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

BCD PULLMAN LLC
Regency Pullman
1285 SW Center St
Pullman, WA 99163

RE: Regency Pullman License # 2060

Dear Administrator:

This letter addresses Compliance Determination(s) 32052 (Completion Date 11/03/2023) and 28550 (Completion Date 09/06/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/03/2023 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-2730-1-b, WAC 388-78A-2730-1, WAC 388-78A-24701, WAC 388-78A-24701-1, WAC 388-78A-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466, WAC 388-78A-2480, WAC 388-78A-2480-1, WAC 388-78A-2480-2, WAC 388-78A-2040, WAC 388-78A-2040-1, WAC 388-78A-2150, WAC 388-78A-2150-1

The Department staff who did the on-site verification:
Joy Pipgras, LTC Surveyor

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

Sincerely,

S.M

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

Licensee: BCD PULLMAN LLC
Regency Pullman
1285 SW Center St
Pullman, WA 99163

RE: Regency Pullman License # 2060

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 09/06/2023 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - 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.

You May:

• Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

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,

S. M

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

Enclosure

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 and complaint investigation on 08/25/2023 and 08/30/2023 of:

Regency Pullman
1285 SW Center St
Pullman, WA 99163

This document references the following complaint numbers: 95796.

The following sample was selected for review during the unannounced on-site visit: 9 of 63 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Joy Pipgras, LTC Surveyor
Antonietta Lettieri-Parkin, Long Term Care Surveyor
Carla Rose, NCI Community Licensor
Veronica Jackson, Assisted Living Facility Licensor
Mark Sedhom, 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.

S.M

Residential Care Services

09/08/2023

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.

Lori Eberhardter
Administrator (or Representative)

9/15/2023
Date

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

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

(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 observation, interview, and record review, the facility failed to ensure staff had completed respirator fit testing prior to caring for 1 resident (Resident 1) with COVID-19. This failure resulted in staff providing care to a resident without the required fit testing to determine an adequate mask seal and placed residents at risk of exposure to infectious communicable diseases.

Findings included...

Per WAC 296-842-1500, facilities must conduct fit testing before employees are assigned duties that may require the use of respirators.

Observation on 08/25/2023 at 10:23 AM showed a COVID-19 (a contagious respiratory virus) precaution sign on Resident 1's door, with personal protective equipment (equipment worn to minimize exposure to hazards) outside of the door.

In an interview on 08/25/2023 at 11:42 AM, Staff B, Wellness Director, stated that Resident 1's spouse, who also resided at the facility in independent living, had first contracted COVID-19 outside of the facility at a family event. Resident 1 tested positive two days later, on 08/16/2023. Both had been in quarantine since 08/14/2023.

In an interview on 08/25/2023 at 2:55 PM, Staff A, Administrator, stated that Resident 1 would be out of quarantine on 08/26/2023, the next day.

Review of Resident 1's August 2023 medication administration records showed that Staff C, J, L, M, and N, Med Aides, had administered medications and provided care to the resident one or more times from 08/16/2023 to 08/25/2023.

In an interview on 08/30/2023 at 10:10 AM, Staff J, Med Aide stated they had provided care to Resident 1 during their COVID-19 quarantine.

Review of the facility's respiratory protection records for fit testing showed no documentation of records for Staff C, J, L, M, and N.

In an interview on 08/30/2023 at 10:20 AM, Staff K, Regional Registered Nurse, stated they had confirmed with Staff A, Executive Director, that there was no fit testing (test completed by specially trained personnel to ensure N95 masks seal effectively reducing chance of exposure to respiratory viruses) records for Staff C, J, L, M, and N.

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, Regency Pullman is or will be in compliance with this law and / or regulation on (Date) 10/20/2023

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

Lori Eberhardt — Administrator (or Representative)

9/15/2023 — Date

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 staff with a non-disqualifying crime for 1 of 7 staff (Staff G). This failure placed residents at risk of receiving services from staff members with non-disqualifying criminal convictions who were not evaluated for character, competence, and suitability to work with vulnerable adults.

Findings included...

Review of Staff G's, Med Aide, personnel file showed a final fingerprint background check dated 07/11/2023. Further review of the background check showed that Staff G had information from one or more background check sources that required a character, competence, and suitability (CC&S) review. No CC&S review was found in Staff G's file.

In an interview on 08/29/2023 at 09:53 AM, Staff I, Business Office Manager, stated they did not have a CC&S review completed for Staff G.

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, Regency Pullman is or will be in compliance with this law and / or regulation on (Date) 10/20/2023

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

Lori Eberbaten — Administrator (or Representative)

9/15/2023 — Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure Washington state name and date of birth background checks were submitted to the department's background check central unit prior to expiration for 2 of 7 sampled staff (Staff E and F). This failure placed residents at risk of receiving care and services from potentially disqualified staff.

Findings included...

Review of Staff E's, Caregiver/Med Aide, personnel file showed Staff E was hired on

04/20/2017. Further review showed the most recent Washington state name and date of birth background check for Staff E was dated 07/09/2019.

Review of Staff F's, Life Enrichment Coordinator, personnel file showed Staff F was hired on 06/11/2019. Further review showed the most recent Washington state name and date of birth background check for Staff F was dated 05/21/2021.

In an interview on 08/30/2023 at 11:00 AM, Staff A, Executive Director, confirmed the Washington state name and date of birth background checks for Staff E and Staff F were expired.

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, Regency Pullman is or will be in compliance with this law and / or regulation on (Date) 10/20/2023.

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

Lori Eberhartess — Administrator (or Representative)

9/15/2023 — Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure new employees were screened for tuberculosis within three days of hire for 2 of 7 sampled staff (Staff A and D). This failure placed residents at risk for exposure to tuberculosis.

Findings included...

<Staff A>

Review of Staff A's, Executive Director, personnel file showed they were hired on 06/19/2023. Further review showed that Staff A did not have a tuberculosis (TB, a communicable respiratory disease) screening completed.

In an interview on 08/28/2023 at 3:10 PM, Staff A confirmed they did not have the TB screening within three days of hire. Staff A stated they had the first step TB skin test placed on 08/27/2023, by the facility nurse. Staff A further stated the facility had not completed TB screening on new hires within three days because they did not have a facility nurse consistently available.

<Staff D>

Review of Staff D's, Caregiver, personnel file showed they were hired on 05/19/2023. Further review showed that Staff D had a blood test to screen for TB completed on 07/14/2023.

In an interview on 08/29/2023 at 9:53 AM, Staff I, Business Office Manager, stated the facility nurses were typically responsible for the staff TB testing. Staff I further stated the facility had a significant amount of nurse turnover over the last three to four years and testing lapsed or didn't get 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, Regency Pullman is or will be in compliance with this law and / or regulation on (Date) 10/20/2023

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

Lori Eberhuter — Administrator (or Representative)

9/15/2023 — Date

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 ensure residents were assessed semi-annually per contract and rule requirements for 1 of 2 residents (Resident 9) who were served under an enhanced residential care contract. This failure resulted in a delayed

assessment for Resident 9 and placed the resident at risk of unmet specialized care needs.

Findings included....

Per WAC 388-110-220 (3) (a), an assisted living facility with an Enhanced Adult Residential Care, Specialized Dementia Service contract, must complete a full assessment of residents at a minimum, on a semi-annual basis.

Review of the department's Facility's Management System (FMS) showed the facility had an Enhanced Adult Residential Care (EARC), Specialized Dementia Care contract with a start date of 09/01/2022 and an end date of 08/31/2024.

Review of Resident 9's Assisted Living Facility (ALF) Care Evaluations (the facility's titled full assessment) showed they were dated as effective 11/11/2022 and 07/26/2023.

Review of Resident 9's ALF Care Evaluation, dated 07/26/2023, showed the categories in that assessment were blank. Further review of the 07/26/2023 evaluation showed no date of completion or who completed the evaluation.

In an interview on 08/29/2023 at 10:30 AM, Staff B, Wellness Director, stated it was the facility's policy to complete resident assessments every six months.

In an interview on 08/29/2023 at 11:30 AM, Staff K, Regional Registered Nurse, stated they had opened Resident 9's assessment to be completed in July 2023, but did not complete it. Staff K further stated the assessment was "missed" related to the facility's nursing staff turnover.

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, Regency Pullman is or will be in compliance with this law and / or regulation on (Date) 10/20/2023

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

Lori Eberharter
Administrator (or Representative)

9/15/2023
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 negotiated service agreements were signed by residents, or the resident's representative, for 7 of 9 sampled residents (Residents 2, 3, 4, 6, 7, 8 and 9.) 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 2's negotiated service agreement (NSA), dated 08/09/2023, showed it did not contain a signature of the resident, or their representative, to indicate agreement to the plan.

Review of Resident 3's NSA, dated 04/17/2023, showed it did not contain a signature of the resident or their representative to indicate agreement to the plan.

Review of Resident 4's NSA, dated 06/20/2023, showed it did not contain a signature of the resident or their representative to indicate agreement to the plan.

Review of Resident 6's NSA, dated 05/08/2023, showed it did not contain a signature of the resident or their representative to indicate agreement to the plan.

Review of Resident 7's NSA, dated 05/02/2023, showed it did not contain a signature of the resident or their representative to indicate agreement to the plan.

Review of Resident 8's NSA, dated 06/20/2023, showed it did not contain a signature of the resident or their representative to indicate agreement to the plan.

Review of Resident 9's NSA, dated 05/02/2023, showed it did not contain a signature of the resident or their representative to indicate agreement to the plan.

In an interview on 08/29/2023 at 10:43 AM Staff H, Resident Care Coordinator, confirmed they did not have signatures on the NSAs for these residents.

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, Regency Pullman is or will be in compliance with this law and / or regulation on (Date) 10/20/2023.

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

Lori Eberhardt — Administrator (or Representative)

9/15/2023 — Date