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

Pacwest Kennewick, LLC
Parkview Estates
7820 W 6th Ave
Kennewick, WA 99336

RE: Parkview Estates License # 2025

Dear Administrator:

This letter addresses Compliance Determination(s) 46846 (Completion Date 09/11/2024) and 43717 (Completion Date 07/15/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/11/2024 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-2480-1, WAC 388-78A-2090-8-a

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

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

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit G
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***



Pacwest Kennewick, LLC
Parkview Estates
7820 W 6th Ave
Kennewick, WA 99336

RE: Parkview Estates # 2025

Dear Administrator:

This document references the following complaint numbers 137415.

The Department completed a full inspection of your Assisted Living Facility on 07/15/2024 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:

Michelle Closner, Field Manager
Residential Care Services

Region 1, Unit G
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-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:

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

The Assisted Living Facility failed to develop and address the plan to provide care for residents with assessed needs for nursing services. The facility updated the residents' care plans with the necessary services and care needs.

**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)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit G
Residential Care Services

Enclosure

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 #: 2025 | Compliance Determination # 43717 |
| Plan of Correction | Parkview Estates | Completion Date |
| Page 4 of 7 | Licensee: Pacwest Kennewick, LLC | 07/15/2024 |

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 07/08/2024, 07/09/2024 and 07/10/2024 of:

Parkview Estates
7820 W 6th Ave
Kennewick, WA 99336

This document references the following complaint numbers: 137415.

The following sample was selected for review during the unannounced on-site visit: 12 of 122 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor
Jessica Clapp, Assisted Living Facility Licensor
Robin Rainville, Assisted Living Facility Licensor
Tracy Ramirez, Assisted Living Facility Licensor
Elaine Lopez, Licensor

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

Michelle Closner — Residential Care Services

07/24/2024 — Date

| Statement of Deficiencies | License #: 2025 | Compliance Determination # 43717 |
|---|---|---|
| Plan of Correction | Parkview Estates | Completion Date |
| Page 5 of 7 | Licensee: Pacwest Kennewick, LLC | 07/15/2024 |

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.

Tonya Y. Arnold
Administrator (or Representative)

7.30.2024
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 Assisted Living Facility (ALF) failed to ensure screening for tuberculosis was completed within three days of hire for 2 of 3 staff (Staff B and D). This failure placed residents at risk of potential exposure to a communicable disease.

Findings included...

Review of the file for Staff B, Wellness Director/Licensed Practical Nurse, showed that they were hired on 06/01/2023. Staff B's file showed that they had a Tuberculosis (TB) skin test done on 06/08/2023 (seven days after they were hired). Staff B's file did not show that they had been screened for TB within three days of hire.

In an interview on 07/09/2024 at 3:58 PM, Staff A, Administrator, stated that the ALF did not have a second nurse available to administer a TB test for Staff B when they were hired.

Review of the file for Staff D, Caregiver, showed that they were hired 10/06/2023. Staff D's file showed they were tested for TB on 10/10/2023 (four days after they were hired). Staff D's file did not show that they had been screened for TB within three days of hire.

In an interview on 07/09/2024 at 2:27 PM, Staff B stated that Staff D was doing computer on-boarding training in the ALF for the first seven days of their hire date, and that their TB test was done at the end of their on-boarding process.

**Plan/Attestation Statement**

| Statement of Deficiencies | License #: 2025 | Compliance Determination # 43717 |
|---|---|---|
| Plan of Correction | Parkview Estates | Completion Date |
| Page 6 of 7 | Licensee: Pacwest Kennewick, LLC | 07/15/2024 |

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, Parkview Estates is or will be in compliance with this law and / or regulation on (Date) 8.29.2024 .

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

Sonya Y. Arnold — Administrator (or Representative)

7.31.2024 — Date

**WAC 388-76A-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:**

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

(a) Ability to perform activities of daily living;

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

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a full assessment addressing the required elements for 1 of 12 residents (Resident 6). This failure resulted in the resident's care plan not accurately reflecting their care needs.

Findings included...

Review of Resident 6's demographics, dated 07/10/2024, showed that the resident moved into the facility on 12/14/2023.

Review of Resident 6's progress note, dated 5/16/2024, showed that the resident was seen by their provider on 05/09/2024. The note showed that Resident 6 had an ostomy (a surgically created external opening for the digestive system) and that the resident may need assistance with changing the external collection bag.

Review of Resident 6's facility assessment, dated 06/11/2024, showed no documentation of the resident having an ostomy . The assessment did not show that Resident 6 had an ostomy (which would be required to ensure the Negotiated Service Agreement would reflect the needed care and monitoring).

Review of Resident 6's outside provider's summary, dated 07/03/2024, showed that the

resident had an ostomy present. The summary showed that the resident had scheduled follow up appointments with their provider through August 2024.

Review of Resident 6's Negotiated Service Agreement (NSA), dated 07/09/2024, showed that the resident had diagnoses that included [redacted] ([redacted]) and had had an [redacted] ([redacted]). The NSA did not show that Resident 6 had an ostomy, what staff should monitor and what to do if the resident needed assistance with it.

In an interview on 07/10/2024 at 11:10 AM, Staff G, Assistant Wellness Director, stated that Resident 6 had an ostomy and that the facility staff did not assist the resident with ostomy care.

**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, Parkview Estates is or will be in compliance with this law and / or regulation on (Date) 8.29.2024 .

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

Sonya Y. Arnold — Administrator (or Representative)

7.31.2024 — Date