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

Caring Places Management, LLC
Beehive Retirement and Assisted Living Community
401 W Maple St
McCleary, WA 98557

RE: Beehive Retirement and Assisted Living Community License # 2148

Dear Administrator:

This letter addresses Compliance Determination(s) 32085 (Completion Date 11/03/2023) and 26831 (Completion Date 07/20/2023).

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-2160

The Department staff who did the on-site verification:
Paul Aube, ALF NCI

If you have any questions, please contact me at (360)397-9556.

Sincerely,

Jody Just

Jody Just, Field Manager
Region 3, Unit E
Residential Care Services

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

Statement of Deficiencies	License #: 2148	Compliance Determination # 26831
Plan of Correction	Beehive Retirement and Assisted Living Community	Completion Date
Page 1 of 4	Licensee: Caring Places Management, LLC	07/20/2023

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 follow-up on 07/18/2023 and 07/18/2023 of:
Beehive Retirement and Assisted Living Community
401 W Maple St
McCleary, WA 98557

This document references the following SCD dated: 07/20/2023

The following sample was selected for review during the unannounced on-site visit: 4 of 48 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Paul Aube, ALF NCI

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

08/01/2023
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 follow-up on 07/18/2023 and 07/18/2023 of:

Beehive Retirement and Assisted Living Community
401 W Maple St
McCleary, WA 98557

This document references the following SOD dated: 07/20/2023

The following sample was selected for review during the unannounced on-site visit: 4 of 48 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Paul Aube, ALF NCI

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.

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.

Michelle Mupe
Administrator (or Representative)

Aug 8, 2023
Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to provide the care and services as agreed upon in the negotiated service agreement for 4 of 4 residents (Resident 1 [R1], Resident 2 [R2], Resident 3 [R3], and Resident 4 [R4]) reviewed. This failure placed residents in the facility at risk of not receiving care per their agreement with the facility.

Findings included...

Review of R1's face sheet showed that R1 was admitted to the facility on [redacted]/2022.

Review of R1's Negotiated Service Agreement (NSA), last reviewed on 07/16/2023, showed the facility was to provide bathing/showering for R1, and R1 required stand by assistance from the caregivers with bathing and hygiene.

Review of R2's face sheet showed that R2 was admitted to the facility on [redacted]2022.

Review of R2's Negotiated Service Agreement, last reviewed on 04/30/2023, showed the facility was to provide bathing/showering for R2, and R2 required staff assistance with bathing and hygiene.

Review of R3's face sheet showed that R3 was admitted to the facility on [redacted]/2022.

Review of R3's Negotiated Service Agreement, last reviewed on 06/12/2023, showed the facility was to provide cueing and set up for bathing/showering for R3. It showed that R3 was often resistant to showers and stated that staff in the event of resident refusals, would provide cueing, and reminders for R3. Staff were also instructed to notify R3's Power of Attorney (POA) to assist with showers in the event of consecutive refusals.

Review of R4's face sheet showed that R4 was admitted to the facility on [redacted]2018.

Review of R4's Negotiated Service Agreement, last reviewed on 06/25/2023, showed the facility was to provide bathing/showering for R4, and R4 required full staff assistance with bathing and hygiene.

During an interview with Staff A, Business Manager, on 08/02/2023 at 11:32AM, when asked why the bathing schedule for the residents was not located in the negotiated service agreement, Staff A stated that their process was to keep the shower schedule in the

Administrator (or Representative) Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to provide the care and services as agreed upon in the negotiated service agreement for 4 of 4 residents (Resident 1 [R1], Resident 2 [R2], Resident 3 [R3], and Resident 4 [R4]) reviewed. This failure placed residents in the facility at risk of not receiving care per their agreement with the facility.

Findings included…

Review of R1's face sheet showed that R1 was admitted to the facility on [redacted]/2022.

Review of R1's Negotiated Service Agreement (NSA), last reviewed on 07/16/2023, showed the facility was to provide bathing/showering for R1, and R1 required stand by assistance from the caregivers with bathing and hygiene.

Review of R2's face sheet showed that R2 was admitted to the facility on [redacted]/2022.

Review of R2's Negotiated Service Agreement, last reviewed on 04/30/2023, showed the facility was to provide bathing/showering for R2, and R2 required staff assistance with bathing and hygiene.

Review of R3's face sheet showed that R3 was admitted to the facility on [redacted]/2022.

Review of R3's Negotiated Service Agreement, last reviewed on 06/12/2023, showed the facility was to provide cueing and set up for bathing/showering for R3. It showed that R3 was often resistant to showers and stated that staff in the event of resident refusals, would provide cueing, and reminders for R3. Staff were also instructed to notify R3's Power of Attorney (POA) to assist with showers in the event of consecutive refusals.

Review of R4's face sheet showed that R4 was admitted to the facility on [redacted]/2018.

Review of R4's Negotiated Service Agreement, last reviewed on 06/25/2023, showed the facility was to provide bathing/showering for R4, and R4 required full staff assistance with bathing and hygiene.

During an interview with Staff A, Business Manager, on 06/02/2023 at 11:32AM, when asked why the bathing schedule for the residents was not located in the negotiated service agreement, Staff A stated that their process was to keep the shower schedule in the

"Shower Binder."

During an interview with Staff B, Nurse, on 06/07/2023 at 10:58AM, when asked the reasoning for not including the resident's bathing schedule in the resident's negotiated service agreement, Staff B stated, "To my knowledge we have never put the shower days in the care plan due to changes in schedule. We have a shower sheet that we use as the shower schedule. The shower schedule is placed in the 24-hour caregiver book [Shower Binder] that they all have access to and are reviewing prior to the shift."

During an interview with Staff C, Medication Technician, on 07/18/2023 at 12:54PM, when asked how caregivers knew when a resident's shower days was, Staff C stated, "We have a shower book that caregivers review, and it says when residents are to have showers." When asked what the process was for situations when caregivers were unable to complete resident showers, Staff C stated, "Whoever is on shift will try and do it. If they are not able to do it, like an incident etc, or if they are refusing, then it is passed on to the next shift that it was not completed. We also try and reapproach the resident to get them to agree." When asked if any documentation was required for missed showers, Staff C stated, "there is a shower log that staff are to initial when they complete it."

During an interview with Staff D, Caregiver, on 07/18/2023 at 1:08PM, when asked the process for residents getting their showers, Staff D stated that residents bath schedules were listed in the book [Shower Binder]. Staff D stated, "Normally we have 3 residents scheduled during our shift. If they refused, we would try and ask a couple of more times that day." Staff D stated that there must be 3 attempts made to try convincing residents who were refusing to shower, and all of the attempts, refusals, and reasons for missed showers must be documented on the back of the shower sheet. When asked what it indicated if a resident shower was not initialed by staff on the shower sheet, Staff D stated "If there is no initial it means they did not get their shower."

During an interview with Staff B, on 07/18/2023 at 2:06PM, when asked what was done for their Plan of Correction regarding the previous citation for not providing showering/bathing per the NSA, Staff B stated that staff were educated on the procedure, and it was discussed during the all staff meeting. "Caregivers are to review the shower schedule before shift. If the resident refuses, 3 attempts must be made. It is required to document for every shower." When asked what it indicated if a resident shower was not initialed by staff on the shower sheet, Staff B stated, "If it was not documented, it was not done."

Review of the shower sheets in the Shower Binder/Log on 07/18/2023 showed the following:

R1 was scheduled for two showers per week, Wednesday and Saturday. Review of the shower sheets for R1 from 06/28/2023 to 07/15/2023 showed that there was no signature/initial from staff for the following dates: Wednesday, 06/28/2023, and Saturday, 07/08/2023. There was no "make-up" shower given for the missed day, or documentation as to why the shower was not completed.

R2 was scheduled for two showers per week, Wednesday and Saturday. Review of the shower sheets for R2 from 06/28/2023 to 07/15/2023 showed that there was no signature/initial from staff for the following dates: Wednesday, 06/28/2023, and Saturday, 07/08/2023. There was no "make-up" shower given for the missed day, or documentation as to why the shower was not completed.

"Shower Binder."

During an interview with Staff B, Nurse, on 06/07/2023 at 10:58AM, when asked the reasoning for not including the resident's bathing schedule in the resident's negotiated service agreement, Staff B stated, "To my knowledge we have never put the shower days in the care plan due to changes in schedule. We have a shower sheet that we use as the shower schedule. The shower schedule is placed in the 24-hour caregiver book [Shower Binder] that they all have access to and are reviewing prior to the shift."

During an interview with Staff C, Medication Technician, on 07/18/2023 at 12:54PM, when asked how caregivers knew when a resident's shower days was, Staff C stated, "We have a shower book that caregivers review, and it says when residents are to have showers." When asked what the process was for situations when caregivers were unable to complete resident showers, Staff C stated, "Whoever is on shift will try and do it. If they are not able to do it, like an incident etc, or if they are refusing, then it is passed on to the next shift that it was not completed. We also try and reapproach the resident to get them to agree." When asked if any documentation was required for missed showers, Staff C stated, "there is a shower log that staff are to initial when they complete it."

During an interview with Staff D, Caregiver, on 07/18/2023 at 1:09PM, when asked the process for residents getting their showers, Staff D stated that residents bath schedules were listed in the book [Shower Binder]. Staff D stated, "Normally we have 3 residents scheduled during our shift. If they refused, we would try and ask a couple of more times that day." Staff D stated that there must be 3 attempts made to try convincing residents who were refusing to shower, and all of the attempts, refusals, and reasons for missed showers must be documented on the back of the shower sheet. When asked what it indicated if a resident shower was not initialed by staff on the shower sheet, Staff D stated "If there is no initial it means they did not get their shower."

During an interview with Staff B, on 07/18/2023 at 2:06PM, when asked what was done for their Plan of Correction regarding the previous citation for not providing showering/bathing per the NSA, Staff B stated that staff were educated on the procedure, and it was discussed during the all-staff meeting. "Caregivers are to review the shower schedule before shift. If the resident refuses, 3 attempts must be made. It is required to document for every shower." When asked what it indicated if a resident shower was not initialed by staff on the shower sheet, Staff B stated, "If it was not documented, it was not done."

Review of the shower sheets in the Shower Binder/Log on 07/18/2023 showed the following:

R1 was scheduled for two showers per week, Wednesday and Saturday. Review of the shower sheets for R1 from 06/28/2023 to 07/15/2023 showed that there was no signature/initial from staff for the following dates: Wednesday, 06/28/2023, and Saturday, 07/08/2023. There was no "make-up" shower given for the missed day, or documentation as to why the shower was not completed.

R2 was scheduled for two showers per week, Wednesday and Saturday. Review of the shower sheets for R2 from 06/28/2023 to 07/15/2023 showed that there was no signature/initial from staff for the following dates: Wednesday, 06/28/2023, and Saturday, 07/08/2023. There was no "make-up" shower given for the missed day, or documentation as to why the shower was not completed.

R3 was scheduled for two showers per week, Tuesday and Friday. Review of the shower sheets for R3 from 06/26/2023 to 07/15/2023 showed that there was no signature/initial from staff for the following dates: Friday, 06/30/2023, and Friday, 07/07/2023. There was no "make-up" shower given for the missed day, or documentation as to why the shower was not completed.

R4 was scheduled for two showers per week, Tuesday and Friday. Review of the shower sheets for R4 from 06/26/2023 to 07/15/2023 showed that there was no signature/initial from staff for the following dates: Wednesday, 07/07/2023, and Tuesday, 07/11/2023. There was no "make-up" shower given for the missed day, or documentation as to why the shower was not completed.

This is an uncorrected deficiency previously cited on 06/08/2023, and a recurring deficiency previously cited on 10/19/2020.

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, Beehive Retirement and Assisted Living Community is or will be in compliance with this law and / or regulation on (Date) August 8, 2023

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

Michelle Mylse
Administrator (or Representative)

August 8, 2023
Date

R3 was scheduled for two showers per week, Tuesday and Friday. Review of the shower sheets for R3 from 06/28/2023 to 07/15/2023 showed that there was no signature/initial from staff for the following dates: Friday, 06/30/2023, and Friday, 07/07/2023. There was no “make-up” shower given for the missed day, or documentation as to why the shower was not completed.

R4 was scheduled for two showers per week, Tuesday and Friday. Review of the shower sheets for R4 from 06/28/2023 to 07/15/2023 showed that there was no signature/initial from staff for the following dates: Wednesday, 07/07/2023, and Tuesday, 07/11/2023. There was no “make-up” shower given for the missed day, or documentation as to why the shower was not completed.

This is an uncorrected deficiency previously cited on 06/08/2023, and a recurring deficiency previously cited on 10/19/2020.

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, Beehive Retirement and Assisted Living Community is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

Residential Care Services
Investigation Summary Report

Provider/Facility: Beehive Retirement and Assisted Living Community
License/Cert.#: 2148
Compliance Determination #: 24823
Investigator: Paul Aube
Investigation Date(s): 06/02/2023 through 06/08/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 83327
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):
Quality of Care/Treatment: Facility report of an allegation of neglect of a resident in the community.

Investigation Methods:

Sample:	Total residents: 48 Resident sample size: 5 Closed records sample size: 1
Observations:	Identified resident Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Family members Management
Record Reviews:	Incident investigation Facility policies Staff Schedules Disclosure of Services Negotiated Service Agreements Admission Agreements Progress Notes

Investigation Summary:
Quality of Care/Treatment: Facility failed to provide bathing services as determined in the resident's negotiated service agreements. Failed practice identified.

Conclusion / Action:

☒ 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: Beehive Retirement and Assisted Living Community
License/Cert.#: 2148
Compliance Determination #: 24823
Investigator: Paul Aube
Investigation Date(s): 06/02/2023 through 06/08/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 83100
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

1. Quality of Care/Treatment: Public report of neglect of residents in the facility.
2. Misappropriation of Property: Public report of clothing going missing.

Investigation Methods:

Sample:	Total residents: 48 Resident sample size: 5 Closed records sample size: 1
Observations:	dentified resident Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Family members Management
Record Reviews:	Incident investigation Facility policies Staff Schedules Disclosure of Services Negotiated Service Agreements Admission Agreements Progress Notes

Investigation Summary:

1. Quality of Care/Treatment: Facility failed to provide bathing services as determined in the resident's negotiated service agreements. Failed practice identified.
2. Misappropriation of Property: No specific clothing items noted. Facility following procedure for laundry/missing items. Unable to substantiate claims.

Conclusion / Action:

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

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

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 06/02/2023 and 06/02/2023 of:

Beehive Retirement and Assisted Living Community
401 W Maple St
McCleary, WA 98557

This document references the following complaint number(s): 83327, 83100, 84217

The following sample was selected for review during the unannounced on-site visit: 5 of 48 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Paul Aube, ALF NCI

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

06/22/2023
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.

Michelle Taylor
Administrator (or Representative)

June 28, 2023
Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to provide the care and services as agreed upon in the negotiated service agreement for 4 of 4 sample residents, Resident 1 (R1), Resident 2 (R2), Resident 3 (R3), and Resident 4 (R4) reviewed. This failure placed residents in the facility at risk of not receiving care per their agreement with the facility.

Findings included...

Review of R1's face sheet showed that R1 was admitted to the facility on [redacted]/2018.

Review of R1's Negotiated Service Agreement, printed 05/11/2022, showed the facility was to provide bathing/showering for R1, and R1 required caregiver assistance with bathing and hygiene.

Review of R2's face sheet showed that R2 was admitted to the facility on [redacted]/2018.

Review of R2's Negotiated Service Agreement, printed 04/11/2023, showed the facility was to provide bathing/showering for R2, and R2 required caregiver assistance with bathing and hygiene.

Review of R3's face sheet showed that R3 was admitted to the facility on [redacted]/2020.

Review of R3's Negotiated Service Agreement, dated 04/14/2023, showed the facility was to provide bathing/showering for R3, and R3 required caregiver assistance with bathing and hygiene.

Review of R4's face sheet showed that R4 was admitted to the facility on [redacted]/2019.

Review of R4's Negotiated Service Agreement, printed 05/16/2023, showed the facility was to provide bathing/showering for R4, and R4 required caregiver assistance with bathing and hygiene.

During an interview with Staff A, Business Manager, on 06/02/2023 at 11:32AM, when asked why the bathing schedule for the residents was not located in the negotiated service agreement, Staff A stated that their process was to keep the shower schedule in the "Shower Binder."

During an interview with Staff B, Nurse, on 06/07/2023 at 10:58AM, when asked the reasoning for not including the resident's bathing schedule in the resident's negotiated service agreement, Staff B stated, "To my knowledge we have never put the shower days in the care plan due to changes in schedule. We have a shower sheet that we use as the shower schedule. It was last updated on 05/17/2023. The shower schedule is placed in the 24-hour caregiver book [Shower Binder] that they all have access to and are reviewing prior to the shift."

During an interview with Staff C, Medication Technician, on 06/02/2023 at 10:15AM, when asked how caregivers knew when a resident's shower days was, Staff C stated, "We have a shower book that caregivers look at. It says when residents have showers. It is a good communication spot that tells us who needs what." When asked what the process was for situations when caregivers were unable to complete resident showers, Staff C stated, "We have shower sheets, and we write it in there. But mostly what we do is we try and make it up. We use Sundays as an unofficial designated 'make-up' day."

During an interview with Staff D, Caregiver, on 06/02/2023 at 10:28AM, when asked what they would do if they were not able to complete a resident's scheduled shower, Staff C stated, "For showers we couldn't finish, we would push it to the next shift or day. But I would make sure the next shift is aware that it hasn't been done and it needs to be done. If they cannot get to it, I will get it done the next day."

During an interview with Staff B, on 06/07/2023 at 10:58AM, when asked what staff signatures/initials indicated on the shower sheets, Staff B stated that a caregivers initials indicated that a resident shower was completed. When asked what a missing caregiver initial indicated, Staff B stated that it meant either the shower was not given, or the caregiver gave the shower, but forgot to document it. Staff B then stated, "I know if it wasn't documented, then it didn't happen." When Staff B was asked if caregivers were required to document why a shower was not given, Staff B stated that caregivers were only required to document resident refusals in the shower binder.

Review of the shower sheets in the Shower Binder on 06/02/2023 showed the following:

R1 was scheduled for two showers per week, Sunday and Wednesday. Review of the shower sheets for R1 from 05/01/2023 to 06/02/2023 showed that there was no signature/initial from staff for the following dates: Wednesday 05/17/2023. There was no "make-up"

shower given for the missed day, or documentation as to why the shower was not completed.

R2 was scheduled for two showers per week, Tuesday, and Friday. Review of the shower sheets for R2 from 05/01/2023 to 06/02/2023 showed that there was no signature/initial from staff for the following dates: Tuesday 05/02/2023, Tuesday 05/09/2023, Tuesday 05/16/2023, and Tuesday 05/23/2023. There were no "make-up" showers given for the missed days, or documentation as to why the showers were not completed.

R3 was scheduled for two showers per week, Friday and Tuesday. Review of the shower sheets for R3 from 05/01/2023 to 06/02/2023 showed that there was no signature/initial from staff for the following dates: Friday 05/05/2023 and Tuesday 05/23/2023. There were no "make-up" showers given for the missed days, or documentation as to why the showers were not completed.

R4 was scheduled for two showers per week, Monday and Thursday. Review of the shower sheets for R4 from 05/01/2023 to 06/02/2023 showed that there was no signature/initial from staff for the following dates: Thursday 05/04/2023, and Monday 05/22/2023. There were no "make-up" showers given for the missed days, or documentation as to why the showers were not completed.

This is a recurring deficiency previously cited on 09/16/2020.

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, Beehive Retirement and Assisted Living Community is or will be in compliance with this law and / or regulation on (Date) 6/28/23.

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

Michelle Myhre — June 28 2023

Administrator (or Representative) — Date