STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

12/04/2024

Cascade Living Group - Shelton, LLC
Alpine Way Retirement Apartments
900 W Alpine Way
Shelton, WA 98584

RE: Alpine Way Retirement Apartments # 2141

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 51201 (Completion Date 12/04/2024) and 45237 (Completion Date 08/09/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/04/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

WAC 388-78A-2471 Background check Confidentiality Use restricted Retention. The assisted living facility must ensure that all disclosure statements, background authorization forms, background check results and related information are:

(1) Maintained on-site in a confidential and secure manner;

(4) Retained and available for department review during the individual's employment or association with a facility and for at least two years after termination of the employment or association.

The Department staff who did the On Site verification:

Anissa Bearden, Licensor

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Alpine Way Retirement Apartments
License/Cert.#: 2141
Compliance Determination #: 45237
Investigator: Anissa Bearden
Investigation Date(s): 08/07/2024 through 08/09/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 139153
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):
allegation that an agency caregiver hurt a memory care resident and left injuries on both left and right hand of the resident.

Investigation Methods:

Sample:	Total residents: 74 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Identified resident Resident rooms Staff to resident interactions
Interviews:	Residents Nursing staff Identified resident Administrative staff
Record Reviews:	Medical records State reporting log Incident investigation Facility policies Personnel files

Investigation Summary:
after investigation, the facility failed to have onsite 3 agency caregivers that had worked at the facility Washington state name and date of birth background and fingerprint checks completed and on site for the Department to review. Failed practice to retain background checks on site and failed practice to ensure the facility had background checks completed on all agency staff that worked at the facility.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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Statement of Deficiencies	License #: 2141	Compliance Determination # 45237
Plan of Correction	Alpine Way Retirement Apartments	Completion Date
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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 08/07/2024 and 08/09/2024 of:

Alpine Way Retirement Apartments
900 W Alpine Way
Shelton, WA 98584

This document references the following complaint number(s): 139153

The following sample was selected for review during the unannounced on-site visit: 3 of 74 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anissa Bearden, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Cory Cisneros
Residential Care Services

08/16/2024
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.

Trudy Hunter 8/23/24

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Administrator (or Representative) Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to conduct a Washington State name and date-of-birth background check and fingerprint background check for 3 of 3 sampled contracted agency staff (Staff C, Staff E, and Staff E). This failure placed all 74 of 74 residents at risk for being cared for by staff members with potentially disqualifying history.

Findings included...

WAC 388-78A-2020 Definitions. ""Contractor" means an agency or person who contracts with a licensee to provide resident care, services, or equipment."

Record review of the Departments database showed the facility reported an incident on 07/18/2024 at 11:34 AM, that showed R1 reported that Staff C, Caregiver (agency staff), had hurt their hands and had red finger marks on their right and left hands.

Record review of the facility document titled, "assignment tracker", dated 07/18/2024, showed all the worked caregivers and nurses for the facility. The assignment tracker showed Staff C worked on day shift, Staff D, Caregiver (agency staff), worked evening shift, and Staff E, Caregiver (agency staff), worked on day shift. All three staff members had a name handwritten beside their name on the assignment tracker.

In an interview on 08/06/2024 at 11:56 AM, Staff F, Resident Services Director, stated agency staff members that worked at the facility are typically handwritten on the assignment tracker and would have the agency company they were hired from written by the agency employee's name. Staff F stated Staff C, Staff D, and Staff E were all caregivers from agency company's that worked at the facility on 07/18/2024 for day and evening shift. Staff F stated when a new agency worker was brought to the facility to work their personal information was sent in a file for the facility to review. Staff F

stated they agency company did not send the agency employee's background check results for the facility to review.

In an interview on 08/06/2024 at 12:04 PM, Staff B, Wellness Director, stated on the first day the new agency worker was scheduled to work at the facility, the agency company would send the employee's documents to Staff B for review. Staff B stated they review all of the agency's documents before they worked at the facility to ensure they had all the requirements. The Department requested to see Staff D and Staff E's background check results for review.

In an interview on 08/06/2024 at 12:20 PM, the Department requested to review Staff C's background check for review.

Record review on 08/06/2024 of Staff C's employee documents provided to the Department by Staff B showed there was a documented titled, "Washington State Patrol Washington Access to Criminal History" report, dated 08/23/2023, that Staff C did not have any record found. There was no Washington state name and date of birth background check or national fingerprint check results for review.

In an interview and observation on 08/06/2024 at 12:31 PM, Staff B pulled up the email from the agency company for Staff C and showed all the documents that the facility received. Review of the documents showed there was no Washington state name and date of birth background check results for review.

Record review of an untitled and undated document received by Staff B that showed Staff D's first day worked at the facility was on 07/01/2024 and had worked since then 14 total shifts and Staff E's first day worked at the facility on 07/18/2024 and had worked total of four shifts.

In an interview on 08/06/2024 at 12:32 PM, Staff B stated the facility depended on the agency company to do their job and assumed the agency company completed the agency staff's background checks. Staff B stated the facility did not complete a Washington state name and date of birth background check on all the agency staff as it takes two to three days to get results and they could not wait that long to get help with they have staffing challenges.

Record review of an email sent to the Department on 08/07/2024 at 1:41 PM, showed the facility provided a background authorization form that was for Staff E dated for 08/07/2024 and a background authorization form for Staff D dated for 02/02/2024.

In an interview on 08/09/2024 at 2:28 PM, Staff A, Executive Director, stated the authorization forms send to the Department for Staff D and Staff E were provided to the facility by the agency company.

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As of 08/09/2024 at 5:00 PM, the Department was not provided the Washington state name and date of birth background and fingerprint checks for Staff C, Staff D, and Staff E for review.

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, Alpine Way Retirement Apartments is or will be in compliance with this law and / or regulation on (Date) ~~9/23/24~~ 9/23/24

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

Theresa Hunter — Administrator (or Representative)

8/23/24 — Date

WAC 388-78A-2471 Background check Confidentiality Use restricted Retention. The assisted living facility must ensure that all disclosure statements, background authorization forms, background check results and related information are:

(1) Maintained on-site in a confidential and secure manner;

(4) Retained and available for department review during the individual's employment or association with a facility and for at least two years after termination of the employment or association.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure 2 of 3 sampled staff (Staff D and Staff E) had a copy of their Washington State Name and Date of Birth and Fingerprint Background Checks at the facility for the department to review. This failure to ensure a Washington State Background Check was available placed 74 of 74 residents at risk for being cared for by a staff member with a potentially disqualifying history.

Findings included...

Record review of the facility document titled, "assignment tracker", dated 07/18/2024, showed all the worked caregivers and nurses for the facility. The assignment tracker showed Staff C, Caregiver (agency staff), worked on day shift, Staff D, Caregiver (agency staff), worked evening shift, and Staff E, Caregiver (agency staff), worked on day shift. All three staff members had a name handwritten beside their name on the assignment tracker.

On 08/06/2024 at 12:08 PM, the Department requested Staff D and Staff E's, background checks for review.

During an on-site visit at the facility on 08/06/2024, review of staff records showed that Staff D, Caregiver (agency staff), Staff E, Caregiver (agency staff), did not have a Washington State Name and Date of Birth and Fingerprint Background check available at the facility for review.

In an interview on 08/06/2024 at 1:15 PM, Staff B, Wellness Director, stated when the facility brings on a new agency staff member to work at the facility, the agency company would send the employee's file record that included the background checks through email. Staff B stated they review every agency employee that was scheduled to work to ensure they were cleared to work.

In an interview on 08/06/2024 at 12:16 PM, Staff B stated they were trying to find the emails from the agency company for Staff D and Staff E to retrieve their background checks for the Department to review.

In an interview and observation on 08/06/2024 at 12:31 PM, Staff B stated they were trying to pull up Staff D and Staff E's background checks that were sent to Staff B by the agency company. Staff B stated the files were corrupted and unable to pull up the documents. Staff B showed the Department an email from one of the agency company's and was unable to be open the employees documents that were provided. Staff B stated they had called the agency company to have them resend Staff D and Staff E's background checks for the Department to review.

In an interview on 08/06/2024 at 12:32 PM, Staff B stated they were not printing the agency staff's background checks and retaining them at that facility to ensure they were available for review.

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, Alpine Way Retirement Apartments is or will be in compliance with this law and / or regulation on (Date) ~~9/23/24~~ 9/23/24 EH

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

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Tracy Hunter
Administrator (or Representative)

8/23/24
Date