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

07/12/2023

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

RE: OVENELL HOME ALF INC # 2172

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 26567 (Completion Date 07/12/2023) and 18621 (Completion Date 03/29/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/12/2023 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;

(2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:

(a) Departure from the resident's customary range of functioning; or

(b) Recurring condition in a resident's physical, emotional, or mental functioning that has previously required intervention by others.

(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section; and

(4) Take appropriate action in response to each resident's changing needs.

WAC 388-78A-2320 Intermittent nursing services systems.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

(c) Initial and on-going assessments of the nursing needs of each resident;

(d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(a) Chapter 18.79 RCW, Nursing care;

WAC 388-78A-2420 Record retention.

(2) The assisted living facility may remove outdated information from the resident's active records that is no longer significant or relevant to the resident's current assessed service and care needs, and maintain it in an inactive record that must remain on the assisted living facility premises as long as the resident remains in the assisted living facility.

The Department staff who did the On Site verification:
Cristina Gonzalez, ALF Licensor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: OVENELL HOME ALF INC **Provider Type:** Assisted Living Facility
License/Cert.#: 2172
Compliance Determination #: 18621 **Intake ID:** 72813
Investigator: Kimberley Ripley **Region/Unit #:** RCS Region 2 / Unit A
Investigation Date(s): 02/08/2023 through 03/29/2023
Complainant Contact Date(s):

Allegation(s):

It was alleged...
1. The Assisted Living Facility (ALF) failed to provide wound care resulting in the named resident's toes being amputated.

Investigation Methods:

Sample:	Total residents: 26 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Identified resident Medication administration Staff to resident interactions Resident rooms
Interviews:	Identified resident Identified staff Assistant Administrator
Record Reviews:	Medical records Hospital records Facility policies

Investigation Summary:

It was determined...
1. The named Resident had both great toes amputated following 21 days with no wound care after moving into the ALF, The ALF failed to check wounds daily. Citation for WAC 388-78A-2120 Monitoring residents' well being. The ALF staff was administering the named Resident's eye drops and insulin injections without training or RN supervision. Citation for WAC 388-78A-2320 Intermittent nursing services systems. The ALF failed to maintain an inactive resident file for the named Resident. Citations for WAC 388-78A-2420 Record retention.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Statement of Deficiencies	License #: 2172	Compliance Determination # 18621
Plan of Correction	OVENELL HOME ALF INC	Completion Date
Page 1 of 9	Licensee: OVENELL HOME ALF INC	03/29/2023

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 an unannounced on-site complaint investigation on 02/08/2023, 02/08/2023, 03/03/2023 and 02/08/2023 of:

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

RECEIVED
APR 14 REC'D
ALTSA/RCS ARLINGTON

This document references the following complaint number(s): 65790, 72813

The following sample was selected for review during the unannounced on-site visit: 3 of 26 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Kimberley Ripley, Assisted Living Facility Licensor

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.

Jayne Hill
Residential Care Services

4/3/2023
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.

Administrator (or Representative)

4/12/23
Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;

(2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:

(a) Departure from the resident's customary range of functioning; or

(b) Recurring condition in a resident's physical, emotional, or mental functioning that has previously required intervention by others.

(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section; and

(4) Take appropriate action in response to each resident's changing needs.

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 resident (Resident 1's) wounds were identified as requiring medical attention when Resident 1 had a change in condition. The ALF failed to complete daily observations of Resident 1's open wounds for 21 days. This failure led to the amputation of Resident 1's two big toes.

Findings Included...

Review of the ALF's undated policy, "Negotiated Service Agreement/Services Plans" showed:
It is the policy of the Ovenell Home LTC Inc. to develop a Negotiated Service Agreement for each resident upon admission, annually, and as the substituted by a noted change of condition. Agreements will be based on assessed needs and will be developed with the input and involvement of the resident, family or friends, case manager, facility staff and others as appropriate and to the extent possible.

Review of ALF's undated Policy, "Resident Arranged Health Care Services" showed:
4. The Ovenell Home LTC Inc. Administrator and/or licensed staff will identify the need for resident arranged services.

a. Notify family guardian of services needed.

b. When appropriate, notify physician and obtain order for necessary services.
5. A release from service provider to the Ovenell Home LTC Inc. is desirable to inform the facility of care being provided. The optional home LTC incorporate maintains the responsibility for the general safety and well-being of the resident:

Resident 1 was admitted to the ALF on [redacted]/2020 with multiple diagnoses including [redacted]; and [redacted]. Resident 1 was legally blind.

Interview on 03/03/2023 at 8:31 AM Resident 1 stated that they lost two big toes and then later lost their [redacted] because they didn't receive wound care after moving into the ALF. Resident 1 stated that they never asked for help, because they didn't know there were sores. Resident 1 stated that no one at the ALF ever looked at their feet. Resident 1 stated that Staff A, Assistant Administrator told them COVID was keeping everyone in isolation, so Resident 1 wasn't able to leave their room.

Review of Resident 1's Home and Community Services (HCS) Significant Change Assessment dated 06/16/2020 showed Resident 1 had three pressure injuries. The status of all pressure injuries was "Healing". Pressure injury 1 was on the coccyx and pressure injuries 2 and 3 were located on each of the big toes. Care was identified as:

Pressure injury 1 - cleanse open area with NS [normal saline], pat dry, skin prep to peri-wound then apply Santyl ointment 2mm thick to wound bed. Cover with appropriate dressing Q [every] daily and PRN [as needed] if soiled and dislodged. Monitor for signs of infection. Encourage increased fluid liquid.

Pressure injuries 2 and 3 - cleanse open area with NS, pat dry, then apply Santyl ointment 2mm thick end cover with mini island dressing daily and PRN if soiled or dislodged. Monitor for any sign of infection one time a day for wound treatment until resolved.

Review of Home and Community services (HCS) notes showed:
06/16/2020 - the assessment was completed and was emailed to Staff A for placement consideration of Resident 1.
[redacted]/2020 - Staff A called and stated that they would accept Resident 1 and could place them the same week.

Review of Nursing Home Transfer or Discharge Notice dated [redacted]/2020 showed Resident 1 was moving to the ALF effective [redacted]/2020. Treatment/wound orders: Coccyx wound needs a clean bandage every three days or as needed. Your toes need a dry bandage every other day. Monitor for drainage or adverse smell daily and if either notify the MD.

Review of HCS Service Summary dated 07/02/2020 showed the assigned provider was the

ALF. The provider was assigned several tasks including pressure injury care. Staff A's signature on the Service Summary was dated 07/02/2020.

Interview on 03/07/2023 at 3:51 PM, Collateral Contact 1 (CC1), Home Health Provider stated that they went to the ALF on 07/21/2020 to assess Resident 1 for services. Services were denied and recommendation for immediate hospital evaluation was made.

Review of Resident 1's hospital records showed:
[redacted]/2020 at 2:49 PM Resident 1 was seen at the hospital for evaluation of wound infection. Resident 1 was seen at Wound Care and then referred to the emergency department.

Exam of right foot (p. 4): There is a 2 cm area of dark eschar (dead tissue) on the right great toe. Normal motor function. No visible bone.

Exam of the left foot (p. 4): Starting at the first joint of the great toe, the tissue is black extending to the end of the toe. There is some purulent (discharging pus) drainage coming from a 2 cm in diameter wound over the first joint. Motor function is normal.

Medical Decision making (p.7):
DDX (differential diagnosis): [redacted]

Patient presents with wounds to his bilateral great toes, however the wound on the right is chronic and appears well demarcated, whereas the left toe appears gangrenous almost to its base, is malodorous (smelling very unpleasant), and has some purulence (pus at the site of injury or infection) associated with it. Labs reveal leukocytosis (an increase in the number of white cells in the blood, especially during an infection) as well as anemia (low red blood cells) and elevated C. blood cultures (evidence of infection) were drawn and patient was started on the vancomycin (treatment for osteomyelitis) and cefepime (treatment for bacterial infection in different parts of the body). Given their gangrene as well as the surrounding cellulitis, Resident 1 required admission for further treatment and evaluation.

07/22/2020 Resident 1 had an unstageable (depth of wound cannot be determined due to tissue covering the wound) open wound on their coccyx. The dimensions of the wound was 1.3 cm x 1.0 cm undeterminable depth d/t slough. Primary RN staff was to perform daily dressing changes.

07/24/2020 Resident 1 had amputation of great toe through interphalangeal joint (right),

amputation of great toe through metatarsophalangeal (Left)

An email sent on 03/16/2023 at 11:24 AM by Staff A showed the ALF had no progress notes or wound care notes for Resident 1 dated [redacted] through [redacted], 2020.

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) X 5/26/23 .

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

X _____ X 4/12/23

Administrator (or Representative) Date

OK per T.C with [redacted] to change date 4/21/2023

WAC 388-78A-2320 Intermittent nursing services systems.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

(c) Initial and on-going assessments of the nursing needs of each resident;

(d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(a) Chapter 18.79 RCW, Nursing care;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure a registered nurse (RN) had delegated nursing tasks when three care staff (Staff B, C, and D) administered eye drops, blood sugar checks, and insulin injections to 1 of 1 residents (Resident 1) prior to being trained and nurse delegated. This failure placed Resident 1 at risk for harm and injury due to untrained and unsupervised care staff.

WAC 246-840-930 Criteria for delegation, showed:
(1) Before delegating a nursing task, the registered nurse delegator decides the task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.

(19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least weekly for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

Findings included...

Review of the ALF's undated policy, "Limited Nursing Services" showed:

The Ovenell Home LTC Inc. shall provide residents limited nursing and nurse delegation services according to assessed needs, as detailed in the negotiated service agreement, and to the extent allowed by the boarding home license (388-78A WAC). Additional services the Ovenell Home LTC Inc. cannot provide , due to boarding home licensing requirements, can be arranged with the resident. Additional services expenses shall be the responsibility of the resident. Ovenell Home LTC Inc. shall assist coordinating additional services with POA, case manager, insurance providers, legal guardians and family members.

Review of ALF's undated Disclosure of Services showed:
A. We provide intermittent nursing services, including:
1. (Yes) Diabetic management as specified below:
2. (No) Non-routine ostomy care.
3. (No) Administration of healthcare treatments, as specified below.
4. (No) Tube feeding.
5. (Yes) Other nursing services. Please ask out staff if we provide other nursing services you may need, such as care of minor non-infected wounds or preventative skin care,
A. (Yes) We use nursing assistants under the delegation of a registered nurse to provide some authorized nursing services.
B. (No) We typically have a registered nurse in the building.
C. (No) We typically have a licensed practical nurse in the building.
D. (No) additional comments regarding nursing services:
All boarding homes must assist you, if you want help, with taking your medications. Someone other than a licensed nurse may provide such assistance. Assistance includes reminding you to take your medications, handing to you and/or opening for you the medication container, and putting the medication in your hand.
a. (No) To have a licensed nursing staff available to administer directly, or to supervise the administration of the medications listed below:
1. (No) Administration of oral and topical medications and eye/ear/nose drops.
a. (Yes) We use nursing assistance under the delegation of a registered nurse to administer drops and oral and topical medications.
1. (No) Administration of injections excluding insulin.
2. (No) Administration of insulin injections.
3. (No) Additional comments:

Resident 1 was admitted to the ALF on [redacted]/2020 with multiple diagnoses including [redacted]; and [redacted]. Resident 1 was legally blind.

Review of Resident 1's state assessment dated 11/01/2022 showed Resident 1's medications must be administered. Resident 1's DSHS Assessment showed the ALF was assigned to administer Resident 1's medications including, blood glucose monitoring, diabetic foot care, injections, and eye drops.

Interview on 02/08/2023 at 12:18 PM, Staff A, Assistant Administrator, stated that they help Resident 1 with insulin blood glucose monitoring, eye drops, and bringing Resident 1 to the main house in their wheelchair. Staff A stated that the ALF does not have a nurse on staff. Staff A stated that they had a contract at one point with a nurse but they don't right now.

Observation on 03/03/2023 at 8:22 AM showed Staff B, Med Tech, administer Resident 1's eye drops. Staff B went to Resident 1 with eye drops and told Resident 1 it was time for the eye drops. Resident 1 tipped their head back, their hands were on the table, and Staff B squeezed the eye dropper to put the eye drops in Resident 1's eyes.

Interview on 03/03/2023 at 8:26 AM, Staff B stated that Resident 1 gets eye drops in the morning and insulin. Staff B stated that Lantus is a 6 unit dose given in the AM. Staff B stated that there is no dose adjustment required, it is always a 6 unit dose. Resident 1 does not receive a dose at lunch time only at breakfast and then at dinner time. The dinner dose is given after checking Resident 1's blood sugar. The blood sugar is input into the computer and the dose is calculated by the computer. The insulin is then administered by staff. Staff B stated that Resident 1 is legally blind and cannot provide their own medication. Staff B stated that Resident 2 had never assisted Resident 1 with their insulin or his eye drops.

Interview on 03/03/2023 at 8:31 AM, Resident 1 stated that whoever is working helps them with their medications. Resident 1 stated that the staff help with eye drops four times per day and insulin.

Interview on 03/03/2023 at 9:00 AM, Staff B could not state that if they were nurse delegated to administer insulin or eye drops for Resident 1. Staff B stated that Staff A could answer questions about nurse delegation.

Interview on 03/03/2023 at 9:12 AM, Staff A stated that Staff B and Staff C had completed Nurse Delegation Training. No other staff had nurse delegation training or were nurse delegated.

Interview on 03/08/2023 at 10:26 AM, Collateral Contact 2, RN, nurse educator, stated that Staff C, Med Tech completed both the 9 hour core nurse delegation training on 05/20/2022 and the 3 hour diabetes training on 05/23/2022. Collateral Contact 1 stated that Staff B, Med Tech completed only the 9 hour core nurse delegation training on 02/07/2022. Staff B did not take the 3 hour insulin training.

Interview on 03/13/2023 at 3:36 PM, Staff D, Med Tech, stated that they had been administering Resident 1's insulin and eye drops.

Interview on 03/13/2023 at 3:52 PM, Staff C, Med Tech, stated that they had been administering Resident 1's insulin.

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) 5/26/23 .

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

Administrator (or Representative) — Date: 4/12/23

Ok per [redacted] to change date to 5/13/23 per TC, NM

WAC 388-78A-2420 Record retention.

(2) The assisted living facility may remove outdated information from the resident's active records that is no longer significant or relevant to the resident's current assessed service and care needs, and maintain it in an inactive record that must remain on the assisted living facility premises as long as the resident remains in the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to maintain an inactive record for 1 of 1 resident (Resident 1). This failure prevented department staff from reviewing pertinent resident records during an investigation.

Findings included...

Review of the ALF's Policy, "Resident's Records" showed:
2. Ovenell Home LTC Inc. will:
a. Maintain a systematic and secure method of identifying and filing resident health records for easy access.
b. Allow authorized representatives of the department and other authorized regulatory agencies access to resident records
c. Provide any individual or organization access to resident records upon written consent of the resident or the resident's representative, unless state or federal law provide for broader access
d. maintain resident records and health care information for residents receiving category B or C medication services or unlimited nursing services in accordance with chapter 70.02

RCW
e. Retain each resident health record for at least 5 years after the resident moves from the facility.

Resident 1 was admitted to ALF on [redacted]/2020 with multiple diagnoses.

On 03/16/2023 at 11:24 AM Staff A, Assistant Administrator, stated that they were unable to provide progress notes or notes regarding wound care provided to Resident 1 from [redacted]/2020 through [redacted]/2020.

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) X 5/26/23 .

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

X _____ Administrator (or Representative)

X 4/12/23 Date

OK per [redacted] to change date to 5/15/23 per TC 4/21/23