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) 60427 (Completion Date 06/02/2025) and 57650 (Completion Date 04/10/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/02/2025 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-2140-1-b

The Department staff who did the on-site verification:
Amy Wright, NCI Complain Investigator

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

This document was prepared by Residential Care Services for the Locator website.

Residential Care Services
Investigation Summary Report

Provider/Facility: GUARDIAN ANGEL HOMES LIBERTY LAKE
License/Cert.#: 2035
Compliance Determination #: 57650
Investigator: Amy Wright
Investigation Date(s): 04/08/2025 through 04/10/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 172764
Region/Unit #: RCS Region 1 / Unit B

Allegation(s):
Injury of unknown origin.

Investigation Methods:

Sample:	Total residents: 76 Resident sample size: 3 Closed records sample size: 0
Observations:	Alleged Victim Residents Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Registered Nurse Alleged Victim Medication Technician Resident Representatives
Record Reviews:	*Disclosure of Services *Characteristic roster *Staff roster *Resident face sheets *Resident care plans *Resident Transfer and Lifting Policy *Progress notes *Incident investigation *Hospital after visit summary *Staff credentials *Staff background checks *Staff training records *Staff reference checks *Medication administration records

Investigation Summary:

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Record review showed that the Alleged Victim's injuries were likely the result of an improper transfer. Review of the Alleged Victim's negotiated service agreement showed that it failed to clearly identify how staff were to assist the resident with transferring from one surface to another. Failed facility practice identified and cited under WAC 388-78A-2140 Negotiated service agreements contents (1)(b).

Conclusion / Action:

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

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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 04/08/2025 of:

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

This document references the following complaint number(s): 172764

The following sample was selected for review during the unannounced on-site visit: 3 of 76 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Amy Wright, NCI Complain Investigator

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

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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

04/17/2025
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)

04/21/2025
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:

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility,

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to clearly document in the resident's negotiated service agreement the plan to assist the resident with transferring from one surface to another for one of three residents (Resident 1). This failed practice resulted in injuries, discomfort, a hospital trip, and medication changes for Resident 1.

Findings included...

Review of an undated current Negotiated Service Agreement (NSA, competed prior to 03/24/2025) for Resident 1 showed that the resident was to remain bedbound until they were assessed by physical therapy for safe transfers. Further review of the NSA showed that staff were to transfer the resident by pivoting them. The NSA did not indicate how many staff were required to safely transfer Resident 1 or if a gait belt was required.

Review of a facility investigation, dated 03/24/2025, showed that swelling to Resident 1's left axilla (armpit) was noted on 03/23/2025, and extensive bruising to the area was noted on 03/24/2025. Further review of the investigation showed that Resident 1's bruising extended from their axilla to their inner elbow. The investigation showed that the area of swelling was tender when touched. The investigated cause of injury was

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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 _____

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suspected from improper transferring.

In an interview on 04/08/2025 at 10:36 AM, Staff A, Registered Nurse, stated they determined Resident 1's injuries were caused by improper transfers by Staff B and Staff C, Medication Technicians, who had transferred Resident 1 improperly. Staff A stated that Staff B and Staff C transferred Resident 1 alone, without the use of a gait belt. Staff A stated that gait belts were required for resident transfers. Staff A stated that Staff B and Staff C were transferring Resident 1 by pulling up on the resident's underarms and the waistband of the resident's pants. Staff A stated they had updated the NSA prior to Resident 1's injuries (bruising), their NSA required the assistance of two staff with transfers due to the non-weight bearing status of the resident's left leg. Staff A stated that Resident 1 was sent out to the hospital via ambulance because their primary care provider wanted to rule out a blood clot in the area of the resident's bruising. Staff A stated that the physician at the hospital ordered Resident 1 to stop their blood thinner medication for four days.

Continued review of the undated current NSA showed no update of Resident 1's transfer status of a two person assist due to non-weight bearing.

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) 05/25/2025.

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

Administrator (or Representative) — Date: 04/21/2025

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_____ _____

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