staff (Staff E). This failure placed residents at risk of being cared for by disqualified staff.

Findings included...

Review of the business file for Staff E, Resident Care Coordinator, showed that they had been hired on 05/08/2019. Staff E's file showed that their most recent background check was completed on 05/20/2022 and had expired 05/20/2024. Staff E's file did not show that the facility had submitted a new background check.

In an interview on 10/30/2024 at 9:00 AM Staff L, Human Resources Director, stated that new two-year background check had not been submitted for Staff E.

This is a recurring deficiency previously cited on 05/25/2022.

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

Administrator (or Representative) ..... Date 11/27/24

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

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

services, items, or activities may be changed upon fourteen days' advance written notice.

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

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to inform each resident upon admission and at least every twenty-four months in writing of the service items, charges, activities available in the facility, and the rules of the facility's operation, for 5 of 5 residents (Resident 1, 4, 7, 8, and 9). This failure prevented residents from making informed decisions regarding living choices at the ALF.

Findings included...

Review of the facility's characteristic roster, dated 05/01/2024, showed that Resident 1 moved into the facility on [redacted]/2016. Resident 1's record showed that it did not include an admission rental agreement. The record did not show that Resident 1 had been informed of the facility's available service items, charges, activities and the rules of the facility's operation.

Review of the facility's characteristic roster, dated 05/01/2024, showed that Resident 4 moved into the facility on [redacted]/2022. Resident 4's record showed the most current rental agreement was signed on 5/3/2022. The record did not show that Resident 4 had been informed every twenty-four months of the facility's available service items, charges, activities and the rules of the facility's operation.

Review of the facility's characteristic roster, dated 05/01/2024, showed that Resident 7 moved into the facility on [redacted] /2022. Resident 7's record showed the most current rental agreement was signed on 6/20/2022. The record did not show that Resident 7 had been informed every twenty-four months of the facility's available service items, charges, activities and the rules of the facility's operation.

Review of the facility's characteristic roster, dated 05/01/2024, showed that Resident 8 moved into the facility on [redacted]/2022. Resident 8's record showed the most current rental agreement was signed on 9/25/2022. The record did not show that Resident 8 had been informed every twenty-four months of the facility's available service items, charges, activities and the rules of the facility's operation.

Review of the facility's characteristic roster, dated 05/01/2024, showed that Resident 9 moved into the facility on [redacted]/2021. Resident 9's record showed the most current rental agreement was signed on 9/02/2021. The record did not show that Resident 9 had been informed every twenty-four months of the facility's available service items, charges, activities and the rules of the facility's operation.

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In an interview on 10/30/2024 at 11:00 AM, Staff A, Executive Director of Assisted Living and Memory Care Unit, stated that the twenty-four month rental agreements were not completed.

In an interview on 11/06/2024 at 12:38 PM, Staff Q, Senior Executive Director, stated that the facility did not have a policy for rental agreements being completed after residents move in.

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, WHEATLAND VILLAGE is or will be in compliance with this law and / or regulation on (Date) 11/27/24 .

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

Administrator (or Representative) 11/13/24 Date

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

WWGHR LLC
WHEATLAND VILLAGE
1500 CATHERINE STREET
WALLA WALLA, WA 99362

RE: WHEATLAND VILLAGE # 1640

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 11/06/2024 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:

Jessica Salquist, Field Manager
Residential Care Services
Region 1, Unit Z
1200 Alder Street

Union Gap, WA 98903

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(c) Chapter 246-840 WAC, Practical and registered nursing;

Review of WAC 246-840-930 (18) showed that nurse delegation was to be reviewed for safety and appropriateness at least every 90 days.

The Assisted Living Facility failed to ensure that nurse delegation of resident medication was reviewed at least every 90 days. The facility identified the delegation failure and began correcting it prior to the full inspection.

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

(iii) When the resident has an injury requiring the intervention of a practitioner.

The facility failed to complete a full assessment that included all the elements on residents who had lived in the ALF for more than one year. The facility identified the missing components and began correcting their assessments during the full inspection.

WAC 388-78A-2300 Food and nutrition services.

(1) The assisted living facility must:

(c) Ensure all menus:

(i) Are written at least one week in advance and delivered to residents' rooms or posted where residents can see them, except as specified in (f) of this subsection;

(e) Serve nourishing, palatable and attractively served meals adjusted for:

(g) Make available and give residents alternate choices in entrees for midday and evening meals that are of comparable quality and nutritional value. The assisted living facility is not required to post alternate choices in entrees on the menu one week in advance, but must record on the menus the alternate choices in entrees that are served;

The facility failed to serve attractive and palatable pureed meals and make alternate menu choices available for residents who lived in the memory care. The facility provided additional training for staff on meal preparation and menu choices.

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 (509)323-7315.

Sincerely,

J Salquist

Jessica Salquist, Field Manager
Region 1, Unit Z
Residential Care Services

Enclosure