STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

CASCADE LIVING GROUP - KENT LLC
THE LODGE AT ARBOR VILLAGE
24004 114TH PLACE SE
KENT, WA 98030

RE: THE LODGE AT ARBOR VILLAGE License # 2037

Dear Administrator:

This letter addresses Compliance Determination(s) 43084 (Completion Date 06/24/2024) and 40092 (Completion Date 05/02/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/24/2024 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-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-112A-0611-1-a, WAC 388-112A-0611-1-a-i, WAC 388-112A-0611-1-a-ii, WAC 388-112A-0611-1-a-iii, WAC 388-112A-0611-1-a-iv, WAC 388-112A-0611-1-a-v, WAC 388-112A-0611-1-b, WAC 388-112A-0611-2, WAC 388-112A-0720-2-a, WAC 388-112A-0710, WAC 388-78A-2700-1-e-i, WAC 388-78A-2700-1-e-ii, WAC 388-78A-3000-1-a, WAC 388-78A-2130-3-a, WAC 388-78A-2130-3-b, WAC 388-78A-2130-3, WAC 388-78A-2130-4, WAC 388-78A-2150-1, WAC 388-78A-2150-2

The Department staff who did the on-site verification:
Kathy Young, Licensor

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D

Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 2037	Compliance Determination # 40092
Plan of Correction	THE LODGE AT ARBOR VILLAGE	Completion Date
Page 1 of 11	Licensee: CASCADE LIVING GROUP - KENT LLC	05/02/2024

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 04/23/2024 and 04/26/2024 of:
THE LODGE AT ARBOR VILLAGE
24004 114TH PLACE SE
KENT, WA 98030

The following sample was selected for review during the unannounced on-site visit: 5 of 28 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jane Hermano, NCI
Kathy Young, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson — 05/10/2024
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) 05.15.24 Date

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(i) A certified home care aide;

(ii) A long-term care worker who is exempt from the seventy-hour long-term care worker basic training under WAC 388-112A-0090 (1) and (2);

(iii) A certified nursing assistant;

(iv) A person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

(v) An assisted living facility or the administrator designee as provided under WAC 388-112A-0060 .

(b) A long-term care worker, who is a certified home care aide must comply with continuing education requirements under chapter 246-980 WAC.

(2) A long-term care worker who does not complete continuing education as required under this chapter must not provide care until the required continuing education is completed.

WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

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:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that 4 of 5 direct care staff (Staff B, Staff D, Staff E, and Staff F) met all their training requirements needed to provide resident care. This failure placed all residents at risk of receiving inadequate care from untrained staff.

Findings included...

Review of the facility's Care Associate Job Description, revised 09/28/2021, showed Care Associates provided direct care to residents. The job description showed staff were required to maintain all state mandated training. Staff were required to possess current first aid and cardiopulmonary resuscitation (CPR) certification.

Review of the facility's employee roster showed the facility hired Staff B on 03/07/2023; Staff D on 04/05/2023; Staff E on 12/06/2019; and Staff F on 04/14/2020.

Review of Staff B's employee file showed no documentation Staff B completed any continuing education from their birthday in January 2023 to their birthday in January 2024. Review of the care staff schedule from 02/01/2024 to 04/24/2024, showed Staff B worked 35 shifts.

Review of Staff D's employee file showed Staff D completed 8.5 hours of continuing education from their birthday in March 2024 to their birthday in March 2024. Review of the care staff schedule from 02/01/2024 to 04/24/2024, showed Staff D worked five shifts per week.

Review of Staff E's employee file showed Staff E completed 8.25 hours of continuing education from their birthday in August 2022 to August 31, 2023 (extension provided by the Department of Health). Review of the care staff schedule from 02/01/2024 to 04/24/2024, showed Staff E worked five shifts per week.

Review of Staff F's employee file showed no documentation Staff F completed any continuing education from their birthday in February 2023 to their birthday in February 2024. Review of the care staff schedule from 02/01/2024 to 04/24/2024, showed Staff F worked two shifts per week.

Observations on 04/23/2024 at 12:15 PM and 04/24/2024 at 11:56 AM, showed Staff E provided care and services to the residents.

Observation on 04/24/2024 at 12:30 PM, showed Staff F provided care and services to the residents.

FIRST AID/CPR
Review of Staff F's employee file showed no documentation Staff F completed the First Aid/CPR certification.

During an interview on 04/26/2024 at 9:30 AM, Staff G, Business Office Manager, stated that Staff B, Staff D, Staff E, and Staff F did not complete their required continuing education hours from birthday to birthday and continued to provide resident care and services. Staff G stated that Staff F also did not complete the required First Aid/CPR certification.

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, THE LODGE AT ARBOR VILLAGE is or will be in compliance with this law and / or regulation on (Date) Dec. 15. 24.

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

Administrator (or Representative) — Date: 05.15.24

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(e) Make sure first-aid supplies are:

(i) Readily available and not locked;

(ii) Clearly marked;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure the first aid kits in 3 of 3 resident-occupied units (Baker, Cascade, and Denali) were readily available, unlocked, and clearly marked. This failure placed the residents at risk of delayed first aid in the event of an injury.

Findings included...

Review of the facility's undated disaster manual showed no instructions about where first

aid kits were stored within the facility. The manual showed no instructions that explained the kits were to be readily accessible, unlocked, and clearly marked.

Observations during the environmental tour on 04/13/2024 between 10:18 AM and 12:45 PM, showed there were no first aid kits that were readily available, unlocked, and clearly marked in any of the three resident units or in any other areas of the facility.

During an interview on 04/23/2024 at 12:29 PM, Staff H, Plant Operations Director, stated that there were not any readily available, unlocked, and clearly marked first aid kits in any of the units.

During an interview on 04/23/2024 at 3:45 PM, Staff A, Executive Director, walked through the resident units. Staff A stated that the first aid kits were no longer present within the facility.

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, THE LODGE AT ARBOR VILLAGE is or will be in compliance with this law and / or regulation on (Date) 06.15.24.

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

Administrator (or Representative) — Date: 05.15.24

WAC 388-78A-3000 Ventilation. The assisted living facility must meet the ventilation requirements of the mechanical code as adopted and amended by the Washington state building council; and

(1) Ventilate rooms to:

(a) Prevent excessive odors or moisture; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure 1 of 3 laundry room dryers (Baker Unit) was vented to the exterior of the building. This failure placed residents at risk for respiratory distress or fire-related injury.

Findings included...

Observation on 04/23/2024 at 11:58 AM, showed the dryer in the Baker Unit laundry

room. Observation showed the was running. The air inside the laundry room was noticeably hot and humid.

During an interview at that time, Staff H, Plant Operations Director, immediately identified that there was a problem with the dryer venting. Staff H stated that the dryer exhaust vent hose was disconnected. Staff H stated that the wall behind the dryer was hot. Staff H stated that in addition to the heat and humidity within the room, the heat against the wall could possibly start a fire.

Review of the website, "nonprofithomeinspections.org /disconnected-dryer-vents", showed warm moist air from a disconnected dryer vent provides a conducive condition for mold and other fungal growth. The site stated a disconnected dryer vent allows the accumulation of lint in the room. The site stated that lint was very flammable and created an unnecessary fire risk.

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, THE LODGE AT ARBOR VILLAGE is or will be in compliance with this law and / or regulation on (Date) 06.15.24.

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

Administrator (or Representative) — Date: 05.15.24

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to provide a safe and well-maintained environment for the residents. This failure placed the residents at risk of injury and a diminished quality of life.

Findings included...

BAKER UNIT
Observation of the secured resident courtyard on 04/23/2024 at 12:21 PM, showed

Resident 7 independently used the courtyard. The resident used a walker to walk around the courtyard. Observation showed an umbrella for use in an expanded metal patio table was tipped over and resting on the ground which created a tripping hazard. The metal in the center of the table was pulled upward and had sharp edges.

During an interview at the time, Staff H, Plant Operations Director, stated that the condition of the patio furniture and the umbrella on the ground were unsafe for the residents.

DENALI UNIT
Observation of the common bathroom, across from Room 214, showed a shower with an approximately three-foot-high tiled shower wall. The tiled wall extended forward from the back shower wall. Observation showed the tiled area, where the two walls met, the top and front of the walls were missing pieces of tile. The missing tiles exposed slivers of rusty metal pieces where the structural piece had crumbled between the gaps in the tile.

During an interview at the time, Staff H stated that additional tiles had collected water and were about to fall inside the shower. Staff H stated that the wall was due for professional repair.

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

(4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to update the Negotiated Service Agreement (NSA) to accurately reflect the current needs of 2 of 5 sampled residents (Resident 2 and Resident 4). This placed Resident 2 and Resident 4 at risk for not having their needs met and compromised health conditions.

Findings included...

Review of the facility's Wellness Policies and Procedures for "Customized Service Plan (CSP)", revised 05/2018, showed the plan was developed to identify all residents needs and preferences. The CSP was reviewed when resident's condition changed, or the resident had a change in services. Review of the CSP showed the resident or the representative were

notified of the changes. A copy of the CSP was kept in the resident's Wellness Record.

RESIDENT 2
Review of the facility's Resident Information Form showed that the facility admitted Resident 2 on [redacted]/2019. Resident 2's diagnosis included [redacted].

Review of Resident 2's service plan, updated 03/29/2024, showed the hospice nurse provided Resident 2's nail care. Review of Resident 2's level of care assessment, dated 03/29/2024, showed no documentation that Resident 2 received hospice care.

Observations on 04/24/2024 at 12:18 PM and 2:07 PM, showed Resident 2 in the memory care Cascade's unit, seated in a wheelchair. Observations showed Resident 2 was nonverbal and did not respond to staff. Observation showed staff assisted Resident 2 to move about the unit, eat, and remove articles of clothing. Observation of Resident 2's feet showed long toenails.

During an interview on 04/24/2024 at 2:07 PM, Staff I, Care Associate, stated that Resident 2 received a shower the day before. Staff I stated that they noticed Resident 2's toenails were long. Staff I stated they forgot to inform the nurse that Resident 2 needed toenail care.

During an interview on 04/24/2024 at 2:25 PM, Staff J, Licensed Practical Nurse (LPN), stated that Resident 2 discharged from hospice on 12/24/2023. Staff J stated that Resident 2's toenails were trimmed by podiatrist or facility staff since hospice services ended.

RESIDENT 4
Review of facility's undated Resident Information Form showed the facility admitted Resident 4 on [redacted]/2018.

Review of Resident 4's level of care assessment and service plan, dated 03/29/2024, showed Resident 4 used a walker. The documents instructed to keep Resident 4's walker within easy reach, in their room. The service plan showed Resident 4's diagnosis included [redacted]. The plan showed Resident 4 received blood thinning medication for this condition, which could increase bleeding or bruising.

Observation on 04/24/2024 at 11:46 AM showed Resident 4 in the memory care Baker's unit, hunched over in a wheelchair. Observation showed an unidentified care associate wheeled Resident 4 into the bathroom for incontinence care. Observation showed Resident 4 held the grab bar for support and struggled to stand while their pants were pulled up. During an interview at the time of the observation, the unidentified care associate, stated that Resident 4 was unsteady on their feet. The unidentified care associate stated that about two months ago, Resident 4 stopped using a walker and started to use a wheelchair.

Review of Resident 4's April 2024 electronic Medication Administration Record (eMAR) showed no orders for any medication with blood thinning properties.

During an interview on 04/24/2024 at 11:58 AM, Staff K, Nurse, stated that Resident 4 did not receive blood thinner medications. Staff K stated that Resident 4 used their wheelchair for mobility. Staff K stated that the service plan needed to be updated.

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, THE LODGE AT ARBOR VILLAGE is or will be in compliance with this law and / or regulation on (Date) 05.15.24.

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

Administrator (or Representative) Date 05.15.24

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;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 4 of 5 sampled residents (Resident 1, Resident 2, Resident 3, and Resident 5) or their representative signed a negotiated service agreement (NSA). This failure placed Resident 1, Resident 2, Resident 3, and Resident 5 at risk of being uninformed about their assessed care and services and the potential for unmet care needs.

Findings included...

Resident 1
Review of the facility's Resident Information Form showed that the facility admitted Resident 1 on [redacted]/2022.

Review of Resident 1's NSA, updated 03/29/2024, showed Resident 1's representative

signed the agreement on 03/02/2023. The Wellness Director signed the agreement on 03/01/2023. There was no documentation that showed Resident 3 or their representative reviewed and signed the updated service agreement.

Resident 2
Review of the facility's Resident Information Form showed that the facility admitted Resident 2 on [redacted]/2019.

Review of Resident 2's NSA, updated 03/29/2024, showed Resident 2's representative and the Wellness Director last signed the agreement on 02/13/2023. There was no documentation that showed Resident 3, their representative, or facility representative, reviewed and signed the updated service agreement.

Resident 3
Review of the facility's Resident Information Form showed that the facility admitted Resident 3 on [redacted]/2023.

Review of Resident 3's NSA, dated 04/11/2024, showed the facility's nurse electronically signed the agreement. There was no documentation that showed Resident 3 or their representative reviewed and signed this service agreement.

Resident 5
Review of the facility's Resident Information Form showed that the facility admitted Resident 5 on [redacted]/2024.

Review of Resident 5's NSA, dated 02/26/2024, showed the facility's nurse electronically signed the agreement. There was no documentation that showed Resident 5 or their representative reviewed and signed this service agreement.

Interview on 04/25/2024 at 1:15 PM, Staff A, Executive Director, stated that the facility's charge nurse or designated staff were responsible to complete the level of care assessment initially at the admission, then annually for all residents. Staff A stated that the completed assessment triggered the service plan into two versions, a longer detailed version for the resident or family representative that described the contracted services provided and a shorter simple version for the caregiver that described the individualized daily task provided. Staff A stated the charge nurse or designee were responsible to obtain the signature from the resident or representative.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2037	Compliance Determination # 40092
Plan of Correction	THE LODGE AT ARBOR VILLAGE	Completion Date
Page of 11	Licensee: CASCADE LIVING GROUP - KENT LLC	05/02/2024

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, THE LODGE AT ARBOR VILLAGE is or will be in compliance with this law and / or regulation on (Date) 06.15.24.

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

Administrator (or Representative) [signature] Date 05.15.24

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

05/10/2024

CASCADE LIVING GROUP - KENT LLC
THE LODGE AT ARBOR VILLAGE
24004 114TH PLACE SE
KENT, WA 98030

RE: THE LODGE AT ARBOR VILLAGE # 2037

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 05/02/2024 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:

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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.

RCW 70.129.140 Quality of life -- Rights.

(1) The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

The facility failed to protect the confidentiality of 1 of 1 residents (Resident 6) by posting a note in a common bathroom that detailed an aspect of the resident's care. During the full inspection, the facility corrected the issue.

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.

The facility failed to remove expired, as needed medications from 1 of 3 Medication Carts (Baker's unit Medication Cart) and the Medication Room refrigerator for three residents. During the inspection, the facility Nurse discarded the expired medications.

WAC 388-78A-2300 Food and nutrition services.

(1) The assisted living facility must:

(c) Ensure all menus:

(i) Are written at least one week in advance and delivered to residents' rooms or posted where residents can see them, except as specified in (f) of this subsection;

The facility failed to post weekly menu in the memory care units of the Baker, Cascade, and Denali units. Observation showed the weekly menu was posted at the front desk outside the three units. During the time of the full inspection, the facility staff posted a weekly menu in every unit's dining room. The facility staff placed a daily menu at every dining table.

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 (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure