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

04/19/2024

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

RE: Regency Pullman # 2060

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 40069 (Completion Date 04/19/2024) and 36618 (Completion Date 02/15/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/19/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

The Department staff who did the On Site verification:
Sylvia Shauvin, Complaint Investigator

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

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Regency Pullman
Provider Type: Assisted Living Facility
License/Cert.#: 2060
Compliance Determination #: 36618
Intake ID: 117947
Investigator: Sylvia Shauvin
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 02/08/2024 through 02/15/2024
Complainant Contact Date(s): 02/14/2024

Allegation(s):
Nurse instructs staff to give medications to resident that is inebriated

Investigation Methods:

Sample:	Total residents: 57 Resident sample size: 11 Closed records sample size: 3
Observations:	Residents' safety and well-being Medication services Staff-to-staff communication
Interviews:	Twelve residents, including alleged victim (AV) Five resident reps Four caregivers Six Medication Aides/caregivers Resident Care Coordinator Interim facility nurse Administrator
Record Reviews:	Fourteen sampled residents' Face Sheets, assessments, care plans, Progress Notes, and Medication Administration Records (MARS) Twelve sampled staff's credentials Disclosure of Services Admission Agreement Policy and procedures - Medication services

Investigation Summary:
During department investigator's observations of staff providing medications to residents, no medications were held. In an interview with the alleged victim (AV), they stated they negotiated with facility for their medications to be held if the AV had used alcohol around the time the medications were due. Review of AV's care plan contained instructions for one of the AV's medications to be held if the AV had used alcohol around the time the medication was due. In interviews with three staff, they stated when staff voiced concern to the nurse about providing AV's medications when the

resident had been drinking alcohol, the nurse told staff to provide the medications. The staff were concerned about the AV's safety, so they held all of the medications that were due when the resident had been drinking alcohol. There were no adverse outcomes to the AV therefore, no failed facility practices were found related to the alleged issue. Technical assistance was provided to the facility regarding Washington Administrative Code 388-78a-2210(1)(b) Medication services. This regarded staff's need to consult with prescriber or pharmacy regarding any concerns about safe medication services. During the investigation, failed practice was found related to facility's failure to ensure two Medication Aides received nurse delegation training and/or had the required nursing assistant or Home Care Aide license before administering medications to a resident. The violation was documented in a Statement of Deficiencies under Washington Administrative Code (WAC) 2320(1)(b) Intermittent nursing services systems; reference to WAC 246-840-930(8)(a)(b) Criteria for delegation.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Regency Pullman
Provider Type: Assisted Living Facility
License/Cert.#: 2060
Compliance Determination #: 36618
Intake ID: 117949
Investigator: Sylvia Shauvin
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 02/08/2024 through 02/15/2024
Complainant Contact Date(s): 02/01/2024, 02/13/2024

Allegation(s):
Nurse instructs staff to give medications to resident that is inebriated

Investigation Methods:

Sample:	Total residents: 57 Resident sample size: 11 Closed records sample size: 3
Observations:	Residents' safety and well-being Medication services Staff-to-staff communication
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Investigation Summary:
During department investigator's observations of staff providing medications to residents, no medications were held. In an interview with AV, they stated they negotiated with facility for their medications to be held if the AV had used alcohol around the time the medications were due. Review of AV's care plan contained instructions for one of the AV's medications to be held if the AV had used alcohol around the time the medication was due. In interviews with three staff, they stated when staff voiced concern to the nurse about providing AV's medications when the

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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

Statement of Deficiencies	License #: 2060	Compliance Determination # 36618
Plan of Correction	Regency Pullman	Completion Date
Page 1 of 3	Licensee: BCD PULLMAN LLC	02/15/2024

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 02/08/2024, 02/08/2024 and 02/15/2024 of:

Regency Pullman
1285 SW Center St
Pullman, WA 99163

This document references the following complaint number(s): 116788, 116932, 117592, 117947, 118049, 117949

The following sample was selected for review during the unannounced on-site visit: 11 of 57 current residents and 3 former residents.

The department staff that investigated the Assisted Living Facility:

Sylvia Shauvin, Complaint 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

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

02/20/2024
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.

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

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Residential Care Services _____ Date _____

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Statement of Deficiencies	License #: 2060	Compliance Determination # 36618
Plan of Correction	Regency Pullman	Completion Date
Page 2 of 3	Licensee: BCD PULLMAN LLC	02/15/2024

Robert Reed 3/29/24

Administrator (or Representative) Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure medication aides completed nurse delegation training for 1 of 6 sampled staff (Staff C) and were registered or certified as a nursing assistant or home care aide for 2 of 6 sampled staff (Staff C and E) prior to administering medicated eye drops to 1 of 14 sampled residents (Resident 1). These failures placed the resident at risk for improper eye drop administration.

Findings included...

Washington Administrative Code 246-840-930(8)(a)(b) Criteria for delegation requires nursing assistant or home care aide (HCA) to be currently registered or certified and have completed the core delegation training before performing any delegated task.

Review of Resident 1's move-in record dated, [redacted]/2022, showed the resident was diagnosed with [redacted].

Review of Resident 1's undated Negotiated Service Plan showed Resident 1 had problems with vision, poor judgment, understanding others, and needed staff to administer eye medications.

Prescriber's orders for Resident 1, dated 10/14/2022, that were listed on the January 2024 and February 2024 medication administration records (MARS), included two medicated eye drops.

Review of Resident 1's February 2024 MAR showed Staff C, Medication Aide, administered the eye drops into Resident 1's eyes six times.

Review of the January 2024 MAR showed Staff E, Medication Aide, administered the eye drops into Resident 1's eyes twice. The February 2024 MAR showed Staff E administered

Administrator (or Representative) Date

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Review of the January 2024 MAR showed Staff E, Medication Aide, administered the eye drops into Resident 1's eyes twice. The February 2024 MAR showed Staff E administered

the eye drops into Resident 1's eyes one time.

On 02/08/2024 at 11:25 AM, Staff C was observed instilling the eye drops into Resident 1's eyes.

In an interview on 02/08/2024 at 11:25 AM, Staff C stated they were not licensed as a nursing assistant or HCA.

Review of sampled staff's credentials showed Staff C had not completed nurse delegation training.

In an interview on 02/09/2024 at 10:00 AM, a representative for Resident 1 stated the resident had been unable to independently manage and instill eye drops "for a long time".

In an interview on 02/15/2024 at 10:45 AM, Staff E stated they did not have a nursing assistant or HCA credential.

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) 3/29/24 .

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

Robert Rose 3/29/24

Administrator (or Representative) Date

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

_____ _____

Administrator (or Representative) Date