STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Sante MC Op Co LLC
The Ridge an Encore Community
1501 NW Tower View Cir
Silverdale, WA 98383

RE: The Ridge an Encore Community License # 2231

Dear Administrator:

This letter addresses Compliance Determination(s) 54956 (Completion Date 02/19/2025) and 49561 (Completion Date 11/18/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/19/2025 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 388-112A-0200-2, WAC 388-112A-0200-2-a, WAC 388-112A-0495, WAC 388-112A-0495-4, WAC 388-78A-2480-1, WAC 388-78A-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-24641, WAC 388-78A-24641-1, WAC 388-78A-24641-2

The Department staff who did the off-site verification:
Cathleen Davis, ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

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

Sincerely,

Jody Just Jody Just Field Services Administrator Region 3 signing for Manfay Chan

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2231	Compliance Determination # 49561
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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 10/30/2024 and 11/18/2024 of:
The Ridge an Encore Community
1501 NW Tower View Cir
Silverdale, WA 98383

The following sample was selected for review during the unannounced on-site visit: 7 of 46 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cathleen Davis, ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jody Just
Residential Care Services

11/22/2024
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) 11/22/24 Date

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(2) Long-term care worker orientation. Individuals required to complete the seventy-hour long-term care worker basic training must complete long-term care worker orientation, which is two hours of training regarding the long-term care worker's role and applicable terms of employment as described in WAC 388-112A-0210 .

(a) All long-term care workers who are not exempt from certification as described in RCW 18.88B.041 hired on or after January 7, 2012, must complete two hours of long-term care worker orientation training before providing care to residents.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure 2 of 6 sampled staff (Staff D and Staff B) received the required 70-hour Long Term Care training required prior to providing care for residents. This failure placed 46 of 46 Assisted Living Facility residents at risk of potential harm from staff not receiving this training prior to providing care to memory care residents.

<Staff D>

In an interview on 10/31/2024 at 11:15 AM Staff A, Executive Director (ED) said Staff D, Home Care Aide (HCA) was removed from the schedule from not completing training. Staff A, ED said the other sample staff had the completed training.

Record Review showed Staff D, Home Care Aide (HCA) was hired to the Assisted Living Facility on 04/24/2024. Review of Staff D's, (HCA), training record showed the 70-hour basic training was due on 8/22/2024. Staff D, (HCA), did not complete this 70-hour basic training.

Review of staff work schedules showed Staff D, (HCA), remained on the schedule from August to October 2024.

<Staff B>

Record Review of Staff B, Home Care Aide (HCA) showed Staff B, (HCA) was hired to the Assisted Living Facility on 03/11/2024. Review of Staff B's, (HCA), training records

showed the 70-hour basic training was due for completion on 07/09/2024. Staff B, (HCA), completed the 70-hour basic training on 10/01/2024, eighty-four days after the due date.

Review of Staff B's, (HCA), work scheduled showed Staff B, (HCA) remained on the work schedule from August to October 2024.

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, The Ridge an Encore Community is or will be in compliance with this law and / or regulation on (Date) 12/3/24 .

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

Administrator (or Representative) 11/22/24 Date

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities?

(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within one hundred twenty days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within ninety days of completion of basic training.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure staff 2 of 6 sampled staff (Staff D and Staff B) were trained within 120 days of the date of hire. This failure placed 46 of 46 ALF residents at risk of potential harm from being cared for by staff not adequately trained prior to providing resident care.

Findings included...

<Staff D>

In an interview on 10/30/2024 at 11:12 AM Staff A, Executive Director (ED), said Staff D, Home Care Aide (HCA), was pulled from the schedule for not completing the required

training.

Record Review of Staff D's (HCA) training showed a date of hire on 04/24/2024. Staff D's (HCA) safety and orientation training wasn't completed until 08/20/2024. This completion date was 120 days after Staff D's (HCA) date of hire.

Record Review of Staff D's (HCA) trainings showed Staff D (HCA) did not have the 70-hour Long Term Care training due on 08/22/2024 in accordance with Staff D's date of hire on 04/24/2024.

Record review of the schedules showed Staff D (HCA) working on the dates of 08/23/2024,08/24/2024, 08/25/2024, 08/27/2024, 08/31/2024, 09/01/2024, 09/03/2024, 09/04/2024, 09/07/2024, 09/08/2024, 09/14/2024, 09/15/2024, 09/18/2024, 09/21/2024, 09/22/2024, 09/28/2024, 09/29/2024,10/05/2024,10/06/2024,10/12/2024,10/13/2024,10/16/2024,10/19/2024 and 10/20/2024.

<Staff B>

In an interview on 10/30/2024 at 11:12 AM Staff A, Executive Director (ED), said the required trainings were complete for Staff B, Home Care Aide (HCA).

Review of Staff B, Home Care Aid (HCA), records showed a date of hire to the facility on 03/11/2024.

Review of Staff B's (HCA) trainings showed a completion date for Safety and Orientation training on 07/04/2024. The date of completion was one hundred and fifteen days after the date of hire. Review of Staff B's (HCA) records showed a completion date for the 70-hour basic training on 10/01/2024. Staff B's (HCA) 120-day timeline to complete the 70-hour basic training was on 07/09/2024. Staff B (HCA) completed the 70-hour basic training 84 days after the 120-day timeline of 07/09/2024.

Review of caregiver schedules showed Staff B, (HCA) scheduled to work on the following dates, void of the training requirements: 08/05/2024, 08/06/2024, 08/07/2024, 08/08/2024, 08/09/2024, 08/12/2024, 08/13/2024, 08/14/2024, 08/15/2024, 08/16/2024, 08/19/2024, 08/20/2024, 08/21/2024, 08/22/2024, 08/23/2024, 08/26/2024, 08/27/2024, 08/28/2024, 08/29/2024, 08/30/2024, 09/02/2024, 09/03/2024, 09/04/2024, 09/05/2024, 09/06/2024, 09/09/2024, 09/10/2024, 09/11/2024, 09/12/2024, 09/13/2024, 09/16/2024, 09/17/2024, 09/18/2024, 09/19/2024, 09/20/2024, 09/23/2024, 09/24/2024, 09/25/2024, 09/26/2024, 09/27/2024, 09/30/2024, 10/01/2024, 10/02/2024, 10/03/2024, 10/04/2024, 10/07/2024, 10/08/2024, 10/09/2024, 10/11/2024, 10/14/2024, 10/15/2024, 10/16/2024, 10/17/2024, 10/18/2024, 10/21/2024, 10/22/2024, 10/23/2024, 10/25/2024,10/28/2024, 10/30/2024 and 10/31/2024.

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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, The Ridge an Encore Community is or will be in compliance with this law and / or regulation on (Date) 12/3/24 .

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

Administrator (or Representative) — Date: 11/22/24

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 record review and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 6 sampled Staff (Staff B and Staff D) had an initial tuberculosis (a communicable disease, TB) skin test within three days of employment. This failure placed 46 of 46 residents, staff, and visitors at risk for TB infection.
Findings included...

<Staff B>

Record review of the employee list printed 10/30/2024, showed Staff B, Home Care Aide (HCA), was hired by the ALF on 03/11/2024. Staff B's personnel file showed no TB test was completed upon hire within 3 days of employment. Personnel file showed initial TB test was completed on 06/25/2024.

<Staff D>

Record review of the employee list printed 10/30/2024, showed Staff D, Home Care Aide (HCA), was hired by the ALF on 04/24/2024. Staff D's personnel file showed no TB test was completed upon hire within 3 days of employment. Personnel file showed initial TB test was completed on 06/01/2024.

<Staff A>

In an interview on 11/01/2024 at 1:00 pm, Staff A, Executive Director (ED), confirmed Staff B and D did not have a TB test completed within 3 days of being hired at the facility.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, The Ridge an Encore Community is or will be in compliance with this law and / or regulation on (Date) 12/8/24.

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

Administrator (or Representative) — Date: 11/22/24

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

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

WAC 388-78A-24641 Background checks Washington state name and date of birth background check. Unless the individual is eligible for an exception under WAC 388-113-0040 , if the results of the Washington state name and date of birth background check indicate the person has a disqualifying criminal conviction or a pending charge for a disqualifying crime under chapter 388-113 WAC, or a disqualifying negative action under WAC 388-78A-2470 , then the assisted living facility must:

(1) Not employ, directly or by contract, a caregiver, administrator, or staff person; and

(2) Not allow a volunteer or student to have unsupervised access to residents.

This requirement was not met as evidenced by:

Based on record reviews and interview, the Assisted Living Facility (ALF) failed to conduct a department Washington State name and date of birth background check for 1 of 6 sampled Staff (Staff F). This failure placed 46 of 46 residents at risk of having care and services provided by staff with a potentially disqualifying crime.

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Findings included...

Review of personnel records revealed Staff F, Medication Certified Nursing Registered/Medication Technician (NAR), was hired on 10/06/2015. An initial department name and date of birth background check was not completed until 10/26/2015, 20 days after Staff F was hired and started working. Thereafter, department name and date of birth background checks are to be completed every two years. Staff F was due to have a name and date of birth background check completed on 09/16/2023 and this was not completed until after the survey entrance date of 10/30/2024, over a year and one month overdue.

In an interview on 11/01/2024 at 1:00 pm, Staff A, Executive Director, confirmed that Washington State date of birth background check was not completed timely, prior to Staff F,(NAR) starting employment with the facility and thereafter every 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, The Ridge an Encore Community is, or will be in compliance with this law and / or regulation on (Date) 12/3/24 .

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

Administrator (or Representative) — Date: 11/22/24

We will begin having the required safety/orientation training (5 hours) in their new hire orientation that will take place prior to them providing care to residents.

All HCA training and requirements have been designated to one individual and will be overseen by the Executive Director. It is scheduled that they both meet weekly to discuss all students and progress.

The Health & Wellness Director will see to it that all employees start their TB testing prior to or on their first day of hire. This will be overseen by the Executive Director and marked off on a compliance spreadsheet that will be reviewed weekly.

First, Fingerprint, & renewal of background checks will be added to a compliance spreadsheet, overseen by the Executive Director and reviewed weekly.

Taylor Burns
Executive Director