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

02/13/2025

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

RE: Beehive Retirement and Assisted Living Community # 2148

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 54739 (Completion Date 02/13/2025) and 51938 (Completion Date 12/26/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/13/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
**WAC 388-78A-2210 Medication services.**

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

The Department staff who did the On Site verification:
Phan Pham, Nurse Surveyor

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 #:** 51938
**Investigator:** Phan Pham
**Provider Type:** Assisted Living Facility
**Intake ID:** 159020
**Region/Unit #:** RCS Region 3 / Unit E
**Investigation Date(s):** 12/17/2024 through 12/26/2024
**Complainant Contact Date(s):**

**Allegation(s):**

Misappropriation of resident's personal property, nursing services, falsification of records and quality of care - Named resident's medication count was off.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 47<br>Resident sample size: 3<br>Closed records sample size: 1 |
| **Observations:** | Residents, environment, staff interactions with residents, staff members providing care and services, and safety measures. |
| **Interviews:** | Residents and interdisciplinary team members. |
| **Record Reviews:** | Sampled residents and incident reports. |

**Investigation Summary:**

An onsite investigation was conducted, and allegation identified in the intake related to misappropriation of personal property, nursing services, falsification of records, quality of care and services were reviewed. The Assisted Living Facility failed ensure a staff member administered a pain medication as ordered. Additional residents reviewed for care, services and safety had no concerns.

**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 12/17/2024, 12/17/2024 and 12/17/2024 of:

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

This document references the following complaint number(s): 156137, 156731, 159020, 159210

The following sample was selected for review during the unannounced on-site visit: 3 of 47 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Phan Pham, Nurse Surveyor

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

01/02/2025

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 Myhre
Administrator (or Representative)

01/03/2025
Date

**WAC 388-78A-2210 Medication services.**

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(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility failed to ensure 1 of 2 sampled staff (Staff C) administered pain medication as ordered for 1 of 3 sampled residents (Resident 1[R1]) reviewed for medication services. This significant medication error placed R1 and all residents at risk for experiencing health complications from being over medicated.

Findings included...

On 12/16/2024 review of R1's admission record showed R1 was admitted to the facility on [redacted]/2024 with a diagnosis of [redacted]. R1 was discharged on [redacted]/2024.

Review of R1's service agreement dated 11/18/2024 showed R1 had memory problems and impaired cognition. R1 required assistance with medication services and staff members were responsible for ensuring R1 received her medications as prescribed.

Review of R1's physician order record showed on 12/11/2024 R1 had a physician order for Morphine Sulfate (pain medication) 20 milligrams (mg) per milliliter (ml) to be administered 0.5 ml every two hours.

Review of R1's medication administration record (MAR) showed from 12/11/2024 at 10:00 PM to 12/12/2024 at 4:00 AM Staff C, Facility Staff, administered four dosages of Morphine Sulfate.

Review of the narcotic record showed R1 was given Morphine Sulfate 1.0 ml on 12/11/2024 at 10:20 PM, and on 12/12/2024 at 12:15 AM, 2:16 AM, and 4:30 AM. Staff C administered twice the amount of the Morphine Sulfate ordered.

Administrator (or Representative) | Date

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| Statement of Deficiencies | License #: 2148 | Compliance Determination # 51938 |
|---|---|---|
| Plan of Correction | Beehive Retirement and Assisted Living Community | Completion Date |
| Page 3 of 3 | Licensee: Caring Places Management, LLC | 12/26/2024 |

In an interview on 12/16/2024 at 10:34 AM, Staff A, Resident Care Coordinator (RCC) stated staff members had been delegated and trained on medication/narcotic administration. The RCC said staff members were mentored and had been observed for safely administered medications prior to being permitted to assist residents with medication administration independently. Staff A stated staff members had been instructed to call the Licensed Nurse, the RCC or the Administrator when they had questions with an order and/or medication.

In an interview on 12/16/2024 at 10:54 AM, Staff B, Medication Tech, said she had been trained by the facility's Licensed Nurse and approved to perform medication administration independently. Staff B stated she had been trained to check for the right resident, right medication, right dosage, right route and right time when she administered a medication. Staff B said she would contact the Licensed Nurse when she had questions related to a medical and/or order.

This is a recurring citation, previously cited on 03/08/2023 and 09/27/2023.

**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) 01/03/2025 .

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

Michelle Muller — Administrator (or Representative)

01/03/2025 — Date

In an interview on 12/16/2024 at 10:34 AM, Staff A, Resident Care Coordinator (RCC) stated staff members had been delegated and trained on medication/narcotic administration. The RCC said staff members were mentored and had been observed for safely administered medications prior to being permitted to assist residents with medication administration independently. Staff A stated staff members had been instructed to call the Licensed Nurse, the RCC or the Administrator when they had questions with an order and/or medication.

In an interview on 12/16/2024 at 10:54 AM, Staff B, Medication Tech, said she had been trained by the facility's Licensed Nurse and approved to perform medication administration independently. Staff B stated she had been trained to check for the right resident, right medication, right dosage, right route and right time when she administered a medication. Staff B said she would contact the Licensed Nurse when she had questions related to a medical and/or order.

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_____ _____

Administrator (or Representative) Date