STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

FERRY COUNTY PUBLIC HOSPITAL DISTRICT #1
KLONDIKE HILLS
36 KLONDIKE RD
REPUBLIC, WA 991660000

RE: KLONDIKE HILLS License # 1941

Dear Administrator:

This letter addresses Compliance Determination(s) 41338 (Completion Date 05/14/2024) and 38365 (Completion Date 03/19/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/14/2024 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-2466, WAC 388-78A-2466-1, WAC 388-78A-2466-1-b, WAC 388-78A-2466-2, WAC 388-78A-2540-2, WAC 388-78A-2540-3, WAC 388-78A-2540, WAC 388-78A-2100, WAC 388-78A-2100-2, WAC 388-78A-2100-2-a, WAC 388-78A-2100-2-b

The Department staff who did the on-site verification:
Veronica Jackson, Assisted Living Facility Licensor

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 1941	Compliance Determination # 38365
Plan of Correction	KLONDIKE HILLS	Completion Date
Page 1 of 6	Licensee: FERRY COUNTY PUBLIC HOSPITAL	03/19/2024

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 03/11/2024, 03/12/2024, 03/13/2024 and 03/14/2024 of:

KLONDIKE HILLS
36 KLONDIKE RD
REPUBLIC, WA 991660000

The following sample was selected for review during the unannounced on-site visit: 5 of 16 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Veronica Jackson, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

S.[illegible]
Residential Care Services

03/25/2024
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) 4/8/24 Date

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:

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure Washington state name and date of birth background checks and national fingerprint background checks were completed for 1 of 5 staff (Staff A). These failures placed residents at risk of harm by having their care and services directed by staff that may have been disqualified.

Findings included...

Review of Staff A's, Administrator/CEO, undated personnel file showed a hire date of 12/27/2021 and a Washington state name and date of birth background check dated 12/30/2021 (expired). Further review showed the file contained no documentation of a national fingerprint background check.

In an interview on 03/13/2024 at 3:00 PM, Staff A, stated they did not recall getting their fingerprint background check completed and that they were not aware it was required. Staff A further stated they were not aware they needed to complete a background check every two years, or that their Washington state name and date of birth background check dated 12/30/2021 was no longer valid.

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, KLONDIKE HILLS is or will be in compliance with this law and / or regulation on (Date) 5/3/24 .

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

Jennifer Reed — Administrator (or Representative)

4/8/24 — Date

WAC 388-78A-2540 Administrator requirements. The licensee must ensure the assisted living facility administrator:

(2) Knows and understands how to apply Washington state statutes and administrative rules related to the operation of an assisted living facility; and

(3) Meets the administrator qualification requirements referenced in WAC 388-78A-2520 through 388-78A-2527 .

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed ensure the administrator was qualified to perform administrator duties for 1 of 1 staff (Staff A) sampled for administrator requirements. This failure placed residents at risk of harm due to the administrator's lack of training and experience in overseeing care and services for vulnerable adults.

Findings included...

Review of the WAC's 388-78A-2520 through 388-78A-2527 showed the administrator must have documentation of a department approved administrator training, a degree in a related field of study such as health, social work or business administration, years of experience in providing direct care or managing staff that provide direct care in a licensed facility (years required of each depended on the administrator training completed and degree the individual had achieved).

In an interview on 3/11/2024 at 12:15 PM Staff F, Manager, stated that Staff A, Administrator/CEO, was the current administrator and had been for over a year.
In an interview on 3/13/2024 at 3:05 PM, Staff A stated they were not aware of the requirement to complete a national fingerprint background check, or the requirement to renew their Washington state name and date of birth background check every 2 years.

In an interview on 03/13/2024 at 3:15 PM, Staff A stated they had not ensured they had met the required qualifications to act as the facility's administrator. Staff A stated they did not know what the requirements were and had not taken the required administrator training either before, or since accepting the Administrator position on 04/17/2022.

In an interview on 03/14/2024 at 10:35 AM, Staff A stated they had no direct care experience or experience with managing staff that provided direct care for a licensed facility, prior to their appointment as administrator on 04/17/2022.

Review of Staff A's undated personnel file showed no documentation of administrator training.

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, KLONDIKE HILLS is or will be in compliance with this law and / or regulation on (Date) 5/3/24 .

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

Jennifer Reed — 4/8/24

Administrator (or Representative) — Date

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:

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment at least annually that included the resident's health history diagnoses, allergies to food and medication, and necessary medication treatment information for 3 of 5 residents (Residents 2, 4 and 5). This failure placed residents at risk of not receiving care and services related to their individual healthcare needs.

Findings included...

Per WAC 388-78A-2090 resident assessments should include a health history, health professional's diagnoses, known allergies, currently necessary medications and

contraindicated medications, and treatments for the individual.

<Resident 2>

Review of the facility's Resident Characteristics Roster, dated 03/11/2024, showed Resident 2 was admitted to the facility on [redacted]/2017.

Review of Resident 2's March 2024 medication administration record (MAR) showed the resident was prescribed levothyroxine (medication used to treat thyroid disorder) and citalopram (medication to treat depression).

Review of Resident 2's annual Assessment and Negotiated Service Agreement (NSA) combined, dated 06/20/2023, showed no documentation of primary or secondary health diagnoses consistent with receiving medications for a thyroid disorder (low thyroid hormone) and depression (mood disorder) or any precautions that should be taken while on those medications.

Review of Resident 2's face sheet, dated 01/10/2018, showed the resident was diagnosed with [redacted], and was allergic to Morphine and related drugs (this information was not documented in the annual Assessment).

<Resident 4>

Review of the facility's Resident Characteristics Roster, dated 03/11/2024, showed Resident 4 was admitted to the facility on [redacted]/2020.

Review of Resident 4's March 2024 MAR showed the resident was prescribed glipizide (medication used for diabetes), metoprolol (medication used to treat high blood pressure), and Pradaxa (medication used to prevent blood clots and stroke).

Review of Resident 4's, annual Assessment and NSA combined, dated 05/11/2023, showed no documented diagnoses consistent with receiving medications for the treatment of diabetes (disease resulting in high blood sugar), high blood pressure, or history or risk of stroke or any precautions that should be taken while taking any of those medications. The NSA further showed no documented allergies.

Review of Resident 4's face sheet, dated 01/10/2028, showed the resident was diagnosed with [redacted], was allergic to opiates (a class of pain medication) and aspirin (this information was not documented in the resident's annual Assessment).

<Resident 5>

Review of the facility's Resident Characteristics Roster, dated 03/11/2024, showed Resident 5 was admitted to the facility on [redacted]/2018.

Review of Resident 5's March 2024 MAR showed the resident was prescribed digoxin (used to treat heart conditions), atenolol (used to treat high blood pressure), Eliquis (used to prevent blood clots and stroke, and fluoxetine (used to treat depression).

Review of Resident 5's annual Assessment and NSA combined, dated 06/20/2023, showed no documented diagnoses consistent with receiving medications for the treatment of a heart condition that causes high blood pressure, history or risk for stroke, and depression or any precautions that should be taken while taking those medications. The NSA further showed no documented allergies.

Review of Resident 5's face sheet, dated 01/10/2018, showed the resident was diagnosed with [redacted]. Further review showed the resident was allergic to seven medications (this information was not documented in the residents annual Assessment).

In an interview on 03/13/2024 at 11:00 AM, Staff F, Manager, stated they were unable to provide assessments that included the diagnoses, allergies, and medication and treatment 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, KLONDIKE HILLS is or will be in compliance with this law and / or regulation on (Date) 5/3/24 .

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

Jennifer Reed — Administrator (or Representative)

4/8/24 — Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

FERRY COUNTY PUBLIC HOSPITAL DISTRICT #1
KLONDIKE HILLS
36 KLONDIKE RD
REPUBLIC, WA 991660000

RE: KLONDIKE HILLS # 1941

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 03/19/2024 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:

Stephanie Jenks, Field Manager
Residential Care Services
Region 1, Unit B
8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

• 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-2570 Notification of change in administrator. The licensee must notify the department in writing within ten calendar days of the effective date of a change in the assisted living facility administrator. The notice must include the full name of the new administrator and the effective date of the change.

The facility failed to notify the department within 10 days of a change of administrator and submit the new administrator's email contact information. The Administrator/CEO, COO (Chief Operating Officer), and the assisted living facility Manager/designee reported they would comply with the requirement in the future.

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)993-7821.

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

Enclosure