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

SESSIONS RESIDENTIAL CARE INC
EVERGREEN RESIDENTIAL CARE
PO BOX 1469
VERADALE, WA 99037

RE: EVERGREEN RESIDENTIAL CARE License # 2138

Dear Administrator:

This letter addresses Compliance Determination(s) 34269 (Completion Date 12/21/2023) and 31853 (Completion Date 11/03/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/21/2023 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-2070-1, WAC 388-78A-2130-2, WAC 388-78A-2730-2-b-iii, WAC 388-78A-3000-2, WAC 388-78A-2320-1-b

The Department staff who did the on-site verification:
Antonietta Lettieri-Parkin, Long Term Care Surveyor

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

Sincerely,

S. Jm

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: SESSIONS RESIDENTIAL CARE INC
EVERGREEN RESIDENTIAL CARE
PO BOX 1469
VERADALE, WA 99037

RE: EVERGREEN RESIDENTIAL CARE License # 2138

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 11/03/2023 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 10/27/2023, 10/31/2023, 11/01/2023 and 11/02/2023 of:

EVERGREEN RESIDENTIAL CARE
14120 E 3RD
SPOKANE VALLEY, WA 99037

This document references the following complaint numbers: 103751, 102066.

The following sample was selected for review during the unannounced on-site visit: 7 of 45 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Antonietta Lettieri-Parkin, Long Term Care Surveyor
Carla Rose, NCI Community Licensor
Mark Sedhom, Assisted Living Facility Licensor
Patty Ford, LTC Surveyor

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

11/06/2023

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.

Administrator (or Representative) 11/14/23 Date

WAC 388-78A-2070 Timing of preadmission assessment.

(1) Unless there is an emergency, the assisted living facility must complete the preadmission assessment of the prospective resident before each prospective resident moves into the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a pre-admission assessment that provided the facility with the necessary information to admit and care for 2 of 7 sampled residents (Residents 1 and 6). This failed practice placed residents at risk of improper admittance to the facility and unmet care and service needs.

Findings included...

Review of Resident 1's negotiated service agreement (NSA), dated 04/12/2023, showed the resident was admitted to the facility on [redacted]/2023.

Review of Resident 1's undated facility file found no preadmission assessment.

Review of Resident 6's NSA, dated 08/22/2023, showed the resident was admitted to the facility on [redacted]/2023.

Review of Resident 6's undated facility file showed their preadmission assessment was completed on [redacted]/2023, the date they were admitted to the facility.

In an interview on 10/31/2023 at 10:07 AM, Staff G, Director, stated the facility was unaware that doing a preadmission assessment was a requirement.

In an interview on 11/01/2023 at 1:05 PM, Staff H, Director, stated they presumed the date on Resident 6's preadmission assessment was the date it was 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, EVERGREEN RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on (Date) 12/18/23.

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

Administrator (or Representative) — Date 11/14/23

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

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure negotiated service agreements were completed within 30 days of admission for 2 of 7 sampled residents (Residents 1 and 6). This failed practice resulted in a lack of an updated plan to support the residents' capabilities, preferences, health and safety, and services necessary to meet the resident's needs.

Findings included...

Review of Resident 1's undated facility file showed an initial negotiated service agreement (NSA), dated [redacted]/2023, the date Resident 1 was admitted to the facility. Further review of the file showed no documentation of an NSA completed within 30 days of admit.

Review of Resident 6's undated facility file showed an initial NSA, dated [redacted]/2023, one day before Resident 6 was admitted to the facility. Further review of the file showed no documentation of an NSA completed within 30 days of admit.

In an interview on 10/31/2023 at 10:07 AM, Staff G, Director, stated the facility was unaware there was a requirement for a second care plan (NSA) until their sister facility was inspected and cited for this requirement.

Statement of Deficiencies	License #: 2138	Compliance Determination # 31853
Plan of Correction	EVERGREEN RESIDENTIAL CARE	Completion Date
Page 6 of 10	Licensee: SESSIONS RESIDENTIAL CARE INC	11/03/2023

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, EVERGREEN RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on (Date) 12/18/23 .

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

Administrator (or Representative) _____ Date 11/14/23

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

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

This requirement was not met as evidenced by:

Based on the observation and interview, the facility failed to post the most recent full inspection conducted by the department in 1 of 1 conspicuous areas (facility entrance). This failed practice placed residents and visitors at risk for violation of their right to review the facility's last inspection.

Findings Included...

Observation on 10/27/2023 at 9:04 AM, upon entrance of the facility, showed a sign on the wall that read, "last inspection available upon request."

In an interview on 10/27/2023 at 10:20 AM, Staff H, Director, confirmed the last full inspection was not posted and stated, "we have the last inspection on the computer, and we would print it when requested."

In an interview on 10/27/2023 at 2:41PM, Staff G, Director, asked which Washington Administrative Code required the facility to post the most recent inspection and stated they were unaware that the full inspection needed to be posted.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2138	Compliance Determination # 31853
Plan of Correction	EVERGREEN RESIDENTIAL CARE	Completion Date
Page 7 of 10	Licensee: SESSIONS RESIDENTIAL CARE INC	11/03/2023

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, EVERGREEN RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on (Date) 12/18/23 .

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

Administrator (or Representative) Date 11/14/23

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

(2) If proviced, locate outdoor smoking areas in accordance with Washington state law;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to have a designated smoking area 25 feet away from 2 of 2 areas (entrance and exit). This failed practice placed residents and visitors at risk of exposure to secondhand smoke.

Findings included...

Per RCW 70.160.075, Smoking in public places;

Smoking is not permitted within 25 feet (ft, unit of measurement) of entrances and exits.

Observation on 10/27/2023 at 10:15 AM, during environmental rounds, showed two benches with an ash tray within 10 ft from the entrance of the building.

Observation on 10/27/2023 at 11:53 AM, showed one resident smoking within two ft of the entrance of the building.

Observation on 10/27/2023 at 1:05 PM, showed two residents smoking outside, next to the front entryway door.

Observation on 11/1/2023 at 11:50 AM, showed two staff and two residents smoking within four ft of the entrance of the building.

Observation on 11/01/2023 at 11:55 AM, showed an odor of cigarette smoke in the lobby of the facility.

In an interview on 11/01/2023 at 12:25 PM, Resident 6 stated residents and staff smoke "right in front of the door." Resident 6 further stated the smoke bothered them and staff and residents were not "25 feet away."

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, EVERGREEN RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on (Date) 12/18/23 .

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

Administrator (or Representative) — Date 11/14/23

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 interview and record review, the facility failed to obtain the residents' written consent for nurse delegation for 1 of 1 resident with nurse delegation (Resident 5) and failed to ensure that caregivers had the necessary credentials to perform nurse delegated tasks, completed the nurse delegation core training, and had been assessed for competency to perform nurse delegation tasks for 2 of 9 staff sampled for nurse delegation (Staff B and F). This failed practice placed Resident 5 at risk of receiving nurse delegation tasks they did not agree to and care from unqualified caregivers who were not trained and supervised through the nurse delegation process.

Findings included...

Per WAC 246-840-930, Criteria for nurse delegation, before delegating a nursing task, the registered nurse delegator:

Obtains written consent from the resident or authorized representative for nurse delegation within 30 days.

Verifies the caregiver performing nurse delegation tasks is currently registered or certified as a nursing assistant or home care aide in Washington state and has evidence of successful completion of the approved Department of Social and Health Services (DSHS) nurse delegation core training.

Assesses the ability of the nursing assistant (NA) or home care aid (HCA) to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision.

<Consent>

Review of Resident 5's Nurse Delegation: Consent for Delegation Process form, dated 12/15/2020, showed a signature by someone other than the resident. Further review of the form showed it did not contain any notes to indicate who signed the form or why the form was not signed by the resident.

In an interview on 11/01/2023 at 2:35 PM, Staff G, Director, confirmed that Resident 5 did not have a representative or legal guardian.

In an interview on 11/02/2023 at 09:30 AM, Staff H, Director, reviewed Resident 5's consent for nurse delegation and confirmed the signature on the form was not Resident 5's. Staff H was unable to determine who signed the form.

<Credentials and training>

Review on 11/01/2023, of undated personnel files for Staff B and F, Caregivers, showed they did not contain Department of Health (DOH) credentials or nine-hour nurse delegation core training certificates.

In an interview on 11/01/2023 at 2:45 PM, Staff G, confirmed that Staff B and F did not have Home Care Aid (HCA) certifications or any other DOH credentials that would qualify them to be nurse delegated.

In an interview on 11/02/2023 at 10:00 AM, Staff G confirmed that Staff B and F had not completed the nine-hour nurse delegation core training and were not yet signed up to take the course.

<Competency>

Review of Resident 5's Nurse Delegation Nursing Visit record, dated 10/12/2023, showed they had nurse delegated tasks for administration of fentanyl patches (narcotic pain medication patch applied to the skin), rectal suppositories and topical creams. Further review showed that Staff B and F had not been assessed by the registered nurse delegator for competency.

Review of Resident 5's medication administration record (MAR) for August 2023, showed Staff B had completed nurse delegation tasks for Resident 5, three times.

Review of Resident 5's MAR for September 2023, showed Staff B had completed nurse delegation tasks two times and Staff F had completed nurse delegation tasks one time, for Resident 5.

Review of Resident 5's MAR for October 2023, showed Staff B had completed nurse delegation tasks nine times and Staff F had completed nurse delegation tasks three times, for Resident 5.

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, EVERGREEN RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on (Date) 12/15/23.

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

Administrator (or Representative) — Date 12/14/23