



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) 38644 (Completion Date 04/18/2024) and 33953 (Completion Date 01/18/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/18/2024 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-2600-2-a

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



Residential Care Services Investigation Summary Report

Provider/Facility: Beehive Retirement and Assisted Living Community

License/Cert.#: 2148

Compliance Determination #: 33953

Investigator: Pamela Horlick

Investigation Date(s): 12/14/2023 through 01/18/2024

Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 108816

Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

Quality of Care/Treatment: Facility report of a resident being abused in the community.

Investigation Methods:

Sample:	Total residents: 47 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Administrator
Record Reviews:	State reporting log Incident investigation Facility policies Care plan Alert charting

Investigation Summary:

Quality of Care/Treatment: Facility failed to follow policies and procedures when an allegation of abuse was suspected by not notifying the residents doctor. 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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Statement of Deficiencies	License #: 2148	Compliance Determination # 33953
Plan of Correction	Beehive Retirement and Assisted Living Community	Completion Date
Page 1 of 3	Licensee: Caring Places Management, LLC	01/18/2024

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 12/14/2023 and 12/14/2023 of:

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

This document references the following complaint number(s): 109827, 108816

The following sample was selected for review during the unannounced on-site visit: 3 of 47 current residents and 0 former residents.

The department staff that investigated 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

01/22/2024
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.

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Michelle Dube
 Administrator (or Representative)

01/22/24
 Date

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(a) Related to suspected abandonment, abuse, neglect, exploitation, or financial exploitation of any resident;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement their policies and procedures for physician notifications after an incident for 1 of 3 (Resident 1 [R1]) sampled residents. This failure placed R1 at risk for their physician being unaware of their condition.

Findings included...

Record review of a facility policy titled, "Resident Incidents and Investigation", undated, showed under section 2, "Critical components of the Quality Assurance Investigation include:", documented, "Prompt reporting to:

- Supervisor
- Nurse Administrator
- Emergency contact(s)
- Medical professional(s)
- Abuse hotline (if abuse is even a remote consideration)
- Police (if required)

Record review of R1's face sheet shows that R1 admitted to the facility on [REDACTED]/2023.

Record review of an Investigation report for R1, dated 12/04/2023 showed that another residents family member came into R1's room and pushed them down onto the bed, laid on top of them and pushed their tongue down their throat. The Residential Care Coordinator was notified on 12/04/2023 at 9:00AM. The Administrator was notified on 12/04/2023 at 9:00AM. The family was notified on 12/04/2023 at 9:00AM. Complaint Resolution Unit (CRU) was notified on 12/04/2023 at 9:00 and the police were notified at 12/04/2023 at 9:00AM. R1's medical professional was not notified of the incident.

During an interview on 12/14/2023 at 10:56AM, Staff C, Medication Technician, when asked what you would do if a resident told you that another person touched them inappropriately, Staff C stated, that they would separate them and notify the police. Staff C

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stated they would also notify the state, fax the doctor, notify family and notify the administrator as well.

During an interview on 12/14/2023 2:31PM, Staff B, Medication Technician, was asked what is done when a resident claims an allegation of sexual abuse. Staff B stated call the police, and the state are notified. When asked Staff B who else gets notified, they stated, "family, administrator, nurse, state, police and the residents doctor."

During an interview on 12/29/2023 at 12:29PM, Staff D, Medication Technician, when asked, what staff were supposed to do when there was an allegation of abuse, they stated they were mandated reporters and it needed to be called into the state, family, doctor, and the administrators.

During an interview on 01/09/2024 at 1:52PM, Staff E, Medication Technician, when asked what they would do if a resident told them that they were touched inappropriately, they stated they would make sure they were safe and call 911. They stated they would notify the residents POA/family, residents doctor, and management.

During an interview on 12/14/2023 at 12:39PM, Staff A, Residential Care Nurse, was asked if a fax was sent to the medical professional of R1, and Staff A stated they looked and did not see one. Staff A stated it was missed. Staff A was asked when a resident's medical professional was to be notified of an incident, Staff A stated, we would notify the day we found out. Staff A was asked if the situation that occurred with R1 would warrant a notification to a medical professional, Staff A stated, "I would say yes."

This was a previous consultation on 10/05/2022.

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 22, 2024

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

Michaela Mube
Administrator (or Representative)

Jan 22, 2024
Date