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) 54848 (Completion Date 03/19/2025) and 52055 (Completion Date 12/30/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/19/2025 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-2040-1

The Department staff who did the off-site verification:
Veronica Jackson, 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

Residential Care Services
Investigation Summary Report

Provider/Facility: GUARDIAN ANGEL HOMES LIBERTY LAKE
License/Cert.#: 2035
Compliance Determination #: 52055
Investigator: Veronica Jackson
Investigation Date(s): 12/24/2024 through 12/30/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 158859
Region/Unit #: RCS Region 1 / Unit B

Allegation(s):
Infection control. Covid 19 outbreak.

Investigation Methods:

Sample:	Total residents: 78 Resident sample size: 6 Closed records sample size: 0
Observations:	Named Residents Residents in common area Lunch service
Interviews:	Administrator Resident representatives Facility nurse Caregiver
Record Reviews:	Characteristic Roster Resident face sheets Resident medication administration records Resident records/nursing notes Staff fit test records

Investigation Summary:
A Covid 19 outbreak in the provider's memory care unit caused illness for 6 residents. The named residents were observed in good health, infections had resolved. Resident representatives verified they were notified of covid 19 outbreak record review showed that primary care providers were notified as well and antiviral medications were ordered and administered for most affected residents. No hospitalizations were required. Staff confirmed adequate supplies were available, staff fit testing records were reviewed and up to date. The facility completed covid 19 testing for residents and staff. The outbreak was reported to the local health jurisdiction. The facility's medical test site waiver license had expired and a consultation was written for WAC 388-78A-2040 (1).

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Statement of Deficiencies	License #: 2035	Compliance Determination # 52055
Plan of Correction	GUARDIAN ANGEL HOMES LIBERTY LAKE	Completion Date
Page 1 of 3	Licensee: SNOW PEAK 1 LIBERTY LAKE REAL ESTATE HOLDING CO LLC	12/30/2024

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 an unannounced on-site complaint investigation on 12/24/2024 and 12/24/2024 of:

GUARDIAN ANGEL HOMES LIBERTY LAKE
23102 E MISSION AVE
LIBERTY LAKE, WA 99019

This document references the following complaint number(s): 158859

The following sample was selected for review during the unannounced on-site visit: 6 of 78 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Veronica Jackson, Assisted Living Facility 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.

J Salquist
Residential Care Services

12/31/2024
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.

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Residential Care Services

Date

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Administrator (or Representative) — Date: 1/09/2025

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain a medical testing site waiver license to perform on-site covid 19 testing for 6 of 6 residents (Resident 1, 2, 3, 4, 5, and 6). Due to this failure, the facility performed covid 19 testing for six residents without oversite which placed the residents at risk of receiving inaccurate test results.

Findings included...

Review of a Department of Social and Health Services provider letter dated 11/15/2024, showed that certain types of medical testing require a state Medical Test Site Waiver (MTSW) license. One type of activity requiring a MTSW license is rapid testing for covid 19 (a contagious respiratory virus) for a resident.

Per Department of Health WAC 246-338 Medical Test Site Rules, under sections 246-338-001 through 246-338-020, facilities that performed on-site medical tests were required to obtain a test waiver for tests that may indicate medical treatment and were required to follow chapter 70.42 RCW Medical Test Sites.

Review of RCW 70.42 Medical Test Sites, showed it was established to regulate licensing standards for medical test sites, consistent with federal law and regulation, related to quality control, quality assurance, records, personnel requirements, proficiency testing, and licensure waivers.

Review of the Department of Health online database as of 12/24/2024, showed the facility did not have a MTSW license.

Review of the facility's Resident Characteristic Roster dated 12/24/2024, stated that Resident's 1, 2, 3, 4, 5, and 6 were residents who resided in the Bungalow unit.

In an interview on 12/24/2024 at 11:45 AM, Staff B, Licensed Practical Nurse, stated that the facility had completed rapid covid 19 testing residents that resulted in positive results for Resident's 1, 2, 3, 4, 5, and 6. Staff B, further stated that those results were communicated to the resident's medical providers who then ordered Paxlovid (antiviral

Administrator (or Representative) Date

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medication) for the residents based on those test results.

In an interview on 12/30/2024 at 1:35 PM, Staff A, Administrator, stated that they were aware of the exemption during the covid 19 pandemic where license renewals had been waived, and they had not been aware that the exemption had been lifted, and that the medical test site waiver licenses were required again.

Review of Resident 1's Medication Administration Record (MAR) dated December 2024 showed an order for Paxlovid (antiviral medication to treat Covid 19) to be administered on 12/12/2024 through 12/18/2024.

Review of Resident 2's facility nursing notes dated 12/13/2024 at 5:24 AM showed that Resident 2 had tested positive for Covid 19, charted by Staff D, Caregiver.

Review of Resident 3's MAR dated December 2024 showed an order for Paxlovid to be administered on 12/13/2024 through 12/17/2024.

Review of Resident 4's MAR dated December 2024 showed an order for Paxlovid to be administered on 12/14/2024 through 12/17/2024.

Review of Resident 5's facility nursing notes dated 12/13/2024 showed that Resident 5 had tested positive for Covid 19, charted by Staff D.

Review of Resident 6's facility nursing notes dated 12/12/2024 showed that Resident 6 had tested positive for Covid 19, charted by Staff D.

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) 02/13/2025.

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

Administrator (or Representative) — Date: 01/09/2025

medication) for the residents based on those test results.

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Review of Resident 5's facility nursing notes dated 12/13/2024 showed that Resident 5 had tested positive for Covid 19, charted by Staff D.

Review of Resident 6's facility nursing notes dated 12/12/2024 showed that Resident 6 had tested positive for Covid 19, charted by Staff D.

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