STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Ruan's Garden, Ltd
Ruan's Garden
2839 W Kennewick Ave #312
Kennewick, WA 99336

RE: Ruan's Garden License # 2206

Dear Administrator:

This letter addresses Compliance Determination(s) 32693 (Completion Date 11/16/2023) and 29642 (Completion Date 09/22/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/16/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2450-2-b, WAC 388-78A-2850-3, WAC 388-78A-2850-1-b-i, WAC 388-78A-2850-1-b-ii, WAC 388-78A-2850-1-b-iii, WAC 388-78A-2850-1-b-vii, WAC 388-78A-2180-1-a, WAC 388-78A-2180-1-b, WAC 388-78A-2180-1, WAC 388-78A-2320-2-d, WAC 388-78A-2410-9, WAC 388-78A-2410-10, WAC 388-78A-2484-1, WAC 388-78A-2483-2

The Department staff who did the on-site verification:
Tracy Ramirez, Assisted Living Facility Licensor
Jessica Clapp, Assisted Living Facility Licensor

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Gwin Kaercher

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2206	Compliance Determination # 29642
Plan of Correction	Ruan's Garden	Completion Date
Page 1 of 14	Licensee: Ruan's Garden, Ltd	09/22/2023

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 09/18/2023, 09/19/2023 and 09/20/2023 of:
Ruan's Garden
3502 W 4th Ave
Kennewick, WA 99336

The following sample was selected for review during the unannounced on-site visit: 4 of 8 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Robin Rainville, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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.

Gwin Kaercher — Residential Care Services
09/28/2023 — 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.

License #: 2206
Ruan's Garden
Licensee: Ruan's Garden, Ltd

Compliance Determination # 29642
Completion Date
09/22/2023

Administrator (or Representative)

10 - 6 - 2023
Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(b) Verify staff persons' work references prior to hiring;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that work references were checked for 3 of 4 staff (Staff C, D, E) who were hired since the last full inspection. This failure placed residents at risk of being cared for by unqualified staff.

Findings included...

Staff records were reviewed with Staff A, Manager, on 09/19/2023 at 2:00 PM.

- The file for Staff C, Caregiver showed that they were hired on 07/05/2023. Staff C's file did not show documentation that their work references had been checked before they were hired.

- The file for Staff D, Medication Technician, showed that they were hired on 07/01/2023. Staff D's file did not show documentation that their work references had been checked before they were hired.
- The file for Staff E, Caregiver showed that they were hired on 07/05/2023. Staff E's file did not show documentation that their work references had been checked before they were hired.

On 09/19/2023 at 3:05 PM, Staff A stated that they had started back at the ALF as the Manager on 08/17/2023, and the previous Manager did not check Staff C, D and E's references when they were 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, Ruan's Garden is or will be in compliance with this law and / or regulation on (Date) 09/23/2023

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

Nayna A Thoss — Administrator (or Representative)

10/6/2023 — Date

WAC 388-78A-2850 Required reviews of building plans.

(1) A person or assisted living facility must notify construction review services of all planned construction regarding an assisted living facility prior to beginning work on any of the following:

(b) An addition of, or modification or alteration to an existing assisted living facility, including, but not limited to, the assisted living facility's:

(i) Physical structure;

(ii) Electrical fixtures or systems;

(iii) Mechanical equipment or systems;

(vii) Kitchen or laundry equipment.

(3) The assisted living facility must submit plans to construction review services as directed by construction review services and consistent with WAC 388-78A-2361 for approval prior to beginning any construction.

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to notify Construction Review Services (CRS) of planned and implemented modifications to the ALF's physical structure, mechanical equipment, and kitchen equipment. This failure disallowed the department the ability to review and approve construction work performed at the ALF.

Findings included...

On 09/18/2023 at 10:00 AM, Staff B, Medication Technician, stated that the ALF flooring in the dining, kitchen and Television (TV) rooms had been replaced and that the dishwasher had been removed and a third sink was put in its place. Staff B also stated that in the facility's only common shower room, the jacuzzi tub had been removed, the built in shower bench was removed and all shower tiles were replaced, as was the flooring in the shower room.

During the entrance conference with Staff A, Manager, on 09/18/2023 at 10:20 AM, they stated that the ALF closed for repairs in November 2022 and all residents in the home were moved to an affiliated facility. Staff A stated that the ALF had reopened after construction was completed, and moved residents back into the facility on 07/01/2023.

On 09/18/2023 at 11:19 AM during the environmental tour with Staff A, the flooring that was replaced was observed in the kitchen, dining room, and TV room. In the kitchen, a third sink and wood cabinet panel where the dishwasher had been observed.

On 09/18/2023 at 11:30 AM, the area where the jacuzzi tub had been and the new remodeled shower was observed. The left rear corner of the shower floor appeared a light rusty brown color on the gray tile work, appearing as if water had pooled there. Staff A stated that they would ensure the shower was deep cleaned.

On 09/19/2023 at 10:58 AM, Staff F, Administrator/Owner, stated that for months prior to November 2022 the ALF had developed a strong foul odor throughout the home. The maintenance person had used drain cleaner several times and thought it was something in the plumbing lines. A contractor was called to inspect under the home and found water in the Heating Ventilation And Cooling (HVAC) duct work under the house. It was discovered that the dishwasher had been leaking under the house. Additional leaks were found so the Staff F decided to move the residents out and make the numerous repairs in November 2022.

On 09/19/2019 at 11:15 AM, Staff F stated that the repair work involved replacement of the sub-flooring underneath all areas where the flooring had been replaced. Staff F stated that main HVAC unit was falling through the floor due to leaks under the laundry room and had to be replaced.

On 09/19/2023 at 11:20 AM, Staff F stated that upon further inspection under the house in March 2023, additional leakage and damage was found under the common shower room. The jacuzzi tub was removed due to leaks as well, the shower subflooring was replaced, and the shower was modified to create more room. The flooring in the apartment adjacent to the shower room was also affected. Staff F stated that the HVAC work and bathroom work was done by contractors, but that all other repairs and modifications had been done by family and maintenance staff from the facility, so there was no documentation of the work done.

On 09/19/2023 at 11: 30 AM, Staff F stated that they had not notified CRS of the repairs and modification that had been done at the ALF. Staff F stated that they did not initially know the extent of the work that was going to be done, and that they thought since it was just maintenance and repair work, CRS notification was not required.

In an interview on 09/20/2021 at 10:02 AM with a Collateral Contact (CC1), the CRS Program Manager, they stated that due to the sub-flooring being a physical structure of the ALF, the work done required notification to and review by CRS. Additionally, the

replacement of the HVAC unit and the removal of the dishwasher and the jacuzzi tub required CRS notification and review. CC1 stated that the work that was done to the ALF was beyond "maintenance and repair."

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, Ruan's Garden is or will be in compliance with this law and / or regulation on (Date) 10/6/2023 An application was submitted

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

Administrator (or Representative) 10/6/2023 Date

WAC 388-78A-2180 Activities. The assisted living facility must:

(1) Provide space and staff support necessary for:

(a) Each resident to engage in independent or self-directed activities that are appropriate to the setting, consistent with the resident's assessed interests, functional abilities, preferences, and negotiated service agreement; and

(b) Group activities at least three times per week that may be planned and facilitated by caregivers consistent with the collective interests of a group of residents.

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to provide activities related to the residents' interests and preferences for residents in the facility. This failure placed 4 of 4 residents (Resident 1, 2, 3, 4) at risk of a reduced quality of life.

Findings included...

During the entrance conference with Staff A, Manager, on 09/18/2023 at 1030 AM, they stated that the ALF did not have any activities planned for the residents. Staff A stated that the ALF had not been providing activities.

On 09/18/2023 at 2:30 PM, Resident 1 stated that they would do activities if the ALF held any, but that they had not had any lately. Resident 1 stated that they would love to play bingo.

On 09/19/2023 at 10:09 AM, Resident 2 stated that they had not seen any activities going on at the ALF. Resident 2 stated that they loved to play bingo.

On 09/20/2023 at 1:00 PM, Resident 3 stated that they did not really have an opportunity to do activities. Resident 3 stated that they would love to have a deck of cards or play Monopoly.

On 09/18/2023 at 10:04 AM, Resident 4 spoke with Staff about wanting to play an online game with their friends. At 2:48 PM Resident 4 told staff that they were bored, and that they had been drawing and doing research all day in their room.

On 09/20/2023 at 10:00 AM, Resident 4 came out of their room and approached Staff B, Caregiver. Staff B asked Resident 4 what they needed, and the resident stated, "human interaction."

On 09/19/2023 at 3:27 PM during the interview with Resident 4, they stated that the ALF had not held any activities. Resident 4 stated that they would like to play "Dungeons and Dragons" with other residents in the ALF. Resident 4 also stated that they liked to go on walks.

Observations on 09/18/2023 at 2:48 PM showed an unnamed resident reclined in a chair in front of the television. This resident was also observed to be reclined in a chair in front of the television on 09/19/2023 at 11:00 AM and at 2:00 PM.

On 09/18/2023 from 10:00 AM - 3:30 PM, 09/19/2023 from 9:20 AM - 4:20 PM, and 09/20/2023 from 9:40 AM - 3:00 PM, no staff support was observed for individual or group activities for the residents.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Ruan's Garden is or will be in compliance with this law and / or regulation on (Date) 10/6/2023

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

Administrator (or ~~Representative~~) — Date: 10/6/2023

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:

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to develop the nursing components of the Negotiated Service Agreement (NSA) for 4 of 4 residents (Residents 1, 2, 3, 4) who received intermittent nursing services at the ALF. This failure placed residents at risk of their needs not being met due to care staff not being informed of the residents' diagnoses and care concerns.

Findings included…

In the entrance conference on 09/18/2023 at 10:20 AM with Staff A, Manager, they stated that the ALF provided nursing services to residents.

On 09/20/2023 at 11:12 AM, Staff B, Medication Technician, stated that they would go to a resident's care plan/NSA to get information on how to care for a resident.

Resident 1

On 09/18/2023 at 2:30 PM, Resident 1 stated that the staff helped them with their daily care needs, checked their blood sugars, and administered their insulin (an injected medication to regulate blood sugars).

Review of a doctor's visit summary for Resident 1 dated 09/04/2023 showed that the resident had diagnoses which included [redacted] and [redacted]
The summary also showed that Resident 1 required blood sugar testing, was on insulin, a blood thinner medication (to prevent blood clots which increases the risk for bleeding and bruising) and an anti-seizure medication.

Resident 1's 07/07/2023 facility nurse assessment showed that the resident had a history of seizures, was diabetic, and required oral medication administration as well as staff assistance for blood sugar tests and insulin injections.

Resident 1's 07/01/2023 NSA identified that the resident had the above listed diagnoses

and showed that they required nurse delegation for their insulin and blood sugar testing. The NSA did not direct staff on where their injection and blood sugar testing supplies were obtained from, nor did it identify the roles and responsibilities for obtaining supplies. The NSA did not show what seizure activity Resident 1 experienced or what to do if they had a seizure. Additionally, Resident 1's NSA did not provide direction for staff on what to watch for regarding the resident's risk for blood clots and blood thinner medication. Resident 1's NSA did not provide information for staff on the signs and symptoms, what to watch for when to notify the nurse or doctor, or the special care needs for the resident with significant diagnoses.

Resident 2

In an interview on 09/19/2023 at 10:09 AM, Resident 2 stated that the staff assisted them with their daily care needs which included their medication, oxygen use, and application of a cream on their skin. The resident was observed lying in bed, their oxygen machine was turned on and the tubing was in place under their nose. Their feet, ankles and right upper arm had a scaly red rash covering the skin.

On 09/19/2023 at 3:05 PM, Staff B stated that they applied medicated cream to Resident 2's feet and arms.

Review of Resident 2's 08/09/2023 nursing assessment showed that the resident required two liters oxygen continuously and had psoriasis (a condition in which skin cells build up and form a scaly itchy dry rash in patches on the skin) to their feet.

Resident 2's 09/09/2023 NSA showed that the resident had diagnoses which included [redacted] and [redacted] The NSA showed that Resident 2 required nurse delegation for blood sugar testing and used oxygen continuously.

The NSA did not address Resident 2's skin condition, who applied the cream, or what to watch for and when to notify the nurse. The NSA did not direct staff on where their oxygen and blood sugar testing supplies was obtained from, nor did it identify the roles and responsibilities for managing and obtaining supplies. Additionally, the NSA did not provide direction for the staff regarding the resident's signs and symptoms of their diabetes and COPD and when to notify the nurse or doctor.

Resident 3

On 09/20/2023 at 1:00 PM, Resident 3 was observed lying in bed on a medical air mattress. Their right hand was contracted (the fingers were pulled into the palm and rigid). There was an oxygen concentrator machine present in the room but not in use. Resident 3 stated that the staff helped them with all of their daily care and medication, and that they preferred to stay in bed most of the time.

On 09/20/2023 at 1:08 PM, Staff B was observed administering medication mixed in yogurt on a spoon into Resident 3's mouth. Staff B told the resident it was their pain medication.

Review of 07/27/2023 physician's orders in Resident 3's record showed that the resident had diagnoses which included [redacted] and [redacted] The orders showed Resident 3 was on Warfarin (a blood thinner medication that required frequent blood testing to monitor levels) and three pain medications.

Resident 3's 07/01/2023 facility nursing assessment showed that the resident had paralysis and left side weakness and was bed bound.

Resident 3's 07/01/2023 NSA showed that they had diagnoses of [redacted] and [redacted] The NSA showed that Resident 3 required medication administration, used oxygen at night and as needed, and needed routine blood draws to monitor their Warfarin levels.

Resident 3's NSA did not show direction for the staff on the signs and symptoms to watch for regarding their diagnoses and when to notify the nurse or doctor. The NSA did not direct staff on where their oxygen supplies were obtained from, nor did it identify the roles and responsibilities for managing and obtaining supplies. Additionally, Resident 1's NSA did not provide direction for staff on what to watch for regarding the resident's risk for blood clots and blood thinner medication.

Resident 4

On 09/19/2023 at 3:27 PM, Resident 4 stated that they took care of their daily care needs themselves and could perform their blood sugar testing, but that they needed staff to administer their insulin injections.

Review of Resident 4's 08/26/2023 physician visit summary showed that the resident had diagnoses which included [redacted]. The summary showed that Resident 4 required blood sugar testing four times daily and was on two different insulin injections.

Resident 4's 07/01/2023 facility nurse assessment showed that the resident was diabetic and required assistance with blood sugar tests and insulin injection.

Resident 4's 08/01/2023 NSA showed that the resident had diabetes and required nurse

delegation for blood sugar testing and insulin injections. The NSA did not direct staff on where Resident 4's insulin injection and blood sugar testing supplies were obtained from, nor did it identify the roles and responsibilities for obtaining supplies. Resident 1's NSA did not provide information for staff on the signs and symptoms, what to watch for when to notify the nurse or doctor, or the special care needs for the resident and their diabetes.

On 09/20/2023 at 11:03 AM, Staff A stated that the previous Manager had written the NSA's for all the residents, and that Staff A was trying to update them since they started as the manager at the ALF.

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, Ruan's Garden is or will be in compliance with this law and / or regulation on (Date) 10/6/2023

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

Norma A. Flores
Administrator (or Representative)

10/6/2023.
Date

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

(9) Documentation consistent with WAC 388-78A-2120 Monitoring resident well-being.

(10) Staff interventions or responses to subsection (9) of this section, including any modifications made to the resident's negotiated service,agreement.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to document the monitoring of events and changes of condition that occurred for 2 of 3 residents (Residents 1, 2) who had changes in condition including hospital visits. This failure placed residents at risk of complications from not being monitored for acute health conditions.

Findings included...

Resident 1

Resident 1's [redacted]/2023 nursing assessment showed that the resident had a history of seizures (uncontrollable jerking movements). The resident was assessed due to being sent to the hospital.

Review of a [redacted]/2023 progress note in Resident 1's record showed, "Resident still in the hospital." There was not any note prior to that date to show that the resident had been sent to the hospital, or for why they were sent. A [redacted]/2023 progress note showed that Resident 1 had returned from the hospital. The note did not show what the outcome was of the hospital visit. There were no subsequent notes in the residents record to show that they had been monitored upon returning from the hospital on [redacted]/2023.

Resident 1's record included a hospital discharge summary dated [redacted]/2023. The summary showed that Resident 1 had been admitted on [redacted]/2023 for complaints of stomach pain and confusion. The resident was diagnosed with [redacted] and [redacted] Upon discharge, changes were made to their seizure and blood thinner medications.

Resident 1's record did not show that they were monitored upon return from the hospital, for seizures, UTI, or the medication changes.

A [redacted]/2023 progress note in Resident 1's record showed that the resident was sent to the hospital due to uncontrollable jerking movements. A note on [redacted]/2023 showed that Resident 1 was still in the hospital, and that the staff were told that the resident needed a pacemaker (a surgically implanted device that regulates the heart rate) and had a seizure. The next note in Resident 1's record on 07/18/2023 showed that the staff gave the resident two units of their medication to regulate blood sugars. There was no documentation in Resident 1's record of when they returned from the hospital, what the diagnosis or outcome was, or that they had been monitored upon return. There was no documentation if the resident had received a pacemaker or not.

A 07/27/2023 doctor's visit summary note in Resident 1's record showed that the resident had been in the hospital from [redacted]-[redacted]/2023 for confusion and UTI. The note showed that the resident had a seizure disorder and a diagnosis of [redacted] and that they had medications changed for those conditions.

Resident 1's record did not show that they were monitored for return from the hospital, their UTI, or the medication changes.

On 09/18/2023 at 3:18 PM, Staff A, Manager, stated that they had only been working as the manager at the ALF for a few weeks. Staff A stated that they did not think Resident 1 had seizures.

Resident 2

A 08/12/2023 progress note in Resident 2's record showed that the resident had been sent to the hospital. The note did not indicate why the resident was sent out. The next note in the resident's record dated 08/13/2023 showed that the resident had a bowel movement and went to bed at 12:00 AM. There was no documentation in Resident 2's record upon their return from the hospital, and no documentation that they were monitored upon return.

A 08/12/2023 facility incident report in the ALF's Incident Report binder showed that Resident 2 was sent to the hospital due to complaints of difficulty having a bowel movement.

A 09/06/2023 progress note in Resident 2's record showed that the resident was short of breath, had low blood pressure and pulse, and emergency medical assistance was called to evaluate them. The resident refused to be transported to the hospital and remained at the ALF. There was no documentation in Resident 2's record to show that they had been monitored after the episode of shortness of breath and low vital signs.

On 09/19/2023 at 4:05 PM, Staff A stated that they did not know if the ALF had created temporary care plans to show the staff what to monitor for a resident who had an incident or a change in condition. Staff A stated that they had started to do temporary care plans. Staff A stated that the medication technicians should be documenting in the Residents' progress notes.

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, Ruan's Garden is or will be in compliance with this law and / or regulation on (Date) 10/6/2023

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

Norma A. Flores
Administrator (or Representative)

10/6/2023
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:

(1) An initial skin test within three days of employment; and

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This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that a two-step Tuberculosis (Tb) test was initiated within three days of hire for 1 of 1 staff (Staff C) who were hired since the last full inspection and required a two-step test. This failure placed residents at risk of exposure to a communicable disease.

Findings included...

On 09/18/2023 at 11:40 AM, Staff A, Manager stated that the ALF performed staff Tb tests onsite.

Staff records were reviewed with Staff A on 09/19/2023 at 2:00 PM. Staff A stated that they had started back at the ALF as the Manager on 08/17/2023 and were responsible for keeping track of staff records.

The file for Staff C, Caregiver showed that they were hired on 07/05/2023. Staff C's file showed that their first Tb test was done on 07/11/2023, six days after they were hired.

On 09/19/2023 at 2:35 PM, Staff A stated that they did not know why the previous Manager did not ensure that Staff C's Tb test was not done within three days of hire.

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, Ruan's Garden is or will be in compliance with this law and / or regulation on (Date) 11/3/2023

2nd tb test will be taken

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

Norma Flores
Administrator (or Representative)

10/6/2023
Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Statement of Deficiencies	License #: 2208	Compliance Determination # 29642
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Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure that a Tuberculosis (Tb) test was done upon hire for 2 of 2 staff (Staff B, D) who were hired since the last full inspection and had negative Tb test results within the previous year. This failure placed residents at risk of exposure to a communicable disease.

Findings included...

On 09/18/2023 at 11:40 AM during the environmental tour with Staff A, Manager, an open vial of Tb test solution with an opened date of 06/22/2023 was observed in the ALF's medication refrigerator. Staff A stated that the ALF performed staff Tb tests onsite.

Staff records were reviewed with Staff A on 09/19/2023 at 2:00 PM. Staff A stated that they had started back at the ALF as the Manager on 08/17/2023 and were responsible for keeping track of staff records.

- The file for Staff B, Medication Technician, showed that they were hired on 07/01/2023. Staff B's file showed that they had a previous Tb test done on 06/22/2023. Staff B's file did not show documentation that they were tested for Tb after they were hired at the ALF.
- The file for Staff D, Caregiver showed that they were hired on 07/01/2023. Staff D's file showed that they had a previous Tb test done on 06/22/2023. Staff D's file did not show documentation that they were tested for Tb after they were hired at the ALF.

On 09/19/2023 at 2:50 PM, Staff A stated that Staff B and D had worked at a sister facility prior to being hired at the ALF, and that the staff at the sister facility were all tested on 06/22/2023. Staff A stated that the previous Manager did not do new hire Tb tests when the staff were transferred to the ALF.

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, Ruan's Garden is or will be in compliance with this law and / or regulation on (Date) 10/6/2023

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

Norma Flores — Administrator (or Representative)

10/6/2023 — Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Ruan's Garden, Ltd
Ruan's Garden
2839 W Kennewick Ave #312
Kennewick, WA 99336

RE: Ruan's Garden # 2206

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 09/22/2023 and found that your facility does not meet the Assisted Living Facility requirements.

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

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

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

Gwin Kaercher, Field Manager
Residential Care Services
Region 1, Unit G
1200 Alder Street

Union Gap, WA 98903

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

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

WAC 388-78A-2300 Food and nutrition services.

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(ii) Approved by a dietitian; and

(iii) Reviewed and updated as necessary or at least every five years.

The Assisted Living Facility failed to ensure that a diet manual was approved and reviewed by a dietician.

WAC 388-78A-2490 Specialized training for developmental disabilities. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with developmental disabilities, whenever at least one of the residents in the assisted living facility has a developmental disability as defined in WAC 388-823-0040 , that is the resident's primary special need.

The Assisted Living Facility failed to ensure staff completed specialized training for developmental disabilities.

WAC 388-78A-2733 Liability insurance required Commercial general liability insurance or business liability insurance coverage. The assisted living facility must have commercial general liability insurance or business liability insurance that includes:

(4) Minimum limits of:

(a) Each occurrence at one million dollars; and

(b) General aggregate at two million dollars.

The Assisted Living Facility failed to have liability insurance coverage that included one million dollars per occurrence and the aggregate coverage at two million dollars as required.

You Are Not:

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

You May:

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

In Addition, You May:

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

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

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

If You Have Any Questions:

• Please contact me at (509)208-5231.

Sincerely,

Gwin Kaercher

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

Enclosure