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) 70707 (Completion Date 12/29/2025) and 68143 (Completion Date 11/04/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/29/2025 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-2950-5, WAC 388-78A-2950-6, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2-a, WAC 388-78A-2240, WAC 388-78A-2100-2-a, WAC 388-78A-2484-2, WAC 388-78A-2485-1, WAC 388-78A-2474-2-e, WAC 388-112A-0060-1-a-i, WAC 388-78A-2160

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

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

Sincerely,

Stephanie Jenks, Community 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

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 10/30/2025, 10/31/2025 and 11/03/2025 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: 10 of 82 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jennifer Lee, Assisted Living Facility Licensor
Patricia Eddy, Community Licensor
Carla Rose, NCI Community 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.

Residential Care Services — Date: 11/14/2025

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) — Date: 11/18/2025

WAC 388-78A-2950 Water supply. The assisted living facility must:

(5) Provide hot and cold water under adequate pressure readily available throughout the assisted living facility;

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to maintain water temperatures between 105 degrees Fahrenheit and 120 degrees Fahrenheit for 1 of 9 residents (Resident 7), and in 2 of 5 buildings (Cottage and Craftsman memory care buildings). The facility failed to ensure kitchenette water was supplied to 1 of 9 residents (Resident 3). These failures resulted in water temperatures that ranged outside of requirements and placed the residents at risk for skin injury and a decreased quality of life.

Findings included ..

< Resident 7>

Review of Resident 7's Service Plan Report (the facility's titled negotiated service agreement) dated 05/28/2025, showed that the resident was incontinent of urine and stool. Further review showed that Resident 7 required daily showers using a Hoyer Lift (a large mechanical device used to safely lift and transfer people with limited mobility).

Review of Resident 7's face sheet, dated 10/31/2025, showed the resident was diagnosed with [redacted]

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

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)

Date

WAC 388-78A-2950 Water supply. The assisted living facility must:

(5) Provide hot and cold water under adequate pressure readily available throughout the assisted living facility;

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to maintain water temperatures between 105 degrees Fahrenheit and 120 degrees Fahrenheit for 1 of 9 residents (Resident 7), and in 2 of 5 buildings (Cottage and Craftsman memory care buildings). The facility failed to ensure kitchenette water was supplied to 1 of 9 residents (Resident 3). These failures resulted in water temperatures that ranged outside of requirements and placed the residents at risk for skin injury and a decreased quality of life.

Findings included…

< Resident 7>

Review of Resident 7's Service Plan Report (the facility's titled negotiated service agreement), dated 05/28/2025, showed that the resident was incontinent of urine and stool. Further review showed that Resident 7 required daily showers using a Hoyer Lift (a large mechanical device used to safely lift and transfer people with limited mobility).

Review of Resident 7's face sheet, dated 10/31/2025, showed the resident was diagnosed with [redacted]

[redacted] and [redacted]

In an interview on 10/31/2025 at 2:50 PM, Resident 7 was unable to answer any questions due to their cognition.

Observation on 10/31/2025 at 3:10 PM showed that Resident 7 resided in the Cottage memory care unit. Further observation showed the water temperature in Resident 7's room was 88.1 degrees Fahrenheit (F).

In an interview on 10/31/2025 at 3:25 PM, Staff A, Medication Technician/Caregiver, stated that the water supply throughout the Cottage had been cold for the past two weeks. Staff A stated that another staff member notified maintenance two weeks ago when they discovered the low water temperatures. Staff A stated that all the sinks and showers in the resident rooms had low water temperatures. Staff A then stated there was a separate shower room that still had hot water that they had been using for most of the residents. Staff A further stated that they continued to do Resident 7's showers in their room, because Resident 7 required a Hoyer Lift and it was easier to use the larger shower in Resident 7's room. Staff A stated they did not think it was an issue because Resident 7 had not complained about the water temperature.

<Cottage and Craftsman Memory Care units>

In an interview on 10/30/2025 at 9:32 AM Staff J, Maintenance Director, stated that they checked water temperatures weekly. Staff J further stated that the water checks were of random sinks throughout the buildings, and they did not keep a log of the water temperatures.

Observations during the environmental tour on 10/30/2025 at 9:32 AM showed the following water temperatures:

-Cottage - hallway sink 75 degrees F
-Cottage - common area bathroom sink 100.2 degrees F
-Craftsman - hallway sink 129.6 degrees F
-Craftsman - shower room sink 131 degrees F
-Craftsman - kitchenette sink 130 degrees F

Observation on 10/31/2025 at 10:22 PM showed the water temperature in the Cottage common area bathroom sink was 96.4 degrees F.

In an interview on 10/31/2025 at 4:38 PM Staff L, Administrator, stated that Staff J informed them that a part needed to be purchased to fix the water temperatures in the Cottage memory care unit. Staff L further stated that the part had not yet been

purchased.

<Resident 3 >

Observation on 11/03/2025 at 10:00 AM showed that the kitchenette faucet in Resident 3's room did not work. In an interview at that time, Resident 3 stated they notified maintenance last week about their faucet constantly dripping. Resident 3 further stated that maintenance turned the water supply off to their sink and they had not heard back from them on when the faucet would be repaired.

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) 12/18/2025.

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

Christian Mora — Administrator (or Representative)

11/18/2025 — Date

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:

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to administer the correct medication to 1 of 10 sampled residents (Resident 9). This failure resulted in Resident 9 receiving the wrong medication and placed them at risk of health complications.

Findings included...

purchased.

<Resident 3 >

Observation on 11/03/2025 at 10:00 AM showed that the kitchenette faucet in Resident 3's room did not work. In an interview at that time, Resident 3 stated they notified maintenance last week about their faucet constantly dripping. Resident 3 further stated that maintenance turned the water supply off to their sink and they had not heard back from them on when the faucet would be repaired.

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)_____ .

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

_____ _____
Administrator (or Representative) Date

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 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to administer the correct medication to 1 of 10 sampled residents (Resident 9). This failure resulted in Resident 9 receiving the wrong medication and placed them at risk of health complications.

Findings included…

Review of Resident 9's Service Plan Report (the facility's titled negotiated service agreement), dated 05/25/2025, showed the resident was diagnosed with [redacted] and [redacted] Further review showed the facility was responsible for Resident 9's medications.

Review of the Medication Administration Records (MARs) for August 2025, September 2025, and October 2025, showed that Resident 9 was prescribed an albuterol inhaler (a fast-acting inhaler administered for quick relief of shortness of breath) to be administered as needed and a fluticasone-salmeterol inhaler (prescribed for long term control of respiratory conditions) to be administered twice a day. The MARs showed that beginning on 08/12/2025 the fluticasone-salmeterol inhalation aerosol was intermittently marked as not given because the med was "not available." Further review showed that the fluticasone-salmeterol was intermittently administered in between the dates where it was marked as "not available." The MARs showed that the medication was documented as follows:

-August 2025 – administered 31 doses, not available seven doses
-September 2025 – administered 46 doses, not available 14 doses
-October 2025 – administered 47 doses, not available 15 doses

In an interview on 10/31/2025 at 2:30 PM, Staff C, Medication Technician/Caregiver, was asked to show the department Resident 9's fluticasone-salmeterol in the medication cart. Observation at that time showed that Staff C took out the resident's albuterol inhaler. Staff C then stated that the albuterol inhaler was the inhaler given to the resident when the fluticasone-salmeterol inhaler was ordered.

Observation on 10/31/2025 at 2:40 PM showed Resident 9 in the memory care unit. Resident 9 was unable to answer questions due to their dementia.

In an interview on 11/03/2025 at 10:30 AM Staff G, Registered Nurse, stated that they were unaware of a discrepancy in the documented administrations for Resident 9's fluticasone-salmeterol. Staff G confirmed the facility did not have a process to audit the MARs for missed medications or medication errors.

In an interview on 11/03/2025 at 1:57 PM, Staff I, Medication Technician, was asked to show the department which medication had been given to Resident 9 for the doses of fluticasone-salmeterol that were marked as administered. Observation at that time showed Staff I handed a bottle of fluticasone-propionate nasal spray to the department. The bottle did not have any resident information or labels on it to indicate who the medication belonged to. Staff I was unable to locate any packaging in the cart for that medication to determine who the nasal spray belonged to. Staff I then stated that Resident 9 did not like it when the nasal spray (not inhaler) was administered. When the department pointed out that the order was for a fluticasone-salmeterol

inhaler, not fluticasone-propionate nasal spray, Staff I indicated that they were unaware that it was the wrong medication.

Review of the medication policy titled Guidelines for Medication, dated 2008, showed that facility staff were to follow the listed steps when they administered the medications:

a. Check name of resident.
b. Match with medication on card/bottle
c. Read orders on MAR.
d. Read orders on card/bottle.
e. Assist resident as directed per MAR.

This is a recurring deficiency previously cited on 02/29/2024 for subsections (1)(b)(2) and 03/30/2023 for subsections (2)(a)

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) 12/18/2025 .

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

Christian Mora — Administrator (or Representative)

11/18/2025 — Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to obtain medication in a timely manner for 1 of 10 sampled residents (Resident 9). This failure resulted in missed medication and placed the resident at risk of health complications due to not receiving their scheduled medication.

Findings included...

inhaler, not fluticasone-propionate nasal spray, Staff I indicated that they were unaware that it was the wrong medication.

Review of the medication policy titled Guidelines for Medication, dated 2008, showed that facility staff were to follow the listed steps when they administered the medications:

a. Check name of resident.
b. Match with medication on card/bottle.
c. Read orders on MAR.
d. Read orders on card/bottle.
e. Assist resident as directed per MAR.

This is a recurring deficiency previously cited on 02/29/2024 for subsections (1)(b)(2) and 03/30/2023 for subsections (2)(a).

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)_____ .

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

_____ _____
Administrator (or Representative) Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to obtain medication in a timely manner for 1 of 10 sampled residents (Resident 9). This failure resulted in missed medication and placed the resident at risk of health complications due to not receiving their scheduled medication.

Findings included…

Review of Resident 9's Service Plan Report (the facility's titled negotiated service agreement), dated 05/25/2025, showed the resident was diagnosed with [redacted] and [redacted] Further review showed the facility was responsible for Resident 9's medications.

Review of the Medication Administration Records (MARs) for August 2025, September 2025, and October 2025, showed that Resident 9 was prescribed an albuterol inhaler (a fast-acting inhaler administered for quick relief of shortness of breath) to be administered as needed and a fluticasone-salmeterol inhalation aerosol (inhaler prescribed for long term control of respiratory conditions) to be administered twice a day.

Further review showed that Resident 9 did not receive the fluticasone-salmeterol inhaler because it was "not available" seven times in August, 14 times in September, and 15 times in October.

In an interview on 10/31/2025 at 2:25 PM, Staff C, Medication Technician/Caregiver, stated that when a medication needed to be ordered, the medication technician called the pharmacy and then documented the contact on the medication order log on the clipboard. Staff C further stated that if two days had gone by without the medication, they would notify the nurse to follow up with the pharmacy.

Observation on 10/31/2025 at 2:25 PM, showed the medication order log contained one entry dated 10/16/2025 for Resident 9's "inhaler."

Observation on 10/31/2025 at 2:30 PM showed the medication cart did not contain Resident 9's fluticasone-salmeterol inhaler. Further observation showed the medication cart contained Resident 9's albuterol inhaler with a pharmacy fill date of 10/16/2025. In an interview at that time Staff C stated they were unsure where the resident's fluticasone-salmeterol was located.

In an interview on 11/03/2025 at 10:30 AM Staff G, Registered Nurse, stated that they were unaware that Resident 9 did not have the fluticasone-salmeterol inhaler. Staff G stated that when medications needed to be reordered that medication technicians would notify the nurse or Staff M, Resident Care Coordinator.

In an interview on 11/03/2025 at 10:45 AM, Staff M stated that they were not aware the fluticasone-salmeterol inhaler was not obtained until 10/31/2025. Staff M further stated that on 10/31/2025 they spoke with the pharmacy and were informed that the fluticasone-salmeterol inhaler had not been filled since September 2025. Staff M then stated they did not know how long Resident 9 had gone without the inhaler.

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) 12/18/2025

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

Administrator (or Representative) — 11/18/2025 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 1 of 2 residents (Resident 3) sampled for medical devices. This failure placed Resident 3 at risk of injury due to using a medical device that they had not been assessed to safely use

Findings included...

Review of Resident 3's face sheet showed they were admitted to the facility on [redacted]/2023. Further review showed that they had a diagnosis of [redacted]

Observation on 11/03/2025 at 10:00 AM, showed that Resident 3 had a bed cane (device placed on the side of a bed that helps to provide balance and support when transferring from bed) installed on their bed. In an interview at that time, Resident 3 stated that they had the bed cane since they moved into the facility.

Review of Resident 3's facility assessment, dated 09/24/2025, showed it did not contain a safety assessment for the bed cane.

In an interview on 11/03/2025 at 12:10 PM Staff F, Licensed Practical Nurse, stated they were unaware that Resident 3 had a bed cane and that they had not completed a safety assessment for it.

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)_____ .

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

_____ _____

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;

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 1 of 2 residents (Resident 3) sampled for medical devices. This failure placed Resident 3 at risk of injury due to using a medical device that they had not been assessed to safely use.

Findings included…

Review of Resident 3's face sheet showed they were admitted to the facility on [redacted]/2022. Further review showed that they had a diagnosis of [redacted].

Observation on 11/03/2025 at 10:00 AM, showed that Resident 3 had a bed cane (device placed on the side of a bed that helps to provide balance and support when transferring from bed) installed on their bed. In an interview at that time, Resident 3 stated that they had the bed cane since they moved into the facility.

Review of Resident 3's facility assessment, dated 09/24/2025, showed it did not contain a safety assessment for the bed cane.

In an interview on 11/03/2025 at 12:10 PM Staff F, Licensed Practical Nurse, stated they were unaware that Resident 3 had a bed cane and that they had not completed a safety assessment for it.

This is a recurring deficiency previously cited on 02/29/2024.

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) 12/18/2025.

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

[signature] 11/18/2025

Administrator (or Representative) 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 tuberculosis test results were read within 48 to 72 hours for 2 of 3 staff (Staff A and C). This failure placed residents at risk for exposure to a communicable disease.

Findings included...

Review of personnel records for Staff A, Medication Technician (MT)/Caregiver, showed a hire date of 02/03/2025. Further review showed that the first step Tuberculosis (TB, a respiratory illness caused by a bacterial infection) test was initiated on 02/03/2025, but the record showed no documentation of the TB test results.

Review of personnel records for Staff C, MT/Caregiver, showed a hire date of 09/30/2024. Further review showed that Staff J's second TB test was initiated on 10/14/2024, and that the results were not read.

In an interview on 11/03/2025 at 12:32 PM, Staff K, Business Office Manager, stated that they had some issues with completing TB testing on time and that Staff A and C's tests were not completed on time.

This is a recurring deficiency previously cited on 02/29/2024 .

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)_____ .

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

_____ _____

Administrator (or Representative) 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 tuberculosis test results were read within 48 to 72 hours for 2 of 3 staff (Staff A and C). This failure placed residents at risk for exposure to a communicable disease.

Findings included...

Review of personnel records for Staff A, Medication Technician (MT)/Caregiver, showed a hire date of 02/03/2025. Further review showed that the first step Tuberculosis (TB, a respiratory illness caused by a bacterial infection) test was initiated on 02/03/2025, but the record showed no documentation of the TB test results.

Review of personnel records for Staff C, MT/Caregiver, showed a hire date of 09/30/2024. Further review showed that Staff J's second TB test was initiated on 10/14/2024, and that the results were not read.

In an interview on 11/03/2025 at 12:32 PM, Staff K, Business Office Manager, stated that they had some issues with completing TB testing on time and that Staff A and C's tests were not completed on time.

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) 12/18/2025

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

Administrator (or Representative) — 11/18/2025 Date

WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

(1) Ensure that the staff person has a chest X-ray within seven days;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a chest x-ray was completed within seven days after a positive tuberculosis test as required for 1 of 1 staff (Staff A). This failure placed residents at risk for exposure to a communicable disease.

Findings included...

Review of personnel records for Staff A, Medication Technician/Caregiver, showed a hire date of 02/03/2025. Further review showed that the first step Tuberculosis (TB, a respiratory illness caused by a bacterial infection, TB) test was initiated on 02/03/2025, but those results were not read. Another first step TB test was initiated on 02/26/2025 and read on 02/28/2025, but no results were documented. Records further showed that Staff A completed a chest x-ray on 04/14/2025.

In an interview on 11/03/2025 at 11:42 AM, Staff K, Business Office Manager, stated that they had some issues with completing TB testing on time. They stated that Staff F, Licensed Practical Nurse, was concerned about the TB test results and decided to send Staff A for a chest x-ray. Staff K stated that Staff A informed them that they would always test positive on a TB skin test and had tested positive in the past. Staff K stated that Staff A needed multiple reminders to provide their chest x-ray results.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

(1) Ensure that the staff person has a chest X-ray within seven days;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a chest x-ray was completed within seven days after a positive tuberculosis test as required for 1 of 1 staff (Staff A). This failure placed residents at risk for exposure to a communicable disease.

Findings included...

Review of personnel records for Staff A, Medication Technician/Caregiver, showed a hire date of 02/03/2025. Further review showed that the first step Tuberculosis (TB, a respiratory illness caused by a bacterial infection, TB) test was initiated on 02/03/2025, but those results were not read. Another first step TB test was initiated on 02/26/2025 and read on 02/28/2025, but no results were documented. Records further showed that Staff A completed a chest x-ray on 04/14/2025.

In an interview on 11/03/2025 at 11:42 AM, Staff K, Business Office Manager, stated that they had some issues with completing TB testing on time. They stated that Staff F, Licensed Practical Nurse, was concerned about the TB test results and decided to send Staff A for a chest x-ray. Staff K stated that Staff A informed them that they would always test positive on a TB skin test and had tested positive in the past. Staff K stated that Staff A needed multiple reminders to provide their chest x-ray results.

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) 12/18/2025

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

Administrator (or Representative) — 11/18/2025 Date

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility. Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required. Twelve hours per WAC 388-112A-0611 for NA-Cs, HCAs, and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090

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 staff completed the required 12 hours of continuing education for 3 of 5 staff (Staff C, D, and E). This failure placed residents at risk of receiving care from untrained 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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility: Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required. Twelve hours per WAC 388-112A-0611 for NA-Cs, HCAs, and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

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 staff completed the required 12 hours of continuing education for 3 of 5 staff (Staff C, D, and E). This failure placed residents at risk of receiving care from untrained staff.

Findings included…

<Staff C>

Review of Staff C's, Medication Technician/Caregiver, undated personnel file showed a hire date of 09/30/2024. Further review showed that they had completed 10.5 hours of continuing education credits.

Review of the staff schedules from 09/01/2025-10/31/2025 showed that Staff C worked 27 shifts.

<Staff D>

Review of Staff D's, Caregiver, undated personnel file showed a hire date of 04/24/2015. Further review showed they had completed 1.5 hours of continuing education credits.

Review of the staff schedules from 09/01/2025-10/31/2025, showed that Staff D worked 18 shifts.

Observation on 11/03/2025 at 2:25 PM showed Staff D worked as a caregiver and assisted a resident walk down the hall.

<Staff E>

Review of Staff D's, Caregiver, undated personnel file showed a hire date of 04/14/2017. Further review showed they had completed 0.5 hours of continuing education credits.

Review of the staff schedules from 09/01/2025-10/31/2025 showed that Staff E worked 24 shifts.

In an interview on 11/03/2025 at 11:42 AM, Staff K, Business Office Manager, stated the facility did not have a system for tracking continuing education hours.

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) 12/18/2025

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

Administrator (or Representative) — Date: 11/18/2025

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 interview and record review, the facility failed to ensure that a resident received daily showers as outlined in their negotiated service agreement for 1 of 8 residents (Resident 7). This failure placed the resident at risk for skin breakdown and urinary tract infections related to a lack of hygienic practices.

Findings included...

Review of Resident 7's face sheet showed a diagnosis of [redacted] and [redacted]

Review of Resident 7's Service Plan Report (the facility's titled negotiated service agreement), dated 05/29/2025, showed that the resident was incontinent (lacked control) of urine and stool. Further review showed that Resident 7 had a history of Urinary Tract Infections (UTIs-a bacterial infection that affects the urinary system), required incontinence care while in their bed and required daily showers with the use of a Hoyer Lift (a large mechanical device used to safely lift and transfer persons with limited mobility).

Review of Resident 7's shower log, dated 09/01/2025-11/03/2025, showed documentation of the resident receiving showers on 09/13/2025, 09/23/2025, 09/30/2025, 10/06/2025, 10/07/2025, 10/09/2025, 10/10/2025, 10/15/2025, 10/25/2025, 10/28/2025, and 11/01/2025.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

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 interview and record review, the facility failed to ensure that a resident received daily showers as outlined in their negotiated service agreement for 1 of 9 residents (Resident 7). This failure placed the resident at risk for skin breakdown and urinary tract infections related to a lack of hygienic practices.

Findings included…

Review of Resident 7's face sheet showed a diagnosis of [redacted] and [redacted].

Review of Resident 7's Service Plan Report (the facility's titled negotiated service agreement), dated 05/28/2025, showed that the resident was incontinent (lacked control) of urine and stool. Further review showed that Resident 7 had a history of Urinary Tract Infections (UTIs-a bacterial infection that affects the urinary system), required incontinence care while in their bed and required daily showers with the use of a Hoyer Lift (a large mechanical device used to safely lift and transfer persons with limited mobility).

Review of Resident 7's shower log, dated 09/01/2025-11/03/2025, showed documentation of the resident receiving showers on 09/13/2025, 09/23/2025, 09/30/2025, 10/06/2025, 10/07/2025, 10/08/2025, 10/10/2025, 10/15/2025, 10/25/2025, 10/28/2025, and 11/01/2025.

Review of Resident 7's progress notes, dated September 2025 and October 2025, showed the resident refused to shower on 10/06/2025 and 10/22/2025. Further review showed no other documentation of shower refusals for any other days.

In an interview on 10/31/2025 at 2:25 PM, Staff C, Medication Technician (MT)/Caregiver, stated that all care provided to residents, which included showers, was documented in their electronic medical record.

In an interview on 10/31/2025 at 3:25 PM, Staff A, MT/Caregiver, confirmed that Resident 7 was supposed to get showered every day.

In an interview on 11/03/2025 at 2:25 PM, Staff H, Licensed Practical Nurse, stated that Resident 7's family called a week ago to discuss the resident's daily showering schedule because the resident was not getting their daily showers. Staff H stated that they did not know that Resident 7 had a daily shower task in the care plan. Staff H confirmed that Resident 7's care plan did show a need for daily showers because of UTI's. Staff H also stated that caregivers were to document the showers in the online medical record, but Staff H could not find that a shower task listed on the task list. Observation at that time showed Staff H opened the online medical record task list to the department and there was no daily shower tasks added to the list

In an interview on 11/03/2025 at 3:00 PM, Staff F, LPN, confirmed that Resident 7 was supposed to get showered every day and that progress notes were the place to document any refusals of cares including their showers.

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) 12/18/2025

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

Administrator (or Representative) — 11/18/2025 Date

Review of Resident 7's progress notes, dated September 2025 and October 2025, showed the resident refused to shower on 10/06/2025 and 10/22/2025. Further review showed no other documentation of shower refusals for any other days.

In an interview on 10/31/2025 at 2:25 PM, Staff C, Medication Technician (MT)/Caregiver, stated that all care provided to residents, which included showers, was documented in their electronic medical record.

In an interview on 10/31/2025 at 3:25 PM, Staff A, MT/Caregiver, confirmed that Resident 7 was supposed to get showered every day.

In an interview on 11/03/2025 at 2:25 PM, Staff H, Licensed Practical Nurse, stated that Resident 7's family called a week ago to discuss the resident's daily showering schedule because the resident was not getting their daily showers. Staff H stated that they did not know that Resident 7 had a daily shower task in the care plan. Staff H confirmed that Resident 7's care plan did show a need for daily showers because of UTI's. Staff H also stated that caregivers were to document the showers in the online medical record, but Staff H could not find that a shower task listed on the task list. Observation at that time showed Staff H opened the online medical record task list to the department and there was no daily shower tasks added to the list.

In an interview on 11/03/2025 at 3:00 PM, Staff F, LPN, confirmed that Resident 7 was supposed to get showered every day and that progress notes were the place to document any refusals of cares including their showers.

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)_____ .

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

_____ _____

Administrator (or Representative) Date