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) 44549 (Completion Date 09/10/2024) and 35085 (Completion Date 04/04/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/10/2024 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-2160

The Department staff who did the on-site verification:
Carol Gijima, Community Compaint Investigator (NCI)

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

Sincerely,

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

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 # 35085
Plan of Correction	Spring Ridge Retirement, LLC	Completion Date
Page 1 of 4	Licensee: Spring Ridge Retirement, LLC	04/04/2024

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 01/11/2024 and 01/11/2024 of:
Spring Ridge Retirement, LLC
6856 E Portland Ave
Tacoma, WA 98404

This document references the following SOD dated: 04/04/2024

The following sample was selected for review during the unannounced on-site visit: 3 of 0 current residents and 2 former residents.

The department staff that inspected the Assisted Living Facility:

Carol Gijima, Community Compaint Investigator (NCI)

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 — 04/05/2024 (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.

Administrator (or Representative)

4/15/2024
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 reviews and interviews, the Assisted Living Facility (ALF) failed to provide showers as agreed upon in the Negotiated Service Plan (NSA) for 3 of 3 sampled residents (Residents 1,2 & 3). This failure placed Residents 1, 2 & 3 at risk for developing skin issues, poor hygiene, and a decreased quality of life.

Findings Included...

Facility and resident record reviews on 01/11/2024 showed the following:

Resident 1
Record review of Resident 1's (R1) documents showed that R1 admitted to AFL on [redacted]/2019 with diagnoses to include [redacted]. Review of the Negotiated Service Agreement dated 08/22/2023 showed that effective 08/01/2023, R1 was to receive 2 showers per week and required physical assistance from staff with showering.

Review of the Memory Care shower schedule on 01/11/2024 showed that R1 was to receive showers on Mondays and Thursdays. There were no shower sheets for R1 to review for December 2023 and January 2024 review period. There was no documentation in the progress notes to show that showers were given, attempted, or refused.

Resident 2
Record review of Resident 2's (R2) documents showed that R2 admitted to the ALF on [redacted]/2023 with diagnoses to include [redacted]. Review of the Negotiated Service Agreement dated 02/28/2024 showed that effective 08/18/2022, R2 was to receive 2 showers per week on Sunday and Thursday, and that R2 required total assistance from staff to shower.

Review of the Memory Care shower schedule on 01/11/2024 showed that R2 was to receive showers on Tuesdays. A negotiated service plan dated 09/18/2022 showed showers days were Sundays and Thursdays. There were no shower sheets for R2 to review

for December 2023 and January 2024 review period. There was no documentation in the progress notes to show that showers were given, attempted, or refused.

Resident 3
Record review of Resident 3's (R3) documents showed that R3 admitted to AFL on [redacted]2023 with diagnoses to include [redacted]. Review of the Negotiated Service Agreement dated [redacted]/2023 showed that R3 was to receive 2 showers per week on Sundays and Wednesdays and required 2 person staff to be present.

Review of the Memory Care shower schedule on 01/11/2024 did not show R3 to be scheduled for any showers. There were no shower sheets for R2 to review for December 2023. There was a progress noted on December 20, 2023, that stated R3 refused all care. January 2024 shower sheets showed that R3 received 2 showers on the 1st and 8th. There was no other documentation in the progress notes to show that showers were given, attempted, or refused.

During an interview on 01/11/2024 at 9:18 AM, Staff B, Medication Technician, stated that residents were given showers twice a week unless their service plan stated otherwise. Staff B stated that when residents refused showers or did not get a shower, it would be documented in progress notes. Staff B stated that staff would document showers or refusals on the "Caregiver Shower Review" sheet. When asked where the shower review sheets for Residents 1,2 and 3 were, Staff B stated they would be in the shower binder. Staff B did not provide an answer when asked why there would be no documentation in the binder. Staff B was asked if R3 had a shower during the review period since she was not on the shower schedule. Staff B did not provide an answer. When asked if showers were given or not, Staff B stated, "I do not have an answer".

During an interview on 01/11/2024 at 9:38 AM, Staff C, Caregiver, stated that residents received showers according to their service plans and as needed. Staff C stated that Residents 1 and 3 sometimes refused showers. Staff C stated that when residents refused showers, they would document on the shower sheets and notify the Medication Technician to document in the progress notes.

During an interview on 01/11/2024 at 9:45 AM, Staff D, Registered Nurse, stated that showers were given according to service plans. Staff did not provide an answer when asked why there was no documentation showing that residents either received or refused a shower. When asked if Residents 1, 2, and 3 received or refused showers, Staff D stated that there was no way to know without documentation.

During an interview on 04/02/2024 at 2:00 PM, Staff E, Resident Care Coordinator, stated that resident showers were dependent on the service plan, but typically they received 2 showers a week and as needed. Staff E stated that caregivers had "run sheets" and "shower books" which showed when residents were scheduled for showers. Staff E stated that when residents refused or were not given their showers, it would be documented in the progress notes by the Medication Technician. Staff E stated there should be no reason that resident do not receive their showers unless they were ill.

During an interview on 04/03/2024 at 10:09 AM , Staff A, Administrator, stated that resident showers were given according to their service plans and need. Administrator stated that caregivers have a shower schedule which lists residents' shower days and times (day or evening). When asked if resident showers were documented if given or refused, Administrator stated that they were documented on the shower log but not in progress notes. Administrator was asked why there were no shower logs to review. Administrator stated that shower logs were an "internal document", were not considered part of the resident's record and were not retained. When asked how one would know if residents were getting showers per service plan, Administrator stated that if there was no "exception documentation" then they would assume that residents received their showers. Administrator was asked if residents received their showers per service plan, Administrator stated "I don't know the answer to that honestly", and that it would be a good conversation to have with the team.

In a separate interview on 04/04/2024 at 1:05 PM, Administrator stated that their process for ensuring residents were showered was not working.

This is an uncorrected deficiency previously cited on 10/23/2023.

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, Spring Ridge Retirement, LLC is or will be in compliance with this law and / or regulation on (Date) 05/14/2024

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

Administrator (or Representative)

4/15/2024

Date

Residential Care Services
Investigation Summary Report

Provider/Facility: Spring Ridge Retirement, LLC
Provider Type: Assisted Living Facility
License/Cert.#: 2160
Intake ID: 88645
Compliance Determination #: 27429
Region/Unit #: RCS Region 3 / Unit D
Investigator: Carol Gijima
Investigation Date(s): 07/31/2023 through 10/23/2023
Complainant Contact Date(s):

Allegation(s):
1. Resident developed a pressure ulcer

Investigation Methods:

Sample:	Total residents: Resident sample size: 4 Closed records sample size:
Observations:	General environment Resident wounds Residents in their rooms Staff-to-resident interactions
Interviews:	Resident representatives Staff
Record Reviews:	Resident Characteristic Roster Resident assessments and negotiated service agreements including the records of the named resident Staff progress notes Incident log / reports Shower schedules

Investigation Summary:
1. Per observation, record review and interviews with staff, the facility failed to investigate circumstances of the pressure ulcer development, assess and implement interventions to prevent recurrence. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 10/23/2023.

Conclusion / Action:

- [x] 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: Spring Ridge Retirement, LLC
License/Cert.#: 2160
Compliance Determination #: 27429
Investigator: Carol Gijima
Investigation Date(s): 07/31/2023 through 10/23/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 87716
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):
1. Injury of unknown source

Investigation Methods:

Sample:	Total residents: Resident sample size: 4 Closed records sample size:
Observations:	General environment Residents in their rooms Staff-to-resident interactions
Interviews:	Resident representatives Staff
Record Reviews:	Resident Characteristic Roster Resident assessments and negotiated service agreements including the records of the named resident Staff progress notes Incident log / reports Shower schedules

Investigation Summary:
1. Per record review and interviews with staff, the facility failed to investigate circumstances surrounding injuries of unknown origin. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 10/23/2023.

Conclusion / Action:

- [x] 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: Spring Ridge Retirement, LLC
License/Cert.#: 2160
Compliance Determination #: 27429
Investigator: Carol Gijima
Investigation Date(s): 07/31/2023 through 10/23/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 85161
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):
1. Injury of unknown source

Investigation Methods:

Sample:	Total residents: Resident sample size: 4 Closed records sample size:
Observations:	General environment Residents in their rooms Staff-to-resident interactions
Interviews:	Resident representative Staff
Record Reviews:	Resident Characteristic Roster Resident assessments and negotiated service agreements including the records of the named resident Staff progress notes Incident log / reports Shower schedules

Investigation Summary:
1. Per record review and interviews with staff, the facility failed to investigate circumstances surrounding injuries of unknown origin. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 10/23/2023.

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

PO Box 99250, Lakewood, WA 98496

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 07/31/2023 and 09/26/2023 of:

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

This document references the following complaint number(s): 88645, 87716, 85161

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

The department staff that investigated the Assisted Living Facility:

Carol Gijima, Community Compaint Investigator (NCI)

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 _____ 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.

Administrator (or Representative) Date

WAC 388-78A-2100 On-going assessments. The assisted living facility must:

(2) Complete an assessment specifically focused on a resident's identified problems and related issues:

(b) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on record reviews, observation, and interviews, the Assisted Living Facility (ALF) failed to conduct an assessment when there was a change in condition for a resident who developed a wound for 1 of 2 sampled residents (Resident 1, R1). The failure contributed to the delay of treatment to address R1's wound.

Record review of R1's medical record showed that R1 was admitted to the ALF on [redacted]/2022 with diagnoses to include [redacted]. Review of R1's assessment dated 08/04/2022 and a negotiated service plan effective 09/18/2022 did not show that R1 had any current or history of pressure injuries. A service plan dated 03/02/2023 showed that effective 09/27/2022, R1 had a "wound to her right heel." There was no documentation on the care plan of interventions to treat the wound and to prevent new pressure ulcers from developing.

Review of progress notes showed that on 07/04/2023, an open area was noted to R1's right hip. The progress note on 07/06/2023 by Staff F, Registered Nurse, showed that R1 had an unstageable pressure ulcer, covered by 75% black eschar and slough (dead tissue). An unstageable pressure ulcer is a bed sore that occurs due to prolonged pressure on the skin, and the depth of the wound is obscured by dead tissue.

During an observation on 07/11/2023 at 10:50am, R1 was observed in bed with a pressure ulcer to her right hip. Wound was observed to have slough on the wound bed, and R1 was lying on the affected side.

During an interview on 07/11/2023 at 12:11pm, Staff A, Administrator stated that the nurse was responsible for conducting pre-admit, annual and change in condition assessments. When asked if there was an assessment done when R1 had a pressure ulcer on the heel and the hip, Staff A stated the nurse would know more.

During an interview on 07/11/2023 at 12:20pm, Staff B, Regional Nurse stated that R1 was at risk for skin breakdown. When Staff B was asked why resident was not reassessed and

interventions implemented to prevent pressure ulcers, Staff B stated that R1 had a pressure wound on the heel. Staff B stated she didn't know what caused the pressure ulcer. When asked if R1 was assessed for pressure ulcer risk, Staff B stated that she was "only a corporate nurse" and goes by what she sees. Staff B was asked if pressure ulcer could have been prevented, Staff B stated "probably, looking back," but that "it happened quickly."

During an interview on 10/19/2023 at 12:34pm, Resident 1's Representative (RR1) stated that R1 has had a couple of pressure ulcers at the facility. RR1 stated that resident sat in the wheelchair for a longtime and that could have contributed to the pressure ulcers.

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)_____ .

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

_____ _____

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 observation, record reviews and interviews, the Assisted Living Facility (ALF) failed to provide showers as agreed upon in the Negotiated Service Agreement (NSA) for 3 of 4 sampled residents (Residents 1, 2 & 3, R1, 2, & 3). This failure placed R1, R2, & R3 at risk for developing skin breakdown and infections, decreased skin integrity and poor quality of life.

Findings Included…

Resident 1
Record review of R1's medical record showed that R1 was admitted to the ALF on [redacted]/2022 with diagnoses to include [redacted]. Review of the NSA dated 09/18/2022 showed that R1 was to receive two showers per week and required "mild/total assistance" with showering.

Review of the Memory Care Shower Schedule showed that R1 was to receive showers on Wednesdays and Saturdays on the evening shift. The May to July 2023 shower sheets showed that R1 received two showers during the review period, 05/05/2023 and 06/13/2023. There was no documentation in the progress notes to show that showers were given, attempted, or refused for the other dates in May to July 2023.

Resident 2
Record review of R2's medical record showed that R2 was admitted to the ALF on [redacted]/2022 with diagnoses to include [redacted]. Review of the NSA dated 09/18/2022 showed that R2 was to receive two showers per week and required physical assistance from staff to shower.

Review of the Memory Care Shower Schedule showed that R2 was to receive showers on Mondays and Thursdays during the evening shift. The May to July 2023 shower sheets showed that R2 received three showers during the review period, 06/01/2023, 07/10/2023, and 07/17/2023. There was no documentation in the progress notes to show that showers were given, attempted, or refused for the other dates in May to July 2023.

Resident 3
Record review of R3's medical record showed that R3 was admitted to the ALF on [redacted]/2022 with diagnoses to include [redacted]. Review of the NSA dated 09/18/2022 showed that R3 was to receive two showers per week on Wednesdays and Saturdays and required cueing and stand by assistance from staff to shower.

Review of the Memory Care Shower Schedule showed that R3 was to receive showers on Wednesdays and Saturdays during the day shift. The May to July 2023 shower sheets showed that R3 received two showers, 06/02/2023 and 06/09/2023. There was no documentation in the progress notes to show that showers were given, attempted, or refused for the other dates in May to July 2023.

Observation on 07/31/2023 at 10:45am, R3 was observed walking around the unit with soiled pants.

During an interview on 07/31/2023 at 10:55am, Staff C, Caregiver stated that residents received showers twice a week. Staff stated that showers should be documented on the shower sheet. Staff C stated that when a resident refuses a shower, it would be documented in the progress notes.

During an interview on 07/31/2023 at 11am, Staff D, Medication Technician stated that residents received showers twice a week and showers were documented on the shower sheet. Staff D stated if a resident refused showers, it should be documented in the progress notes. When asked why R1, 2 & 3 did not have their showers documented, staff stated she didn't know why.

During an interview on 07/31/2023 at 12:11pm, Staff A, Administrator stated that residents received at least two showers a week and according to their care plans. Staff A stated that staff document on the shower sheets when a shower was given and if a shower was refused it would be documented in the progress notes. Staff A was asked why R1, 2, & 3 had not been receiving their showers. Staff A stated, “someone shredded the run sheets.”

During an interview on 10/13/2023 at 3:13pm, Staff F, Registered Nurse stated that residents “hadn’t been bathed in a few months”. Staff F stated that she had witnessed R1 was “visibly dirty” when working at the facility.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(b) Chronic, current, and potential skin conditions; or

This requirement was not met as evidenced by:

Based on observation, record reviews and interviews, the Assisted Living Facility (ALF) failed to conduct a full assessment within fourteen days of move in to address chronic skin conditions and initiate interventions for 1 of 4 sampled residents (Resident 1, R1). This failure contributed to R1 developing pressure injuries and placed R1 at risk for infections.

Findings Included…

Observation on 07/31/2023 at 10:50am, showed a pressure ulcer (injury to the skin and

underlying tissues resulting from prolonged pressure) to R1's right hip. R1 was observed lying on the affected hip.

Record review of R1's medical record showed that R1 was admitted to the ALF on [redacted]/2022 with diagnoses to include [redacted]. Review of R1's assessment dated 08/04/2022 did not address skin conditions. The Negotiated Service Plan dated 03/02/2023 showed that R1 had a wound to her right heel and needed a boot, effective 09/27/2022. There were no skin assessments on file to review or interventions in place to treat current wound or prevent development of new pressure ulcers or other skin breakdowns.

R1's progress notes showed that a pressure ulcer to the right hip was discovered on 07/04/2023. Review of progress notes showed that on 07/04/2023, an open area was noted to R1's right hip. The progress note on 07/06/2023 by Staff F, Registered Nurse showed that R1 had an unstageable pressure ulcer, covered by 75% black eschar and slough (dead tissue). An unstageable pressure ulcer is a bed sore that occurs due to prolonged pressure on the skin, and the depth of the wound is obscured by dead tissue.

During an interview on 07/31/2023 at 10:55am, Staff C, Caregiver stated that R1 was always in the same spot but was not sure how she developed a pressure ulcer. When asked if staying in the same spot would cause a pressure ulcer, Staff C stated that residents that needed repositioning would be care planned. Staff C stated that R1 should be care planned to be repositioned every 2 hours.

During an interview on 07/31/2023 at 11am, Staff D, Medication Technician was asked how staff prevented pressure ulcers. Staff D stated that they reposition residents every two hours. When asked if R1 had been care planned to be repositioned every two hours, Staff D stated that she should be. When asked if there were interventions to prevent R1 from developing a pressure ulcer, Staff D stated she did not know. Staff D stated she didn't know how R1 developed a pressure ulcer.

During an interview on 07/31/2023 at 12:11pm, Staff A, Administrator stated that the nurse or Resident Care Coordinators were responsible for resident assessments. When asked about R1's pressure ulcers, Staff A stated the nurse would be able to answer questions related to skin issues.

During an interview on 07/31/2023 at 12:20pm, Staff B, Regional Nurse stated that a pre-admit assessment should cover skin conditions. Staff B was asked when R1 developed pressure ulcers to the heel, Staff B stated that R1 came back with them. Staff B was asked why R1 was not reassessed for pressure ulcer risk since she "came back with them," Staff B stated that she was "only a corporate nurse."

During an interview on 10/13/2023 at 3:13pm, Staff F, Registered Nurse stated that when residents were at risk for developing pressure ulcers, they were placed on a turning schedule. Staff F stated that pre-admit assessments included skin conditions and history.

Staff F was asked why R1's assessment did not include history of pressure ulcers and interventions to prevent recurrence, Staff F stated that she "missed it on this one."

During an interview on 10/19/2023 at 12:34pm, Resident 1's Representative (RR1) stated that R1 had developed a couple of "bed sores" at the facility. RR1 stated that facility was aware of R1's history of bed sores.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

This requirement was not met as evidenced by:

Based on record reviews and interviews, the Assisted Living Facility (ALF) failed to thoroughly investigate an incident to determine the circumstances of a resident developing pressure ulcers for 1 of 1 sampled residents (Resident 1, R1) and when residents had injuries of unknown origin for 2 of 2 sampled residents (Resident 2 & 3, R2, & 3). This resulted in R1, R2, & R3 to have the appropriate measures in place and to prevent recurrence.

Findings Included…

Resident 1
Record review of R1's medical record showed that R1 was admitted to the ALF on [redacted]/2022 with diagnoses to include [redacted]. Review of R1's assessment dated 08/04/2022 and the Negotiated Service Plan effective 09/18/2022 did not show that R1

had any pressure injuries or history of any. A service plan dated 03/02/2023 showed that effective 09/27/2022, R1 had a “wound to her right heel.” Progress notes showed that on 07/04/2023 a pressure ulcer to R1’s right hip was discovered.

Review of the facility’s incident report showed that on 07/04/2023 an open area to R1’s hip was discovered during care. The incident reports showed that R1 had a history of pressure ulcers. There was no investigation on file for the pressure ulcers, no clear investigation to determine the cause of the wounds or a preventative plan to prevent future wounds.

Resident 2
Record review of R2’s medical record showed that R2 was admitted to the ALF on [redacted]/2022 with diagnoses to include [redacted]. The Incident Report dated 06/27/2023 showed that R2 had bruising to the left, upper arm and on the left side of the chest. The Incident Report showed that R2 denied having a fall. No further information provided to investigate the origins of unknown injuries.

Record review of R3’s medical record showed that R3 was admitted to the ALF on [redacted]/2022 with diagnoses to include [redacted]. A temporary service plan showed that R3 had bruises to the upper left arm and right forearm. An incident report showed that R3 was unable to state how she got the bruises. No further information provided to investigate the origins of unknown injuries.

During an interview on 07/31/2023 at 11:50am, Staff E, Resident Care Coordinator stated that they were part of the investigative process. Staff E stated when they asked staff, no one knew what had happened. When asked if R1 had been at risk for developing pressure ulcers. Staff E stated she was not. When asked what the findings from the investigation were, Staff E stated that conclusions were done “collectively.”

During an interview on 07/31/2023 at 12:11pm, Staff A, Administrator was asked what lead to the development of pressure ulcers for R1. Administrator stated that there was an incident report. When asked what the findings from the investigation were regarding potential causes and interventions, Staff A stated they interviewed staff. Administrator was unable to show how the facility investigated to determine the circumstances of the event, or what appropriate measures were implemented to prevent recurrence. Staff A was asked about R2 and R3’s injuries of unknown source and the investigative findings. Administrator stated that they spoke to staff, and no one had seen anything. Administrator stated that R2’s injuries could have been related to a previous fall.

In a separate interview on 10/23/2023 at 2:12pm, Staff A was asked how they ruled out abuse and neglect for R2 and R3’s injuries of unknown source. Staff A stated they interviewed staff. Administrator was asked what the likely causes of R2’s injuries were, Administrator stated that R2 had a history of injuries of unknown source and that R2 fell. When asked about the fall that could have caused the injuries, Staff A stated that according to the incident report, R2 denied falling, and that the incident report “didn’t sound cohesive.” When asked if the incidents for R2 and R3 were investigated, Staff A stated they

weren't properly investigated.

This is recurring citation last cited 05/01/2023 for subsection WAC 388-78A-2371(2).

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)_____ .

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

_____ _____

Administrator (or Representative) Date