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

FAIRWOOD NORTHRIDGE LLC
FAIRWOOD NORTHRIDGE LLC
312 W HASTINGS RD
SPOKANE, WA 99218

RE: FAIRWOOD NORTHRIDGE LLC License # 1989

Dear Administrator:

This letter addresses Compliance Determination(s) 44571 (Completion Date 07/23/2024) and 42067 (Completion Date 05/31/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/23/2024 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-2474-2-e, WAC 388-112A-0611, WAC 388-112A-0611-1, WAC 388-112A-0611-1-a, WAC 388-112A-0611-1-a-i, WAC 388-112A-0611-1-a-ii, WAC 388-112A-0611-1-a-iii, WAC 388-78A-2320-1-b, WAC 388-78A-2320-3-d, WAC 388-78A-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2150-1, WAC 388-78A-2160, WAC 388-78A-2130-2

The Department staff who did the on-site verification:
Carla Rose, NCI Community Licensor
Tethra Wales, Assisted Living Facility Licensor

This document was prepared by Residential Care Services for the Locator website.

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

Sincerely,

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

This document was prepared by Residential Care Services for the Locator website.

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

Licensee: FAIRWOOD NORTHRIDGE LLC
FAIRWOOD NORTHRIDGE LLC
312 W HASTINGS RD
SPOKANE, WA 99218

RE: FAIRWOOD NORTHRIDGE LLC License # 1989

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 05/31/2024 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

This document was prepared by Residential Care Services for the Locator website.

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.

You May:

• Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

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

This document was prepared by Residential Care Services for the Locator website.

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 #: 1989	Compliance Determination # 42067
Plan of Correction	FAIRWOOD NORTHRIDGE LLC	Completion Date
Page 3 of 15	Licensee: FAIRWOOD NORTHRIDGE LLC	05/31/2024

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 and complaint investigation on 05/23/2024, 05/24/2024, 05/29/2024, 05/30/2024 and 05/31/2024 of:

FAIRWOOD NORTHRIDGE LLC
312 W HASTINGS RD
SPOKANE, WA 99218

This document references the following complaint numbers: 128819.

The following sample was selected for review during the unannounced on-site visit: 9 of 79 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Tethra Wales, Assisted Living Facility Licensor
Carla Rose, NCI Community Licensor
Patty Ford, LTC Surveyor

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.

Residential Care Services

06/05/2024
Date

This document was prepared by Residential Care Services for the Locator website.

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) 6/10/24. Date

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(i) A certified home care aide;

(ii) A long-term care worker who is exempt from the seventy-hour long-term care worker basic training under WAC 388-112A-0090 (1) and (2);

(iii) A certified nursing assistant;

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 that the required continuing education requirements were met for 2 of 5 sampled staff (Staff A and D). This failure placed residents at risk of receiving care and services from staff without ongoing professional development.

Findings included...

Review of Staff A's, Nurse Assistant, undated personnel file showed a date of hire of 03/23/2023 . Further review showed a total of five hours of continuing education credits completed.

Review of Staff D's, Med Tech, undated personnel file showed a date of hire of 06/23/2017. Further review showed no continuing education credits were completed.

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In an interview on 05/29/2024 at 9:17 AM, Staff G, Human Resources, stated that Staff A had completed five hours of continuing education credits and Staff D had not completed any continuing education.

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, FAIRWOOD NORTHRIDGE LLC is or will be in compliance with this law and / or regulation on (Date) 7/15/24.

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

Administrator (or Representative) — Date: 6/10/24

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

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

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

(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:

(d) Chapter 246-841 WAC, Nursing assistants; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the registered nurse delegator evaluated caregiver competency when delegation tasks were initiated for 1 of 9 sampled residents (Resident 6), failed to ensure that residents and delegated staff were assessed every 90 days for 3 of 9 sampled residents (Residents 4, 5, and 9), and failed to ensure that caregivers completed the nine-hour core delegation training prior to performing delegated tasks for 2 of 7 staff (Staff I and J) sampled for nurse delegation. This failure resulted in residents receiving delegated nursing tasks that may not have been safe or effective.

Findings included...

Per WAC 246-840-930, criteria for nurse delegation, before delegating a nursing task, the registered nurse delegator:

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- Assesses the ability of the nursing assistant (NA) or home care aid (HCA) to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision.

- The registered nurse delegator ensures safe and effective services are provided. Reevaluation of the resident and delegated staff must be documented and occur at least every 90 days.

Per WAC 246-841-405, registered nurse delegation to nursing assistants:

- Nursing assistants-certified must show the registered nurse delegator evidence of successful completion of required nurse delegation core training.

<Caregiver competency evaluation on initial assessment>

Review of Resident 6's Nurse Delegation Nursing Visit record, dated 04/12/2024, showed Resident 6 was nurse delegated for blood sugar testing, topical ointments (medication applied on the skin), and inhaled medications. Section 8 of the form, titled Caregiver Training/Competency, was left blank.

In an interview on 05/30/2024 at 2:10 PM, Staff H, Registered Nurse Delegator (RND), stated that the Nursing Visit Form, dated 04/12/2024, was for the initial assessment to start Resident 6 on nurse delegation services. Staff H further stated that they did not evaluate caregiver competency on the initial nurse delegation assessments and that they only did them on quarterly evaluations.

<Resident and delegated staff assessment every 90 days>

Review of Resident 4's Nurse Delegation Nursing Visit record (the 90-day assessment of resident and delegated staff), dated 01/24/2024, showed the resident was nurse delegated for topical ointments. Further review showed there was no 90-day assessment after 01/24/2024.

Review of Resident 5's Nurse Delegation Nursing Visit record, dated 01/24/2024, showed they were nurse delegated for eye drops, oxygen, and inhaled medications. Further review showed there was no 90-day assessment after 01/24/2024.

Review of Resident 9's Nurse Delegation Nursing Visit record, dated 01/24/2024, showed they were nurse delegated for topical ointments. Further review showed there was no 90-day assessment after 01/24/2024.

This document was prepared by Residential Care Services for the Locator website.

In an interview on 05/30/2024 at 2:10 PM, Staff H stated that they were aware that residents and caregivers were to be assessed for nurse delegation every 90 days. Staff H confirmed that the nurse delegation assessments for Resident's 4, 5, and 9 were due 04/20/2024 and stated they had not done them yet.

<Core nine-hour delegation training requirement>

Review of Resident 4, 5, and 9's Nurse Delegation Nursing Visit records, dated 01/24/2024, showed Staff I, Med Tech and Staff J, Home Care Aide, were listed as delegated staff in section 8 on the form, titled "Caregiver Training/Competency." Further review showed that Staff H had checked "record review" on the form to indicate how they determined that Staff I and Staff J were qualified to perform the delegated tasks.

Review of the undated personnel file for Staff I, showed it did not contain records for the nine-hour core delegation training certification.

Review of the undated personnel file for Staff J, showed it did not contain records for the nine-hour core delegation training certification.

In an interview on 05/30/2024 at 1:35 PM, Staff G, Human Resources, stated that Staff J was enrolled in the nine-hour core nurse delegation training but had not completed the certification yet. Staff G further stated that they thought Staff I had completed delegation training. Staff G was unable to provide records of Staff I's nine-hour core delegation training by the end of the inspection.

In an interview on 05/30/2024 at 2:10 PM, Staff H stated that they were told by human resources that Staff J was in delegation training. Staff H further stated they were unaware that Staff J had not completed the delegation training. Staff H confirmed they had not done a record review when they assessed Staff J's qualifications and competency.

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, FAIRWOOD NORTHRIDGE LLC is or will be in compliance with this law and / or regulation on (Date) 7/15/24 .

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

This document was prepared by Residential Care Services for the Locator website.

Administrator (or Representative) — Date: 6/10/24

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:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

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

(a) History of substance abuse;

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(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(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.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This document was prepared by Residential Care Services for the Locator website.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment of new residents within 14 days of the residents' move-in date for 3 of 9 sampled residents (Residents 3, 6, and 7). This failure placed residents at risk of unmet care needs related to not being assessed after they transitioned into the facility.

Findings included...

Review of Resident 3's medical chart showed they were admitted on [redacted]/2024. Further review showed it did not contain a full assessment within 14 days after admission.

Review of Resident 6's medical chart showed they were admitted on [redacted]/2024. Further review showed it did not contain a full assessment within 14 days after admission.

Review of Resident 7's medical chart showed they were admitted on [redacted]/2024. Further review showed it did not contain a full assessment within 14 days after admission.

In an interview on 05/24/2024 at 12:10 PM, Staff H, Registered Nurse, stated that an assessment was completed prior to a resident's admission. Staff H further stated that the assessment was not reviewed or updated until the annual assessment unless there was a change in condition.

In an interview on 05/24/2024 at 2:00 PM, Staff F, Administrator, stated that they were unaware that a full assessment needed to be completed within 14 days after the resident move-in 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, FAIRWOOD NORTHRIDGE LLC is or will be in compliance with this law and / or regulation on (Date) 7/15/24 .

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

Administrator (or Representative) — Date 6/10/24

This document was prepared by Residential Care Services for the Locator website.

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;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that the negotiated service agreements were signed by the resident or the resident's representative for 6 of 9 sampled residents (Residents 1, 2, 3, 6, 7, and 9). This failure placed residents at risk of unmet care needs and for services that were not agreed upon.

Findings included...

<Resident 1>

Review of Resident 1's Client Assessment & Initial Plan of Care (the facility titled negotiated service agreement, NSA), dated 01/08/2024, showed it did not include a signature by the resident or their representative to show the plan was agreed upon.

<Resident 2>

Review of Resident 2's NSA, dated 03/03/2024, showed it did not include a signature by the resident or their representative to show the plan was agreed upon.

<Resident 3>

Review of Resident 3's NSA, dated 01/25/2024, showed it did not include a signature by the resident or their representative to show the plan was agreed upon.

<Resident 6>

Review of Resident 6's NSA, dated 04/30/2024, showed it did not include a signature by the resident or their representative to show the plan was agreed upon.

<Resident 7>

Review of Resident 7's NSA, dated 02/07/2024, showed it did not include a signature by the resident or their representative to show the plan was agreed upon.

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<Resident 9>

Review of Resident 9's NSA, dated 12/05/2023, showed it did not include a signature by the resident or their representative to show the plan was agreed upon.

In an interview on 05/24/2024 at 2:00 PM, Staff F, Administrator, stated they were responsible for obtaining signatures on the NSAs and had not kept up on that task. Staff F confirmed they did not have signed copies of the residents' NSAs.

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, FAIRWOOD NORTHRIDGE LLC is or will be in compliance with this law and / or regulation on (Date) 7/15/24 .

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

Administrator (or Representative) — Date: 6/10/24

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that podiatry services to trim toenails as outlined in the negotiated service agreement were provided for 1 of 9 sampled residents (Resident 4). This failure resulted in a decreased quality of life due to pain and discomfort and placed the resident at risk for health complications due to not receiving the care that was agreed upon in the negotiated service agreement.

Findings included...

Review of Resident 4's Client Assessment & Initial Plan of Care (the facility titled negotiated service agreement, NSA), dated 09/06/2023, showed the resident was diagnosed with [redacted]. Further review showed the

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facility agreed to provide podiatry services (trim toenails) by a podiatrist or nurse.

Review of Resident 4's undated medical chart showed no documentation of podiatry services being provided.

Observation of Resident 4's feet on 05/30/2024 at 3:00 PM, showed overgrown toenails, extending beyond and curling over the ends of their toes on both feet.

In an interview on 05/30/2024 at 3:00 PM, Resident 4 stated that the facility had not performed any podiatry services on their feet since November of 2023. Resident 4 reviewed their paper calendar and confirmed that 02/28/2024 was the last time they had their toenails trimmed by a podiatrist hired by the resident. Resident 4 further stated they had to pay out of pocket for the services and did not have extra funds to continue the toenail trimming. Resident 4 expressed pain and discomfort while wearing their shoes due to the length of their toenails. When asked if Resident 4 had requested a toenail trim from the facility nurse, Resident 4 stated they were told by staff that the nurse was contacted but never showed up. Resident 4 stated the facility provided them with contact information to an outside podiatry provider.

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, FAIRWOOD NORTHRIDGE LLC is or will be in compliance with this law and / or regulation on (Date) 7/15/24 .

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

Administrator (or Representative) — Date: 7/17/24

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

(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 a negotiated service agreement within 30 days of the resident moving into the facility for 2 of 9 sampled residents (Resident 3 and 7). This failure placed the residents at risk for a lack of support regarding the resident's capabilities, preferences, health, safety, and services necessary to meet the residents' needs.

This document was prepared by Residential Care Services for the Locator website.

Findings included...

Review of the facility's undated policy titled, "Resident Records," showed that "within thirty (30) days after admission, a complete plan of care needs to update the initial plan completed upon admission. The complete plan should also include any added needs the resident requires based on observation and assessment of the staff."

<Resident 3>

Review of Resident 3's medical chart showed the resident moved into the facility on [redacted]/2024.

Review of Resident 3's Client Assessment & Initial Plan of Care (facility's combined assessment and initial resident service plan), showed the plan was completed 01/25/2024.

<Resident 7>

Review of Resident 7's medical chart showed an initial resident service plan dated 02/27/2024. Further review of Resident 7's medical chart showed it did not contain a final negotiated service agreement (NSA) within 30 days after they moved in on [redacted]/2024.

In an interview on 05/24/2024 at 12:10 PM, Staff H, Registered Nurse, stated that an initial resident service plan was completed prior to a resident's admission. Staff H further stated that the NSA was not reviewed until the annual update unless there was a change in condition.

In an interview on 05/24/2024 at 2:00 PM, Staff F, Administrator, stated that they wrote an initial service agreement before the resident moved in. Staff F further stated that they did not complete a final NSA within 30 days of 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, FAIRWOOD NORTHRIDGE LLC is or will be in compliance with this law and / or regulation on (Date) 7/15/24 .

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

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 1989	Compliance Determination # 42067
Plan of Correction	FAIRWOOD NORTHRIDGE LLC	Completion Date
Page 15 of 15	Licensee: FAIRWOOD NORTHRIDGE LLC	05/31/2024

Administrator (or Representative) 6/10/24 Date

This document was prepared by Residential Care Services for the Locator website.

Steps to prevent Reoccurrence State Survey 2024

- WAC 388-78A-2474
- WAC 388-112A-0611

Facility will ensure identified staff get caught up on their continue education and will monitor and ensure all staff complete their required continued education.

- WAC 388-78A-2320 1b & 3d
    1) Initial Client Assessment
    2) 90 day quarterlies
    3) Delegation Training

All new resident's initial client assessment will include the list of caregivers assessed and delegated by our RN to ensure competency to perform delegated tasks in absence of supervisor.

Nursing will complete supervisory visits every 90 days, and work with Administrator to maintain compliance.

All staff required to have/show completion of appropriate nurse delegation training prior to performing any delegated tasks. This will be monitored by HR, Sarah Kring and Riley Knutson, Administrator to ensure compliance.

- WAC 388-78A-2090

Facility will complete 14 day assessment for all incoming residents.

- WAC 388-78A-2150

Facility will ensure that all care plans are signed by appropriate representatives

- WAC 388-78A-2160

Resident in question care plan adjusted to identify frequency of nail care to be completed by RN. RN, to document nail services appropriately to ensure care identified is being provided. All other DM residents audited and updated also.

- WAC 388-78A-2130

Facility will complete 30 day assessment for all incoming residents

This document was prepared by Residential Care Services for the Locator website.