



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) 44587 (Completion Date 07/12/2024) and 41257 (Completion Date 05/16/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/12/2024 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-2930-1, WAC 388-78A-2930-1-a, WAC 388-78A-2930-1-b-ii

The Department staff who did the on-site verification:
Pamela Horlick, NCI RN Complaint Investigator

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

This document was prepared by Residential Care Services for the Locator website.



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 # 41257
Plan of Correction	Beehive Retirement and Assisted Living Community	Completion Date
Page 1 of 3	Licensee: Caring Places Management, LLC	05/16/2024

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 follow-up on 05/16/2024 and 05/16/2024 of:

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

This document references the following SOD dated: 05/16/2024

The following sample was selected for review during the unannounced on-site visit: 4 of 50 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Pamela Horlick, NCI RN Complaint Investigator

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

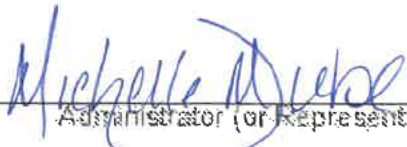
05/23/2024

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.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License # 2148	Compliance Determination # 41257
Plan of Correction	Beehive Retirement and Assisted Living Community	Completion Date
Page 2 of 3	Licensor: Caring Places Management, LLC	05/16/2024



Administrator (or Representative)



Date

WAC 388-78A-2930 Communication system.

(f) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(b) Provide the resident with personal wireless communication devices, such as pendants or wristbands, when a communication device is not installed in the resident's sleeping room, and when wireless communications are used.

(ii) The facility must have a policy and procedure describing the mitigating measures in the event of system disruption, including for maintenance and loss of power; and

This requirement was not met as evidenced by:

Based on interviews and record review, the facility failed to develop a policy and procedure describing the mitigating measures in the event of a communication system disruption for 1 of 1 facility reviewed. This failure placed 50 of 50 residents at risk for unmet care needs if a communication system disruption occurred.

Findings included...

During a record request on 05/16/2024 at 10:00 AM, a facility policy on the process for when the call light system failed was requested and not provided.

In an interview on 05/16/2024 at 10:49 AM, Staff B, Medication Technician, when asked if there was a policy on what to do if the call system went down, Staff B stated, I think it might be in the handbook but I don't know.

In an interview on 05/16/2024 at 11:24 AM, Staff C, Caregiver, when asked if there was a policy on what to do when the call system fails, Staff C stated, I don't know but I know we do continuous round checks on everybody.

In an interview on 05/16/2024 at 10:00 AM, Staff A, Executive Director, when asked if there was a policy in place for when the call light system goes down, Staff A stated, no we do not have a policy.

Administrator (or Representative)

Date

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

- (a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:
- (b) Provide the resident with personal wireless communication devices, such as pendants or wristbands, when a communication device is not installed in the resident's sleeping room, and when wireless communications are used:
- (ii) The facility must have a policy and procedure describing the mitigating measures in the event of system disruption, including for maintenance and loss of power; and

This requirement was not met as evidenced by:

Based on interviews and record review, the facility failed to develop a policy and procedure describing the mitigating measures in the event of a communication system disruption for 1 of 1 facility reviewed. This failure placed 50 of 50 residents at risk for unmet care needs if a communication system disruption occurred.

Findings included...

During a record request on 05/16/2024 at 10:00 AM, a facility policy on the process for when the call light system failed was requested and not provided.

In an interview on 05/16/2024 at 10:49 AM, Staff B, Medication Technician, when asked if there was a policy on what to do if the call system went down, Staff B stated, I think it might be in the handbook but I don't know.

In an interview on 05/16/2024 at 11:24 AM, Staff C, Caregiver, when asked if there was a policy on what do when the call system fails, Staff C stated, I don't know but I know we do continuous round checks on everybody.

In an interview on 05/16/2024 at 10:00 AM, Staff A, Executive Director, when asked if there was a policy in place for when the call light system goes down, Staff A stated, no we do not have a policy.

Statement of Deficiencies	License #: 2148	Compliance Determination #: 41257
Plan of Correction:	Beehive Retirement and Assisted Living Community	Completion Date
Page 3 of 3	Licensed: Caring Places Management, LLC	05/15/2024

This is an uncorrected deficiency previously cited on 12/28/2023 for subsection (1)(b)(ii).

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) May 23, 2024

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

Michelle Dyke
Administrator (or Representative)

May 23, 2024
Date

This document was prepared by Residential Care Services for the Locator website.

This is an uncorrected deficiency previously cited on 12/28/2023 for subsection (1)(b)(ii).

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 #: 34493

Investigator: Paul Aube

Investigation Date(s): 12/28/2023 through 12/28/2023

Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 110646

Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

Quality of Care/Treatment: Facility report of the call light system going down in the community.

Investigation Methods:

Sample:	Total residents: 31 Resident sample size: 8 Closed records sample size: 1
Observations:	Residents Activities Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff Residents Management
Record Reviews:	Facility policies Incident Log Incident investigation

Investigation Summary:

Quality of Care/Treatment: Facility has no policy on what staff are to do when the call light system fails to operate. Facility failed to provide residents with a means to summon staff. Failed practice identified.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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

Statement of Deficiencies	License # 2148	Compliance Determination # 34493
Plan of Correction	Beehive Retirement and Assisted Living Community	Completion Date
Page 1 of 4	Licensee: Caring Places Management, LLC	12/28/2023

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 complaint investigation on 12/28/2023 and 12/28/2023 of:

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

This document references the following complaint number(s): 110646

The following sample was selected for review during the unannounced on-site visit: 8 of 31 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.


Residential Care Services

01/02/2024

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.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2148	Compliance Determination # 34493
Plan of Correction	Beehive Retirement and Assisted Living Community	Completion Date
Page 2 of 4	Licensor: Caring Places Management, LLC	12/26/2023

Michelle M. Dube
Administrator (or Representative)

1/3/2024
Date

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(b) Provide the resident with personal wireless communication devices, such as pendants or wristbands, when a communication device is not installed in the resident's sleeping room, and when wireless communications are used.

(ii) The facility must have a policy and procedure describing the mitigating measures in the event of system disruption, including for maintenance and loss of power, and

This requirement was not met as evidenced by:

Based on records review and interviews, the facility failed to provide residents with the means to summon on-duty staff after their call light system became nonoperational for 6 of 6 sampled residents (Resident 1, 2, 3, 4, 5, & 6 [R1, 2, 3, 4, 5, & 6]). The facility also failed to provide and utilize a policy and procedure describing the mitigating measures on what staff and residents are to do when the call light system became nonoperational. This failure resulted in residents becoming fearful of their safety due to their inability to summon staff when assistance was needed.

Findings included:

Review of an undated facility policy titled "Fire Watch Procedures" outlined what staff must do in the event the fire alarm and sprinkler system became nonoperational. There is no mention in the policy of call light failure, how residents are to summon staff during outages, and what staff persons must do for mitigating measures while the call light system is down.

Review of Department records showed that the facility reported a call light system failure on 12/15/2023.

During an interview with the Executive Director (Staff A) on 12/28/2023 at 10:26AM, Staff A was asked if the call light system was still nonoperational. Staff A stated that it was still down. Staff A was asked when the call light system failure occurred. Staff A stated that the call light system had been down since 12/15/2023. "There was a city-wide planned power outage and that fried the system." Staff A stated that the facility needed to get a whole new system into place. Staff A was asked what the timeline for repair was. Staff A stated, "It has been ordered, shipped, and we are scheduled for install for the 2nd to the 8th [of January]

Administrator (or Representative)

Date

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(b) Provide the resident with personal wireless communication devices, such as pendants or wristbands, when a communication device is not installed in the resident's sleeping room, and when wireless communications are used:

(ii) The facility must have a policy and procedure describing the mitigating measures in the event of system disruption, including for maintenance and loss of power; and

This requirement was not met as evidenced by:

Based on records review and interviews, the facility failed to provide residents with the means to summon on-duty staff after their call light system became nonoperational for 6 of 6 sampled residents (Resident 1, 2, 3, 4, 5, & 6 [R1, 2, 3, 4, 5, & 6]). The facility also failed to provide and utilize a policy and procedure describing the mitigating measures on what staff and residents are to do when the call light system became nonoperational. This failure resulted in residents becoming fearful of their safety due to their inability to summon staff when assistance was needed.

Findings included...

Review of an undated facility policy titled "Fire Watch Procedures" outlined what staff must do in the event the fire alarm and sprinkler system became nonoperational. There is no mention in the policy of call light failure, how residents are to summon staff during outages, and what staff persons must do for mitigating measures while the call light system is down.

Review of Department records showed that the facility reported a call light system failure on 12/15/2023.

During an interview with the Executive Director (Staff A) on 12/28/2023 at 10:25AM, Staff A was asked if the call light system was still nonoperational. Staff A stated that it was still down. Staff A was asked when the call light system failure occurred. Staff A stated that the call light system had been down since 12/15/2023. "There was a city-wide planned power outage and that fried the system." Staff A stated that the facility needed to get a whole new system into place. Staff A was asked what the timeline for repair was. Staff A stated, "It has been ordered, shipped, and we are scheduled for install for the 2nd to the 8th [of January]

2024]." Staff A was asked how residents were educated to summon staff while the system was not operational. Staff A stated that residents were instructed to use their personal mobile phones to call the facility to ask for staff assistance. Staff A stated that residents are also coming out of their apartments to try and call for staff when needed. Staff A was asked what residents with no mobile phones are doing to summon staff assistance. "For residents that call lights usually go off often, or do not leave their apartments, staff are doing 15-minute checks for those residents." Staff A stated that there are only two residents that fit those criteria, R5 and R6. Staff A stated that they have not received any complaints by residents about the system being down, or any reports that residents feel unsafe with the system being down. Staff A was asked to provide a policy and procedure describing mitigating measures due to their call light system becoming nonoperational. Staff A stated that there was no such policy, and they were instructed by their home office to use the facility's "Fire Watch" policy when the call light system fails.

During an interview with R1 on 12/28/2023 at 10:51AM, R1 was asked how they summon staff for assistance after the call light system went down. R1 stated, "I use the phone to get them at the desk." R1 was asked if they were using a personal phone or a provided phone in their room. R1 stated, "My personal phone." R1 was asked if there had been any problems with them reaching staff that way. R1 stated, "That has not been an issue for me at all, not really. Sometimes I get a lot of busy signals from them because they are busy, I guess."

During an interview with R2 on 12/28/2023 at 10:56AM, R2 was asked how they summon staff for assistance after the call light system went down. R2 stated, "If I did need to use it and needed to get someone, I would call them on the telephone." R2 was asked if this was a personal phone. R2 stated that it was. R2 stated that they have big concerns with the system being down. R2 stated that they are very worried that if they fell, that they would not be able to summon staff to let them know. R2 was asked if they felt safe at the facility with the call light system being down. R2 stated, "Right now I feel safe, but I worry for other people that aren't as independent as me. And it is harder on the workers because they have to constantly check."

During an interview with R3 on 12/28/2023 at 11:03AM, R3 was asked how they summon staff for assistance after the call light system went down. R2 stated, "I have a phone, and they put the number in my phone, and I am supposed to take it with me. It scares me that I am going to fall and that I won't be able to get to my phone." R3 was asked if they noticed if staff were coming to check on them more frequently since the call light system had been down. R3 stated, "Not really."

During an interview with Medication Technician (Staff B) on 12/28/2023 at 11:33AM, Staff B was asked how residents were instructed to summon staff for assistance. "Almost every one of our residents leave their room other than two. We check on them more often. The two that don't leave their room, we do 15-minute checks on them. They are both capable of calling the building and have been calling the building. Most of the time the residents come out and let us know if they need something." Staff B stated that residents were encouraged to use their personal phones to call the facility front desk when they need assistance. "We are having residents call on their phone or come out into the hall." Staff B was asked how staff would know if a resident had fallen in their room but could not notify

Statement of Deficiencies	License #: 2148	Compliance Determination # 34483
Plan of Correction	Beehive Retirement and Assisted Living Community	Completion Date
Page 4 of 4	Licenses: Caring Places Management, LLC	12/26/2023

staff because their personal phone was out of reach. Staff B stated, "They could yell."

During an interview with R4 on 12/28/2023 at 12:00PM, R4 was asked how they summon staff for assistance after the call light system went down. R4 stated, "If I need help [from staff], I bang on that door, or go out there to get someone."

During an interview with R5 on 12/28/2023 at 12:12PM, R5 was asked if they were able to leave their room. R5 stated that they do not leave their room due to their medical needs. Asked R5 how they summon staff for assistance after the call light system went down. R5 stated, "I got my phone, and you call them. They don't answer much. Sometimes it's busy [signal], sometimes they don't answer at all, and sometimes they do answer but it takes a long time for someone to come." Asked R5 how long it would take for staff to come during those times; they had to wait long periods. R5 stated, "30 minutes to an hour." Asked R5 if they felt safe living at the facility with the call light system being down. "No, I don't feel safe at all." Asked the resident if staff are coming to check on them more frequently that the system is down. The resident shook their head and stated, "No, they are not coming in more."

During an interview with R6 on 12/28/2023 at 12:23PM, R6 was asked how they summon staff for assistance after the call light system going down. R6 stated, "I don't know how." Asked the resident if staff are coming to check on them more frequently now that the call light system is down, since they cannot leave their room. "They do not check on me. Only for lunch and dinner. I don't have breakfast." R6 was asked why they do not have breakfast. R6 stated, "I usually sleep during the daytime, and am up during the afternoon and night." Asked resident if they felt unsafe with the system being down. R6 stated, "I do not feel safe. I feel like I am isolated." Asked resident what they would do if they fell out of their bed, or really needed staff assistance emergently. R6 shrugged their shoulders and stated, "I don't know."

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) Jan. 31, 2024

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

Michelle Duke
Administrator (or Representative)

Jan 3, 2024
Date

staff because their personal phone was out of reach. Staff B stated, "They could yell."

During an interview with R4 on 12/28/2023 at 12:06PM, R4 was asked how they summon staff for assistance after the call light system went down. R4 stated, "If I need help [from staff], I bang on that door, or go out there to get someone."

During an interview with R5 on 12/28/2023 at 12:12PM, R5 was asked if they were able to leave their room. R5 stated that they do not leave their room due to their medical needs. Asked R5 how they summon staff for assistance after the call light system went down. R5 stated, "I got my phone, and you call them. They don't answer much. Sometimes its busy [signal], sometimes they don't answer at all, and sometimes they do answer but it takes a long time for someone to come." Asked R5 how long it would take for staff to come during those times, they had to wait long periods. R5 stated, "30 minutes to an hour." Asked R5 if they felt safe living at the facility with the call light system being down. "No. I don't feel safe at all." Asked the resident if staff are coming to check on them more frequently that the system is down. The resident shook their head and stated, "No, they are not coming in more."

During an interview with R6 on 12/28/2023 at 12:23PM, R6 was asked how they summon staff for assistance after the call light system going down. R6 stated, "I don't know how." Asked the resident if staff are coming to check on them more frequently now that the call light system is down, since they cannot leave their room. "They do not check on me. Only for lunch and dinner. I don't have breakfast." R6 was asked why they do not have breakfast. R6 stated, "I usually sleep during the daytime, and am up during the afternoon and night." Asked resident if they felt unsafe with the system being down. R6 stated, "I do not feel safe. I feel like I am isolated." Asked resident what they would do if they fell out of their bed, or really needed staff assistance emergently. R6 shrugged their shoulders and stated, "I don't know."

Plan/Attestation Statement

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

Administrator (or Representative)

Date