STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

CASCADE LIVING GROUP - KENT LLC
THE INN AT ARBOR VILLAGE
24205 116TH AVE SE
KENT, WA 98030

RE: THE INN AT ARBOR VILLAGE License # 1994

Dear Administrator:

This letter addresses Compliance Determination(s) 47593 (Completion Date 09/23/2024) and 44691 (Completion Date 08/06/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/23/2024 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-2140-1-a-i, WAC 388-78A-2140-1-a-ii

The Department staff who did the on-site verification:
Jane Hermano, NCI

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

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Statement of Deficiencies	License #: 1994	Compliance Determination # 44691
Plan of Correction	THE INN AT ARBOR VILLAGE	Completion Date
Page 1 of 3	Licensee: CASCADE LIVING GROUP - KENT LLC	08/06/2024

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 07/25/2024 and 07/30/2024 of:
THE INN AT ARBOR VILLAGE
24205 116TH AVE SE
KENT, WA 98030

The following sample was selected for review during the unannounced on-site visit: 4 of 5 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jane Hermano, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson
Residential Care Services

08/09/2024
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) 08.16.24 Date

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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to document in 1 of 1 sampled resident's (Resident 2) Negotiated Service Agreement (NSA) the care needs, interventions, and monitoring requirements needed to meet the resident's needs. These failures place Resident 2 at risk for unmet care needs and potential worsening medical conditions.

Findings included...

Review of the facility's policy titled, "Assessments", revised May 2018, showed assessments were completed on all residents prior to move-in, regularly, and as needed. The policy showed the assessments identified health histories, functional needs, and service preferences of each resident. The assessment generated the resident's Negotiated Service Agreement (NSA) or customized service plan (CSP).

Review of Resident 2's assessment, dated 05/07/2024, showed Resident 2 had a pacemaker (a battery powered device placed under the skin near the collarbone to help heartbeat at a normal rate and rhythm).

Review of Resident 2's NSA dated 05/13/2024, showed no documentation of a pacemaker. There were no staff instructions about what actions to take if Resident 2 experienced cardiac pacemaker-related complications, such dizziness, fainting, difficulty breathing, decreased pulse, and blood pressure lower than normal for the resident. There was no documentation of an alternative plan in the event Resident 2 was unable to monitor their own symptoms and navigate the cell phone app or call for assistance.

During an interview on 07/29/2024 at 11:00 AM, Staff F, Medication Technician and Caregiver, stated that they assisted Resident 2 with medication management and care. Staff F stated that they were unaware Resident 2 had a pacemaker. Staff F was unaware of how Resident 2's pacemaker was monitored.

Observation and interview on 07/29/2024 at 2:30 PM, showed Resident 2 with a raised area on their left chest where their pacemaker was surgically implanted. Observation showed Resident 2 used their cell phone to monitor and transmit their heart activity to the physician's clinic. Observation of the phone showed a dashboard page with the information of the heart device, such as battery life, implant date, and the clinic's contact number. Observation showed Resident 2 struggled to physically navigate the tiny icons and the buttons on the cell phone.

During an interview on 07/29/2024 at 2:40 PM, Resident 2 stated that their pacemaker was implanted a long time ago, before they moved into the facility. Resident 2 stated that the cardiologist in Florida monitored their heart activity through their cell phone. Resident 2 stated that they track their own symptoms, heart rate, and blood pressure.

During an interview on 07/30/2024 at 9:46 AM, Staff G, Executive Director, stated that they last updated Resident 2's NSA and service plan. Staff G stated that they were unaware the pacemaker that was documented in the assessment did not translate to the NSA that was generated by the assessment.

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, THE INN AT ARBOR VILLAGE is or will be in compliance with this law and / or regulation on (Date) 09.19.24 .

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

Administrator (or Representative) 08.16.24 Date

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20425 72nd Avenue S, Suite 400, Kent, WA 98032

08/09/2024

CASCADE LIVING GROUP - KENT LLC
THE INN AT ARBOR VILLAGE
24205 116TH AVE SE
KENT, WA 98030

RE: THE INN AT ARBOR VILLAGE # 1994

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 08/06/2024 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:

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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-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.

The facility failed to remove discontinued and expired medications from the medication cart. During the full inspection, the facility staff discarded the discontinued and expired medications. The facility implemented improved guidelines for the medication technician staff to follow as required in the facility's process for the management of discontinued and expired medications.

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 (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure