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

SNOW PEAK 1 LIBERTY LAKE REAL ESTATE HOLDING CO LLC
GUARDIAN ANGEL HOMES LIBERTY LAKE
23102 E MISSION AVE
LIBERTY LAKE, WA 99019

RE: GUARDIAN ANGEL HOMES LIBERTY LAKE License # 2035

Dear Administrator:

This letter addresses Compliance Determination(s) 40341 (Completion Date 04/25/2024) and 36099 (Completion Date 02/29/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/25/2024 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-2100-2-a, WAC 388-78A-2150-1, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2, WAC 388-78A-2690-5, WAC 388-78A-2690-6-c, WAC 388-78A-2690-7, WAC 388-78A-2690-7-a, WAC 388-78A-2690-7-b, WAC 388-78A-24701-1, WAC 388-78A-2730-1-b, WAC 388-78A-2730-1-a, WAC 388-78A-2484-2

The Department staff who did the on-site verification:
Patty Ford, LTC Surveyor

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 #: 2035	Compliance Determination # 36099
Plan of Correction	GUARDIAN ANGEL HOMES LIBERTY LAKE	Completion Date
Page 1 of 11	Licensee: SNOW PEAK 1 LIBERTY LAKE REAL	02/29/2024

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 02/23/2024, 02/26/2024, 02/27/2024 and 02/28/2024 of:
GUARDIAN ANGEL HOMES LIBERTY LAKE
23102 E MISSION AVE
LIBERTY LAKE, WA 99019

The following sample was selected for review during the unannounced on-site visit: 9 of 74 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Veronica Jackson, Assisted Living Facility Licensor
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.

SM

Residential Care Services

03/12/2024

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.

Administrator (or Representative)

3/19/2024
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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to complete an annual safety assessment for 2 of 2 residents (Resident 4 and 5) sampled for medical devices. This failure placed residents at risk of injury from using medical devices they had not been assessed to safely use.

Findings included...

<Resident 4>

Review of the facility's undated Characteristic Roster showed Resident 4 was admitted to the facility's memory care on [redacted]/2021.

Observation on 02/26/2024 at 3:30 PM, showed Resident 4 had a bed cane installed on one side of their bed.

Review of Resident 4's Assessment and Care Plan (the facility's titled assessment and negotiated service agreement combined) showed no documentation of a safety assessment for the bed cane (a rail attached to the side of a bed for mobility assistance) or the resident's ability to safely use the device.

In an interview on 02/27/2024 at 1:30 PM, Staff I, Caregiver, stated the bed cane on Resident 4's bed had been there since they started working with the resident over one year ago.

In an interview on 02/27/2024 at 4:55 PM, Staff G, Licensed Practical Nurse, stated they were unaware that Resident 4 had a bed cane on their bed and that Resident 4 had not been assessed for the bed cane. Staff G stated they were unable to find documentation of an annual assessment for Resident 4's ability to safely use the bed cane.

<Resident 5>

Review of the facility's undated Characteristic Roster showed Resident 5 was admitted to the facility's memory care on [redacted]/2022.

Observation on 02/26/2024 at 3:35 PM, showed Resident 5 had a bed cane installed on one side of their bed.

Review of Resident 5's Assessment and Care Plan, dated 08/07/2023, showed the plan did not identify the resident's need to use a bed cane, showed no documentation of a safety assessment for the bed cane, or the resident's ability to safely use the device.

In an interview on 02/26/2024 at 4:20 PM, Staff G stated the facility did not complete safety assessments on medical devices.

In an interview on 02/28/2024 at 4:50 PM Staff A, Administrator and Staff G, indicated they did not know that Resident 4 and Resident 5 had bed canes attached to their beds.

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, GUARDIAN ANGEL HOMES LIBERTY LAKE is or will be in compliance with this law and / or regulation on (Date) 04/14/2024 .

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

Creighton Mona — Administrator (or Representative)

3/19/2024 — Date

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 agreement was signed by the resident, or resident representative, for 3 of 9 sampled residents (Residents 5, 7, and 8). This failure placed residents at risk of unmet care needs related to not signing and acknowledging their own plan of care.

Findings included...

Review of Resident 5's Assessment and Care Plan (the facility's titled assessment and negotiated service agreement combined), dated 08/07/2023, showed the plan did not contain signature(s) by the resident or their representative to indicate agreement to the plan.

Review of Resident 7's Assessment and Care Plan, dated 08/24/2023, showed the plan did not contain signature(s) by the resident or their representative to indicate agreement to the plan.

Review of Resident 8's Assessment and Care Plan, dated 02/06/2024, showed the plan did not contain signature(s) by the resident or their representative to indicate agreement to the plan.

In an interview on 02/27/2024 at 4:55 PM, Staff A, Administrator, stated that they did not have a signed NSA for Resident 8.

In an interview on 02/28/2024 at 3:45 PM, Staff A stated that they did not have signed NSAs for Residents 5 and 7.

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, GUARDIAN ANGEL HOMES LIBERTY LAKE is or will be in compliance with this law and / or regulation on (Date) 4/14/2024 .

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

Administrator (or Representative) — Date: 3/19/2024

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.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a medication order was processed and administered as prescribed for 1 of 9 sampled residents (Resident 6). This failure resulted in Resident 6 not receiving their medication for an extended period of time and placed the resident at risk of medical complications.

Findings included...

Review of Resident 6's Assessment and Care Plan (the facility's titled assessment and negotiated service agreement combined), dated 12/28/2023, showed the facility provided medication assistance to Resident 6. The care plan showed Resident 6 was diagnosed with [redacted] ([redacted]).

Review of Resident 6's January 2024 and February 2024 medication administration records (MARs) showed they were prescribed apixaban (a medication used to prevent blood clots) twice a day. Further review showed Resident 6 had not received their evening dose of the apixaban from 01/01/2024 through 02/06/2024.

In an interview on 02/27/2024 at 09:50 AM, Staff G, Licensed Practical Nurse, stated that they did not have a system in place to audit medication administration.

In an interview on 02/28/2024 at 3:10 PM, Staff G reviewed Resident 6's January 2024 and February 2024 MARs. Staff G stated the doctor had ordered apixaban to be administered to Resident 6 twice a day. Staff G stated they were unsure why Resident 6 had not received their evening dose of apixaban from 01/01/2024 through 02/06/2024.

In an interview on 02/28/2024 at 4:45 PM, Staff G stated the order for Resident 6's apixaban had been entered incorrectly in the MARs.

This is a recurring deficiency previously cited on 03/30/2023 for subsections (2).

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, GUARDIAN ANGEL HOMES LIBERTY LAKE is or will be in compliance with this law and / or regulation on (Date) 04/14/2024 .

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

Administrator (or Representative) — Date: 3/19/2024

WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.

(5) The release of audio or video monitoring recordings by the facility is prohibited. Each person or organization with access to the electronic monitoring must be identified in the resident's negotiated service agreement.

(6) If the resident requests the assisted living facility to conduct audio or video monitoring of his or her apartment or sleeping area, before any electronic monitoring occurs, the assisted living facility must ensure:

(c) The resident and the assisted living facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.

(7) The assisted living facility must:

(a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing, signed and dated by the resident.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure electronic monitoring procedures were followed for 1 of 1 resident (Resident 4) sampled for electronic monitoring . This failure placed the resident at risk for a violation of their right to personal privacy.

Findings included...

Observation on 02/26/2024 at 3:30 PM, showed a video camera (electronic monitoring) in Resident 4's room.

Review of Resident 4's Assessment and Care Plan (the facility's titled assessment and negotiated service agreement combined), dated 12/21/2023, showed no documentation to indicate the resident had electronic monitoring in their living unit. Further review showed that individuals with access to the monitoring, were not identified.

Review of Resident 4's most recent Resident Requested Video Monitoring Agreement showed that it was dated 06/24/2022. Review of the agreement showed, "the facility must re-evaluate every 3 months and will need to be signed off by the facility and the resident." Further review showed no documentation to identify who had access to the electronic monitoring, no re-evaluation of the need for electronic monitoring, and no current signed agreement.

In an interview on 02/27/2024, at 1:25 PM, Staff A, Administrator, stated they were aware of the requirements for electronic monitoring in resident living units.

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, GUARDIAN ANGEL HOMES LIBERTY LAKE is or will be in compliance with this law and / or regulation on (Date) 04/14/2024 .

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

Administrator (or Representative) — Date: 3/19/2024

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a character, competence, and suitability review was completed for 1 of 6 staff (Staff C). This failure placed residents at risk of receiving services from staff members with non-disqualifying criminal convictions who had not been evaluated for character, competence, and suitability to work with vulnerable adults.

Findings included...

Review of Staff C's, Caregiver, personnel file showed a fingerprint background check dated 08/31/2023. Further review of the background check showed that Staff C had information that required a character, competence, and suitability (CC&S) review. No CC&S review was found in Staff C's file.

In an interview on 02/28/2024 at 1:40 PM, Staff H, Office Manager, indicated that Staff C's CC&S was missed and had not been completed.

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, GUARDIAN ANGEL HOMES LIBERTY LAKE is or will be in compliance with this law and / or regulation on (Date) 04/14/2024 .

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

Administrator (or Representative) — Date: 3/19/2024

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(a) The operation of the assisted living facility;

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had completed respirator fit testing for 5 of 6 staff (Staff B, C, D, E and F) sampled for infection control. This failure placed residents and staff at risk of exposure to an infectious communicable disease during a recent outbreak.

Per WAC 296-842-15005, facilities must conduct fit testing (test completed by specially trained personnel to ensure N95 mask seals effectively to reduce the chance of exposure to respiratory viruses) before employees are assigned duties that may require the use of respirators and at least every twelve months after initial testing.

Review of a Department of Social and Health Services provider letter, dated 09/14/2023, showed that employers in Long Term Care settings are responsible to "follow regulations pertaining to respiratory protection," including respirator fit testing for long term care workers.

Review of Staff B's, Caregiver, personnel file showed a hire date of 09/29/2023. Further review showed no documentation of respirator fit testing.

Review of Staff C's, Caregiver, personnel file showed a hire date of 08/30/2023. Further

review showed no documentation of respirator fit testing.

Review of Staff D's, Caregiver, personnel file showed a hire date of 10/18/2023. Further review showed no documentation of respirator fit testing.

Review of Staff E's, Caregiver, personnel file showed a hire date of 09/21/2017. Further review showed no documentation of respirator fit testing.

Review of Staff F's, Caregiver, personnel file showed a hire date of 08/21/2018. Further review showed no documentation of respirator fit testing.

In an interview on 02/28/2024 at 3:10 PM, Staff G, Licensed Practical Nurse, provided the department with a list that showed 11 residents had tested positive for COVID-19 (an infectious communicable disease) between 12/24/2023 through 01/08/2024.

In an interview on 02/28/2024 at 4:50 PM, Staff A, Administrator, indicated they had no records for respirator fit testing for staff.

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, GUARDIAN ANGEL HOMES LIBERTY LAKE is or will be in compliance with this law and / or regulation on (Date) 04/14/2024 .

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

Administrator (or Representative) — 3/19/2024 Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff received a second step tuberculosis test within one to three weeks after the first test for 2 of 6 sampled staff (Staff C and D). This failure placed residents at risk for exposure to tuberculosis infection.

Findings included...

<Staff C>

Review of the facility's staff roster showed that Staff C, Caregiver, was hired on 08/30/2023.

Review of Staff C's undated personnel file showed documentation of tuberculosis (TB, a communicable respiratory disease) skin tests performed as follows:

Placed on 08/30/2023 and read on 09/01/2023.
Placed on 10/02/2023 and read on 10/04/2023.

In an interview on 02/28/2024 at 1:40 PM, Staff G, Licensed Practical Nurse, stated that they were aware that Staff C's second step TB test had been completed more than three weeks after the first step TB test.

<Staff D>

Review of the facility's staff roster showed that Staff D, Caregiver, was hired on 10/18/2023.

Review of Staff D's undated personnel file showed documentation of TB skin tests performed as follows:

Placed on 10/19/2023 and read on 10/22/2023.
Placed on 01/16/2024 and unread.
Placed on 01/22/2024 and read on 01/25/2024.

In an interview on 02/28/2024 at 1:40 PM, Staff G, stated that they were aware that Staff D's second step TB tests had been completed more than three weeks after the first step TB test.

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, GUARDIAN ANGEL HOMES LIBERTY LAKE is or will be in compliance with this law and / or regulation on (Date) 04/14/2024.

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

Administrator (or Representative)

3/19/2024
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

SNOW PEAK 1 LIBERTY LAKE REAL ESTATE HOLDING CO LLC
GUARDIAN ANGEL HOMES LIBERTY LAKE
23102 E MISSION AVE
LIBERTY LAKE, WA 99019

RE: GUARDIAN ANGEL HOMES LIBERTY LAKE # 2035

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 02/29/2024 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-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(iii) Corridors, as well as common and outdoor areas accessible to residents.

The facility did not have a communication system installed in outdoor areas that were accessible to residents. Prior to the conclusion of the inspection, the facility installed an outdoor communication system at the main building and ordered the remaining parts to be installed outside of the memory care buildings.

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