STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Spring Ridge Retirement, LLC

Spring Ridge Retirement, LLC
6856 E Portland Ave
Tacoma, WA 98404

RE: Spring Ridge Retirement, LLC License # 2160

Dear Administrator:

This letter addresses Compliance Determination(s) 26611 (Completion Date 07/13/2023) and 21746 (Completion Date 04/18/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/13/2023 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-2150-1, WAC 388-78A-2703-3, WAC 388-78A-2480-1, WAC 388-78A-2466-1-a, WAC 388-78A-2468-1

The Department staff who did the on-site verification:

Cathleen Davis, ALF Licensor
Shirley Grew, LTC Surveyor
Lisa Mason, NCI ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
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

PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2160	Compliance Determination # 21746
Plan of Correction	Spring Ridge Retirement, LLC	Completion Date
Page 1 of 7	Licensee: Spring Ridge Retirement, LLC	04/18/2023

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 the unannounced on-site full inspection on 03/28/2023 and 04/05/2023 of:
Spring Ridge Retirement, LLC
6856 E Portland Ave
Tacoma, WA 98404

The following sample was selected for review during the unannounced on-site visit: 9 of 51 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Lisa Mason, NCI ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional
Shirley Grew, LTC Surveyor
Cathleen Davis, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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

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.

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Administrator (or Representative)

6/28/2023
Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on record reviews and interviews the Assisted Living Facility (ALF) failed to have 5 of 9 sampled residents' (Resident 1, 4, 5, 7, & 9) negotiated service agreements signed annually. This placed the 5 residents at potential harm when resident or resident representative had not been made aware of care needs being provided.

Findings included...

On 04/04/2023, record review of Resident 1 (R1) showed that R1 was admitted to the ALF on [redacted]/2015. The signature on the NSA was dated 10/18/2022.

On 04/04/2023, record review of Resident 4 (R4) showed that R4 was admitted to the ALF on [redacted]/2020. The signature on the NSA was dated 07/10/2020.

On 04/04/2023, record review of Residents 5 (R5) showed that R5 was admitted to the ALF on [redacted]/2020. The signature on the NSA was dated 01/19/2023.

On 04/04/2023, record review of Resident 7 (R7) showed that R7 was admitted to the ALF on [redacted]/2019. The signature on the NSA was dated 3/25/2022.

On 04/04/2023, record review of Resident 9 (R9) showed that R9 was admitted to the ALF on [redacted]/2013. The signature on the NSA was dated 12/29/2021.

On 4/04/2023 at 2:00 PM, an interview with Staff A, Executive Director, said the facility kept an electronic NSA and signed copies in another area. She said she would look to see if there were more of the residents' sample requested.

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On 4/05/2023 at 11:00 AM, an interview with Staff A, Executive Director, said she was unable to find any current signed NSA copies for the five sampled residents.

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, Spring Ridge Retirement, LLC is or will be in compliance with this law and / or regulation on (Date) 6/2/2023 .

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

Administrator (or Representative) — Date: 4/22/2023

WAC 388-78A-2703 Safety of the built environment. The assisted living facility must provide a safe environment and promote the safety of each resident whenever the resident is on the premises or under the supervision of staff persons consistent with the resident's negotiated service agreement, and must maintain the premises and equipment used in resident care so as to be free of hazards, including:

(3) Keeping exterior grounds, assisted living facility structures, and component parts safe, sanitary, and in good repair.

This requirement was not met as evidenced by:

Based on observation and interviews, the Assisted Living Facility (ALF) failed to ensure the outside environment was free from potential falling hazards. This failure placed all 51 ALF residents at risk for falls due to foot placement or walker legs becoming stuck between uneven surfaces.

Findings included...

Observations on 03/31/2023 at 10:30 AM of the outdoor smoking area for residents showed an uneven transition between the asphalt and lawn, and an unmarked large step from the main patio to lower patio.

Observations on 03/31/2023 at 10:45 AM of the memory care courtyard showed large gaps between the stone pavers and areas between the sidewalk and grass, creating uneven walkways.

During an interview on 03/29/2023 at 1:00 PM, Staff G, Caregiver, stated he was unaware

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of any resident falls in the courtyard. Staff G, caregiver, said he knew there were some uneven walk areas.

During an interview on 03/31/2023 at 2:00 PM, Staff A, Executive Director, stated she knew the back courtyard where residents smoke had some uneven walkways. Staff A, Executive Director, said there were only two residents using it at the time.

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, Spring Ridge Retirement, LLC is or will be in compliance with this law and / or regulation on (Date) 6/2/2023 .

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

Administrator (or Representative) — Date: 6/22/2023

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on record review and interview the Assisted Living Facility (ALF) failed to ensure 1 of 6 sampled staff (Staff F) was screened for tuberculosis (TB, a communicable disease) within three days of employment. This failure placed all 51 ALF residents at risk of TB infection.

Findings included...

During an interview on 04/05/2023 at 10:30 AM, Staff A, Executive Director, stated the facility would email additional staff records.

On 04/05/2023 record review showed Staff C, Caregiver, was hired by the ALF on 01/12/2023 and the TB test was done on 1/30/2023.

Plan/Attestation Statement

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

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, Spring Ridge Retirement, LLC is or will be in compliance with this law and / or regulation on (Date) 6/22/2023 .

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

Administrator (or Representative) — Date: 6/22/2023

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review the assisted living facility (ALF) failed to ensure the two-year background check was completed for 1 of 6 staff. This failure potentially placed all 51 residents at risk of harm with staff with a possible disqualifying crime.

Findings included...

During an interview on 04/05/2023 at 10:30 AM, Staff A, Executive Director, stated the facility would email additional staff records.

On 03/29/2023 record review showed Staff F, Caregiver, was hired on 09/30/2020. The background check expiration date was 09/25/2022. The two-year name and date of birth background check was not competed.

Plan/Attestation Statement

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

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, Spring Ridge Retirement, LLC is or will be in compliance with this law and / or regulation on (Date) 4/21/2023 .

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

Administrator (or Representative) — Date: 4/22/2023

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review the assisted living facility (ALF) failed to ensure the background check was completed for 1 of 6 staff (Staff A). This failure potentially placed all 51 residents at risk of harm with staff with a possible disqualifying crime.

Findings included...

On 03/29/2023 record review showed Staff A, Executive Director, was hired on 02/13/2023 with the background check completed on 02/22/2023.

During an interview on 04/05/2023 at 10:30 AM, Staff A, Executive Director, stated the facility would email additional staff records. No other records provided.

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, Spring Ridge Retirement, LLC is or will be in compliance with this law and / or regulation on (Date) 4/21/2023 .

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

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

Administrator (or Representative)

4/22/2023
Date

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
PO Box 99250, Lakewood, WA 98496

05/01/2023

Spring Ridge Retirement, LLC
Spring Ridge Retirement, LLC
6856 E Portland Ave
Tacoma, WA 98404

RE: Spring Ridge Retirement, LLC # 2160

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 04/18/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Manfay Chan, Field Manager
Residential Care Services
Region 3, Unit D
PO Box 99250

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

Lakewood, WA 98496

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

(b) Makes an immediate report to the appropriate law enforcement agency and the department consistent with chapter 74.34 RCW of all incidents of suspected sexual abuse or physical abuse of a resident.

Staff interviewed said they were trained on abuse and neglect. Some staff did not respond correctly when questioned. The Executive Director reported she would update all staff training.

WAC 388-78A-2410 Content of resident records. The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident. Active resident records must include the following:

(8) Medical and nursing services provided by the assisted living facility for a resident, including:

(b) A record of any nursing treatments, including the signature or initials of the person providing them.

Review of documentation regarding blood glucose sliding scale insulin dosages showed initials but not the amount of insulin units given by the nursing staff. The Administrator said the specific unit documentation would be added.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

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

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

• Please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

Enclosure

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