



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

B.C. PARKER INC
Milford House
2208 W Matt Milford Pl
Spokane, WA 99201

RE: Milford House License # 2207

Dear Administrator:

This letter addresses Compliance Determination(s) 33979 (Completion Date 12/15/2023) and 31786 (Completion Date 10/26/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/15/2023 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-2474-2-d, WAC 388-78A-2474-2, WAC 388-78A-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2

The Department staff who did the on-site verification:
Veronica Jackson, Assisted Living Facility Licensors

If you have any questions, please contact me at (509)993-7821.

Sincerely,


Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services



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 8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 2207	Compliance Determination #31786
Plan of Correction	Milford House	Completion Date
Page 1 of 4	Licensee: B.C. PARKER INC	10/26/2023

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 10/24/2023, 10/25/2023 and 10/26/2023 of:

Milford House
 2208 W Matt Milford Pl
 Spokane, WA 99201

The following sample was selected for review during the unannounced on-site visit: 4 of 10 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Veronica Jackson, Assisted Living Facility Licensor
 Joy Piggras, LTC Surveyor
 Tethra Wales, Assisted Living Facility Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 1, Unit B
 8517 E Trent Ave, Ste 102
 Spokane Valley, WA 99212

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.

S.M.
 Residential Care Services

11/02/2023
 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.

Statement of Deficiencies	License #: 2207	Compliance Determination #31786
Plan of Correction	Millford House	Completion Date
Page 2 of 4	Licensee: B.C. PARKER INC	10/26/2023



Administrator (or Representative)

11-8-23

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:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that care staff obtained cardiopulmonary resuscitation cards within 30 days of employment for 2 of 6 staff (Staff B and C). This failure placed residents at risk of improper care and emergency response from untrained staff.

Review of Staff B's, Caregiver, undated personnel file showed they were hired on 09/06/2023. Further review of the file showed no documentation of cardiopulmonary resuscitation (CPR) and first aid training required for caregivers.

Review of Staff C's, Caregiver, undated personnel file showed they were hired on 02/08/2022. Further review of the file showed no documentation of CPR/First Aid training required for caregivers.

An interview on 10/26/2023 at 4:15 PM Staff A, Administrator, confirmed the facility did not have documentation of CPR/First Aid training for Staff B and C.

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, Millford House is or will be in compliance with this law and / or regulation on (Date) 12-8-23.

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

Statement of Deficiencies	License #: 2207	Compliance Determination # 31786
Plan of Correction	Millford House	Completion Date
Page 3 of 4	Licensee: B.C. PARKER INC	10/26/2023

	<u>11-8-23</u>
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:

- (1) An initial skin test within three days of employment; and
- (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 facility failed to ensure that staff received a first step tuberculosis test within three days of employment and a second step tuberculosis test within one to three weeks after the first test for 1 of 6 sampled staff (Staff B). This failure placed residents at risk for exposure to tuberculosis infection.

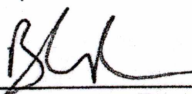
Review of the undated personnel file for Staff B, Caregiver, showed they were hired on 09/08/2023. Further review showed there was no documentation of any tuberculosis (TB, contagious respiratory infection) screening tests in the file.

An interview on 10/26/2023 at 4:15 PM Staff A, confirmed the facility did not have any TB testing records for Staff B.

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, Millford House is or will be in compliance with this law and / or regulation on (Date) 12-8-23.

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

	<u>11-8-23</u>
Administrator (or Representative)	Date

Statement of Deficiencies	License #: 2207	Compliance Determination # 31786
Plan of Correction	Milford House	Completion Date
Page 4 of 4	Licensee: B.C. PARKER INC	10/26/2023



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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

B.C. PARKER INC
Milford House
2208 W Matt Milford Pl
Spokane, WA 99201

RE: Milford House # 2207

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 10/26/2023 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:

Stephanie Jenks, Field Manager
Residential Care Services
Region 1, Unit B
8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

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

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

- (a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;
- (b) Chronic, current, and potential skin conditions; or
- (c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

- (a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;
- (b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and
- (c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

- (a) Vision; and
- (b) Hearing.

(5) Individual's communication abilities, including:

- (a) Modes of expression;
- (b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a

substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

The facility had not completed a 14-day assessment timely for two new residents. The administrator was aware of the need of a 14-day assessment and stated they would ensure that future residents admitted would be assessed within the regulated timeline.

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)993-7821.

Sincerely,



Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

Enclosure

Milford House #2207

10/26/2023

Page 5 of 5