STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

OVENELL HOME ALF INC

OVENELL HOME ALF INC
625 E Washington Ave
Burlington, WA 98233

RE: OVENELL HOME ALF INC License # 2172

Dear Administrator:

This letter addresses Compliance Determination(s) 62556 (Completion Date 07/16/2025) and 59066 (Completion Date 05/23/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/16/2025 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-2466-1-a, WAC 388-78A-2462-2, WAC 388-78A-2462-2-a, WAC 388-78A-2462-2-b, WAC 388-78A-24701-1, WAC 388-78A-2480-1, WAC 388-78A-2484-2, WAC 388-78A-2474-2, WAC 388-78A-2474-2-a, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2474-4, WAC 388-78A-2090, WAC 388-78A-2100-1, WAC 388-78A-2140-4, WAC 388-78A-2140-5, WAC 388-78A-2150-1, WAC 388-78A-2665-1, WAC 388-78A-2665-2, WAC 388-78A-2665-3, WAC 388-78A-2665-4, WAC 388-78A-2665-5, WAC 388-78A-2665-6, WAC 388-78A-2305-1, WAC 388-78A-2305-2, WAC 388-78A-2060, WAC 388-78A-2060-1, WAC 388-78A-2060-2, WAC 388-78A-2060-3, WAC 388-78A-2060-4, WAC 388-78A-2060-5, WAC 388-78A-2060-6, WAC 388-78A-2060-7, WAC 388-78A-2060-8

The Department staff who did the on-site verification:

Melissa Phillips, Long Term Care Surveyor
Cristina Gonzalez, Nursing Consultant Institutional

If you have any questions, please contact me at (253)281-1245.

Sincerely,

Anthony Devito, Field Services Administrator
Region 2, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

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 05/05/2025, 05/06/2025 and 05/07/2025 of:

OVENELL HOME ALF INC
625 E Washington Ave
Burlington, WA 98233

The following sample was selected for review during the unannounced on-site visit: 5 of 21 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, Nursing Consultant Institutional
Karen Glover, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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-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 1 of 7 staff (Staff E) had a current Washington state name and date of birth background check. This failure resulted in Staff E having an expired background check and placed the safety of all 21 residents at risk of being cared for by staff with potentially disqualifying backgrounds.

Findings included…

Review of the ALF's employee files showed the following:

Staff E, Caregiver, was hired on 07/23/2022. A Washington state name and date of birth background check for Staff E showed a background check was completed on 07/25/2022, expiring on 07/25/2024. No further background checks for Staff E were available for review.

On 05/07/2025 at 9:57 AM, Staff A, Administrator Designee, stated that they did not

have current background checks for Staff E. Staff A stated that they had not been aware that these background checks expire after two years.

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, OVENELL HOME ALF INC 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-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to complete the Washington state name and date of birth background check for 1 of 7 staff (Staff F) and national fingerprint background checks for 2 of 7 sampled staff (Staff B and H). These failures resulted in all residents being placed at risk of being cared for by staff with potentially disqualifying backgrounds.

Findings included…

Review of the ALF's employee files showed the following:

Washington state name and date of birth background check

Staff F, Caregiver, was hired on 03/03/2021. No Washington state name and date of birth background check for Staff F was available for review.

National fingerprint background check

Staff B, Caregiver/Cook, was hired on 06/18/2024. Staff B did not have a national fingerprint check available for review.

Staff H, Caregiver/Cook, was hired on 09/23/2023. Staff H did not have a national fingerprint check available for review.

On 05/07/2025 at 9:57 AM, Staff A, Administrator Designee, stated that they did not have current background checks for Staff F.

On 05/14/2025 at 12:09 PM, Staff A, Administrator Designee, stated that they were unable to explain why Staff B and H did not have a national fingerprint background.

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, OVENELL HOME ALF INC 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-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 staff (Staff C) with reported criminal information on a fingerprint background check had a character, competence and suitability (CCS) review completed. This failure resulted in Staff C being hired, with no review being completed to identify if the staff member was suitable to work with vulnerable adults.

Findings included…

Review of the ALF's employee files showed the following:

Staff C, Caregiver, was hired on 04/17/2023.

Record review of a final fingerprint background check, dated 06/01/2023, showed a CCS review needed to be completed for Staff C. No CCS review for Staff C was available.

On 05/06/2025 at 10:27 AM, Staff A, Administrator Designee, stated that they did not know what a CCS review was and stated they had not completed the CCS review for Staff C.

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

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 interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 5 staff (Staff B, D, and H) were screened for tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) within three days of hire. These failures resulted in staff who had not been cleared of TB working with vulnerable adults and placed all 21 residents at risk for possible exposure to a communicable disease.

Findings included…

Review of the ALF's employee files showed the following:

Staff B, Cook/Caregiver, was hired on 06/18/2024. Staff B completed a TB test on 10/11/2024, 115 days after their date of hire.

Staff D, Caregiver, was hired on 07/21/2022. Staff D completed a TB test on 10/10/2022, 81 days after their date of hire.

Staff H, Caregiver, was hired on 09/23/2023. There was no documentation of a completed TB test in Staff H's file.

On 05/06/2025 at 9:57 AM, Staff A, Administrator Designee, stated that they send all new staff to a local clinic to get tested for TB when they are first hired. Staff A wasn't sure why Staff B, D, and H weren't tested when they were first hired.

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, OVENELL HOME ALF INC 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-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 staff (Staff C and D) completed a two-step skin testing to screen for tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs). This failure placed all 21 residents at risk of exposure to a communicable disease.

Findings included...

Review of the ALF's employee files showed the following:

Staff C, Caregiver, was hired on 04/17/2023. Staff C's first step of TB testing was administered on 04/17/2023 and read on 04/19/2023. There was no record available for review to show a second step was completed within one to three weeks after their first test, nor was there a record available for review that showed Staff C had completed a negative TB test within a year of hire.

Staff D, Caregiver, was hired on 07/21/2022. Staff D's first step of TB testing was administered on 10/10/2022 and read on 10/12/2022. There was no record available for review to show a second step was completed within one to three weeks after their first test, nor was there a record available for review that showed Staff D had completed a negative TB test within a year of hire.

On 05/06/2025 at 9:57 AM, Staff A, Administrator Designee, stated that Staff C and D did not have a second step completed. Staff A stated they send staff to a local clinic to get a two-step TB test, but they had had problems with providers knowing what a two-step TB test is.

On 05/07/2025 at 10:00 AM, Staff D stated that they had one TB test administered when they were first hired at the ALF and that they did not get any further TB testing after this. Staff D stated they did not believe they had been tested for TB in the year prior.

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, OVENELL HOME ALF INC 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-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff completed Orientation and Safety training for 2 of 7 staff (Staff B and H), Basic training for 3 of 7 staff (Staff B, F, and H), Mental Health specialty training for 5 of 7 staff (Staff B, D, E, F, and H), Occupational Safety and Health Administration (OSHA) approved hands-on Cardiopulmonary resuscitation (CPR) and First Aid training for 7 of 7 staff (Staff A, B, C, D, E, F, and H), 12 hours of annual continuing education (CE) for 2 of 2 staff (Staff A and D), and a completed Home Care Aide (HCA) certification for 4 of 7 staff (Staff B, C, E, and F). These failures resulted in the ALF having no staff trained to provide CPR or First Aid in the event of an emergency, staff not having the necessary training related to their job duties and expectations, and placed all 21 residents at risk of harm by being cared for by untrained staff.

Findings included…

Orientation and Safety training

Review of WAC 388-112A-0200(2)(a) showed all long-term care workers must complete two hours of long-term care worker orientation training before providing care to residents.

Review of WAC 388-112A-0220(1) showed all long-term care workers must complete three hours of safety training prior to providing care to a resident.

Review of an Electronic Medication Administration Record (EMAR), dated October 2024, showed Staff B was working as a long-term care worker and passing medications on 10/04/2024.

Review of the ALF's employee files showed the following:

Staff B, Cook/Caregiver, was hired on 06/18/2024 and had no record of a completed Orientation and Safety training.

Staff H, Caregiver, was hired on 09/23/2023 and had no record of a completed Orientation and Safety training.

On 05/07/2025 at 11:39 AM, Staff G, Administrator, stated that they had no documentation of a completed Orientation and Safety training for Staff H.

Basic Training

Review of WAC 388-112A-0080(5) showed long-term care workers in ALFs must complete the 70-hour Basic training within 120 days of their date of hire.

Review of the ALF's employee files showed the following:

Staff B was hired on 06/18/2024 and had no record of a completed Basic training.

Staff F, Caregiver, was hired on 03/03/2021. Staff F had no record of a completed Basic training.

Staff H was hired on 09/23/2023 and had no record of a completed Basic training.

On 05/07/2025 at 12:34 PM, Staff G, Administrator, stated that Staff F had no record of a completed Basic training.

Specialty Mental Health Training

Review of WAC 388-112A-0495(4) showed if an ALF serves one or more residents with special needs, long-term care workers must complete specialty training within 120 days of their date of hire.

Review of the ALF's Resident Characteristic Roster, provided on 05/05/2025, showed seven residents living in the ALF had a [redacted] diagnosis.

Review of the ALF's undated Disclosure of Services, Subsection 7, Care for Residents with Dementia, Developmental Disabilities, or Mental Illness showed that if the ALF choose to serve residents with dementia, developmental disabilities, or mental health issues, must provide employees with specialty training.

Review of the ALF's employee files showed the following:

Staff B was hired on 06/18/2024 and had no record of a completed Mental Health training.

Staff D, Caregiver, was hired on 07/21/2022. Staff D had no record of a completed Mental Health training.

Staff E, Caregiver, was hired on 07/23/2022. Staff E had no record of a completed Mental Health training.

Staff F was hired on 03/03/2021 and had no record of a completed Mental Health training.

Staff H was hired on 09/23/2023 and had no record of a completed Mental Health training.

On 05/06/2025 at 1:18 PM, Staff D stated that they had not taken specialty Mental Health training.

CPR and First Aid Training

Review of WAC 388-112A-0710 What is CPR/first-aid training? showed CPR/first aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

Review of OSHA's Best Practices Guide: Fundamentals of a Workplace First-Aid Program (https://www.osha.gov/sites/default/files/publications/OSHA3317first-aid.pdf) showed that CPR and first aid training programs should have trainees develop hands-on skills through the use of mannequins and partner practice.

Review of the ALF's employee files showed the following:

Staff A, Administrator Designee, was hired on 01/10/2016. Staff A had current CPR/First Aid training by nationalCPRfoundation.com, a company that offers online CPR and First Aid training and certification. Review of the company's site showed they do not offer any hands-on CPR training.

Staff B was hired on 06/18/2024 and had no record of a completed First Aid training. Staff B had current CPR training by nationalCPRfoundation.com, which did not include the hands on training.

Staff C, Caregiver, was hired on 04/17/2023. Staff C had current CPR/First Aid training by nationalCPRfoundation.com, but did not include the hands on training.

Staff D was hired on 07/21/2022 and had current CPR training by cpraedcourse.com, a company that offers online CPR training and certification. Review of the company's site showed they do not offer any hands-on CPR training. Staff D had no record of a completed First Aid training.

Staff E was hired on 07/23/2022 and had a CPR and First Aid training card that expired on 01/23/2024. No current CPR and First Aid training cards were available for review.

Staff F was hired on 03/03/2021 and had a CPR and First Aid training card that expired on 03/03/2023. No current CPR and First Aid training cards were available for review.

Staff H was hired on 09/23/2023 and had no record of a completed CPR and First Aid training.

On 05/06/2025 at 9:21 AM, Staff A stated that the staff did not complete CPR/First Aid training with hands-on skills development due to the Covid pandemic and acknowledged a hands-on component was required.

On 05/07/2025 at 10:01 AM, Staff D stated that they had a current CPR card but that it was completed completely online.

On 05/21/2025 at 3:37 PM Staff A stated that of all nine staff that work at the ALF, none have CPR certification that includes the hands on portion of the training.

Continuing Education

Review of WAC 388-112A-0611(1)(a)(i)(ii)(iii) showed long-term care workers must complete 12 hours of continuing education by their birthday each year.

Review of the ALF's employee files showed the following:

Staff A, Administrator Designee, was hired on 01/10/2016. There was no documentation that Staff E completed any CE in the time period between their birthday in 2023 and their birthday in 2024.

Staff D had completed nine hours of CE in the time period between their birthday in 2024 and their birthday in 2025.

On 05/06/2025 at 1:19 PM, Staff D stated that they had not recently completed any CE training outside of the nine hours for this year.

On 05/06/2025 at 1:49 PM, Staff A stated that they did not currently have a system in place to ensure staff obtain their annual 12-hours of CE.

HCA Certification

Review of WAC 388-112A-0060 showed long-term care workers without a health care provider credential must obtain HCA or nursing assistant certification within 200 days of their date of hire.

Review of Washington State Register (WSR) 23-18-052 showed that the Department of Health (DOH) extended certification deadlines for long-term care workers hired between 08/17/2019 and 01/31/2024. An included table showed that a long-term care worker hired between 10/01/2020 to 04/30/2021 must be certified as an HCA no later than 04/30/2024 and a long-term care worker hired between 04/01/2022 to 09/30/2022 must be certified as an HCA no later than 10/31/2024.

Review of the ALF’s employee files showed the following:

Staff B had no documentation that they had obtained their HCA certification as of 215 days after the date they were documented performing caregiving tasks.

Staff C had no documentation that they had obtained their HCA certification as of 188

days after the DOH's extended certification deadline.

Staff E had no documentation that they had obtained their HCA certification as of 188 days after the DOH's extended certification deadline.

Staff F had no documentation that they had obtained their HCA certification as of 372 days after the DOH's extended certification deadline.

Review the DOH's Provider Credential Search (https://fortress.wa.gov/doh/providercredentialsearch/) showed Staff B, C, E, and F did not have home care aide nor nursing assistant certified credentials in the State of Washington.

On 05/07/2025 at 1:11 PM, Staff G, Administrator, stated that they did not realize that requirements around staff training were not being met and that they would start auditing staff files quarterly to improve compliance with staff training requirements.

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, OVENELL HOME ALF INC 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:

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to complete a full assessment for 2 of 2 newly admitted residents (Resident 3 and 6) within 14 days of admission. These failures resulted in Resident 3 and 6 not having an assessment to determine their capabilities, needs and preferences and placed these residents' needs at risk of being unmet.

Findings included…

Resident 3

Review of an undated face sheet showed Resident 3 was admitted to the ALF on [redacted]/2025 with multiple diagnoses including [redacted] and [redacted]

Review of Resident 3's records showed no 14-day assessment was available for review.

Resident 6

Review of an undated face sheet showed Resident 6 admitted to the ALF on [redacted]/2025 with multiple diagnoses including [redacted] and [redacted].

Review of Resident 6's records showed no 14-day assessment was available for review.

On 05/07/2025 at 9:59 AM, Staff D, Caregiver, stated that all the assessments are in the resident binders. Staff D stated that Staff A and Staff D work together and are responsible for keeping the assessments up to date. Staff D stated that all assessments are completed by the DSHS case manager.

On 05/07/2025 at 1:40 PM, Staff G, Administrator, stated that they were not aware that the assessments done by DSHS prior to move-in did not count as the assessment to be completed within 14 days after move-in.

On 05/13/2025 at 12:49 PM, Collateral Contact 1 (CC1), DSHS Case Manager, stated they do not complete the 14-day assessments for ALFs. Their assessments are meant to establish the rate when a resident moves into a facility and are completed with a change of condition, and annually.

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

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

(1) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a full assessment for 3 of 4 residents (Residents 2, 4, and 5) at least annually. This failure resulted in Residents 2, 4, and 5 not having a current assessment to determine their capabilities, needs, and preferences and placed these resident's needs at risk of being unmet.

Findings included…

Resident 2

Review of an undated face sheet showed Resident 2 was admitted to the ALF on [redacted]/2007 with multiple diagnoses including [redacted].

Review of Resident 2's records showed an assessment titled "Current Annual Assessment", dated 11/22/2023. No further current assessments for Resident 2 were available for review.

Resident 4

Review of an undated face sheet showed that Resident 4 was admitted to the ALF on [redacted]/2020 with multiple medical diagnoses including [redacted].

Review of Resident 4's records showed an assessment titled "Current Annual Assessment", dated 06/26/2023. No further current assessments for Resident 4 were available for review.

Resident 5

Review of an undated face sheet showed Resident 5 was admitted to the ALF on [redacted]/2023 with multiple diagnoses including [redacted] and [redacted].

Review of Resident 5's records showed an assessment titled "Current Annual Assessment", dated 03/01/2024. No further current assessments for Resident 5 were available for review.

On 05/07/2025 at 10:00 AM, Staff D, Caregiver, stated that all current assessments were kept in binders in the nursing office. Staff D stated that they use Department of Social and Health Services (DSHS) assessments completed by DSHS case managers as their assessments. Staff D stated these are done every year by the case manager, but that they did not have any new assessments for Resident 2, 4, or 5.

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

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to include information about interventions to manage specific resident behavior and preferences for activities and how the ALF would support these preferences in 5 of 5 Resident's (Resident 1, 2, 3, 4, and 5) service agreements. These failures placed these residents at risk of not having their individual needs and preferences addressed by the ALF.

Findings included…

Resident 1

Review of an undated face sheet showed Resident 1 was admitted to the ALF on [redacted]/2019 with multiple diagnoses including [redacted] and [redacted].

Review of Resident 1's assessment, dated 12/04/2024, showed that Resident 1 had a history of thoughts of self-harm and isolation. The assessment documented a history of Resident 1 using cannabis and a concern that cannabis use could be a risk factor with impulse control related to thoughts of self-harm.

Review of Resident 1's service plan, dated 01/16/2025, showed no documentation of Resident 1's preferences for activities or how the ALF would address their behavioral needs.

Review of Resident 1's progress notes, dated February 2025 to May 2025, showed that Resident 1 was frequently observed to be under the influence of cannabis. There was no documentation available to review to show the ALF's plan for addressing the behavior.

Resident 2

Review of an undated face sheet showed Resident 2 was admitted to the ALF on [redacted]/2007 with multiple diagnoses including [redacted].

Review of Resident 2's assessment, dated 11/22/2023, showed Resident 2 had several current behaviors including auditory hallucinations, repetitive physical movements/pacing, rummaging through trash and taking belongings of others, and sexually acting out.

Review of Resident 2's service plan, dated 01/04/2024, showed no documentation of how the ALF would address Resident 2's behavioral needs.

Resident 3

Review of an undated face sheet showed Resident 3 was admitted to the ALF on [redacted]/2025 with multiple diagnoses including [redacted] and [redacted].

Review of Resident 3's assessment, dated 01/17/12025, showed that Resident 3 had a history of behaviors including being easily irritable and agitated, uncontrolled crying/tearfulness, and repetitive questions and pacing when anxious.

Review of Resident 3's service plan, dated 02/19/2025, showed no documentation of Resident 3's preferences for activities or how the ALF would address their behavioral needs.

Resident 4

Review of an undated face sheet showed that Resident 4 was admitted to the ALF on [redacted]/2020 with multiple medical diagnoses including [redacted].

Review of Resident 4's assessment, dated 06/26/2023, showed Resident 4 had several current behaviors including auditory hallucinations, inappropriate toileting, and repetitive anxious complaints/questions.

Review of Resident 4's service plan, dated 07/18/2023, showed no documentation of Resident 4's preferences for activities or how the ALF would address Resident 4's behavioral needs.

Resident 5

Review of an undated face sheet showed Resident 5 was admitted to the ALF on [redacted]/2023 with multiple diagnoses including [redacted] and [redacted].

Review of Resident 5's assessment, dated 03/01/2024, showed that Resident 5 had a history of hallucinations, uncontrolled crying/tearfulness, being easily irritable with care and an eating disorder.

Review of Resident 5's service plan, dated 03/01/2024, showed no documentation of Resident 5's preferences for activities or how the ALF would address their behavioral needs.

On 05/06/2025 at 1:49 PM, Staff A, Administrator Designee, stated that they had a policy on general behaviors such as when resident-to-resident altercations occur and staff are trained in de-escalation techniques, but beyond that, they currently don't have anywhere in resident care plans for behavioral interventions specific to each resident's behaviors.

On 05/06/2025 at 1:55 PM, Staff D, Caregiver, stated that they don't know of any place in resident charts that discuss personalized behavioral interventions for staff to follow when residents present with identified behaviors. Staff D stated that they use the caregiving training they received in school to manage behaviors.

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, OVENELL HOME ALF INC 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-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 interview and record review, the Assisted Living Facility (ALF) failed to obtain resident signatures on their Negotiated Service Agreements (NSA) at least annually for 3 out of 5 residents (Residents 2, 4, and 5). These failures resulted in Residents 2, 4,

and 5 receiving care that was not agreed to and placed these residents at risk for receiving care from the ALF that didn't support their needs and preferences.

Findings included…

Resident 2

Review of an undated face sheet showed Resident 2 was admitted to the ALF on [redacted]/2007 with multiple diagnoses including [redacted].

Review of an NSA, dated 01/04/2024, showed Resident 2 last agreed and signed their NSA on 01/04/2024, 126 days past the annual review date.

Resident 4

Review of an undated face sheet showed that Resident 4 was admitted to the ALF on [redacted]/2020 with multiple medical diagnoses including [redacted].

Review of an NSA, dated 07/18/2023, showed Resident 4 last agreed and signed their NSA on 07/18/2023, 299 days past the annual review date.

Resident 5

Review of an undated face sheet showed Resident 5 was admitted to the ALF on [redacted]/2023 with multiple diagnoses including [redacted] and [redacted].

Review of a NSA, dated 03/01/2024, showed Resident 5 last agreed and signed their NSA on 03/01/2024, 72 days past the annual review date.

On 05/07/2025 at 10:00 AM, Staff D, Caregiver, stated that they go over each resident's NSA contents every year with the residents and if they agree with it, they sign, and that signed copy is placed in their binder. Staff D stated that since NSAs are based off assessments, they did not have updated NSAs with signatures for Resident 2, 4, and 5.

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, OVENELL HOME ALF INC 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-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to provide a written disclosure of their Medicaid policy to 5 of 5 residents (Residents 1, 2, 3, 4, and 5). This failure resulted in all 5 residents being at risk of entering into an agreement with the facility without complete information related to payment.

The findings included…

Review of Resident 1, 2, 3, 4, and 5’s records showed no documentation of the residents having received or signed the facility’s Medicaid policy.

On 05/06/2025 at 9:21 AM, Staff A, Administrator Designee, stated that they were unaware of the requirement to provide residents with a Medicaid policy and requested resources to assist them in developing a policy.

On 05/07/2025 at 9:52 AM, Staff G, Administrator, stated that they were unaware of the requirement to provide residents with a Medicaid policy.

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, OVENELL HOME ALF INC 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-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Assisted Living Facility (ALF) failed to ensure that proper hand hygiene was completed during food preparation in 1 of 1 kitchens and that 4 of 8 staff (Staff C, E, G, and H) had a current food worker card. This failure resulted in food that was potentially harmful being readily available to serve to residents and Staff C, E, G, and H not having the proper training to handle food safely and placed all 21 residents at risk for food borne illness.

Findings included…

Review of Food Safety WAC 246-215-03300 titled “Preventing contamination by employees-Preventing contamination from hands (FDA Food Code 3-301.11)” subsection (2) showed that except when washing fruits and vegetables as specified under WAC 246-215-03318 or as specified in subsection (4) of this section, food employees may not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use glove, or dispensing equipment.

On 05/07/2025 at 10:10 AM, Staff G, Administrator, was observed cutting carrots without gloves.

On 05/07/2025 at 10:15 AM, Staff G stated that they weren't aware they had to wear gloves when touching ready to eat food if they had washed their hands thoroughly before touching the ready to eat food.

Review of the ALF's employee files showed the following:

Staff C, Caregiver, was hired on 04/17/2023. Staff C's food worker card expired on 07/31/2024. No documentation of a current card was available for review.

Staff E, Caregiver, was hired on 07/23/2022. Staff E's food worker card expired on 07/23/2024. No documentation of a current card was available for review.

Staff H, Caregiver, was hired on 09/23/2023. No documentation of a food worker card was found in Staff H's file.

Staff G was hired on 02/11/2004. No documentation of a food worker card was found in Staff G's file.

On 05/06/2025 at 3:56 PM, Staff A, Administrator Designee, stated that all staff should have a current food worker card.

On 05/07/2025 at 10:15 AM, Staff G stated that when the cook is not available to work their back-up plan is to have either a caregiver or Staff A prepare meals.

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, OVENELL HOME ALF INC 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-2060 Preadmission assessment. The assisted living facility must conduct a preadmission assessment for each prospective resident that includes the following information, unless unavailable despite the best efforts of the assisted living facility:

(1) Medical history;

(2) Necessary and contraindicated medications;

(3) A licensed medical or health professional's diagnosis, unless the prospective resident objects for religious reasons;

(4) Significant known behaviors or symptoms that may cause concern or require special care;

(5) Mental illness diagnosis, except where protected by confidentiality laws;

(6) Level of personal care needs;

(7) Activities and service preferences; and

(8) Preferences regarding other issues important to the prospective resident, such as food and daily routine.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to complete a preadmission assessment for 2 of 2 newly admitted residents (Resident 3 and 6). This failure placed Resident 3 and 6 at risk for not receiving a level of care appropriate for their needs.

Findings included...

Resident 3

Review of an undated face sheet showed Resident 3 was admitted to the ALF on [redacted]/2025 with multiple diagnoses including [redacted] and [redacted].

Review of Resident 3's records showed no preadmission assessment was available for review.

Resident 6

Review of an undated face sheet showed Resident 6 admitted to the ALF on [redacted]/2025 with multiple diagnoses including [redacted] and [redacted].

Review of Resident 6's records showed no preadmission assessment was available for review.

On 05/07/2025 at 9:59 AM, Staff D, Caregiver, stated that all the assessments are in the resident binders. Staff D stated that Staff A and Staff D work together and are responsible for keeping the assessments up to date. Staff D stated that all assessments are completed by the DSHS case manager.

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, OVENELL HOME ALF INC 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