



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

CHP Yelm-Rosemont WA Tenant Corp
Prestige Senior Living Rosemont
215 Killion Rd NW
Yelm, WA 98597

RE: Prestige Senior Living Rosemont License # 2236

Dear Administrator:

This letter addresses Compliance Determination(s) 46942 (Completion Date 09/10/2024) and 43890 (Completion Date 07/16/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/10/2024 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-2260-1, WAC 388-78A-3100-1, WAC 388-78A-3100-2, WAC 388-78A-2610-1, WAC 388-78A-2610-2-c, WAC 388-78A-2040-1, WAC 388-78A-2305-1, WAC 388-78A-2483-1, WAC 388-78A-2130-3, WAC 388-78A-2130-3-a, WAC 388-78A-2130-3-b

The Department staff who did the on-site verification:

Anissa Bearden, Licensors
Celeste Vashey, ALF LTC Licensors

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

DSHS RCS REG. 3
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RECEIVED

Statement of Deficiencies License #: 2236 Compliance Determination # 43890
Plan of Correction Prestige Senior Living Rosemont Completion Date
Page 1 of 18 Licensee: CHP Yelm-Rosemont WA Tenant Corp 07/16/2024

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 07/09/2024 and 07/16/2024 of:

Prestige Senior Living Rosemont
215 Killion Rd NW
Yelm, WA 98597

The following sample was selected for review during the unannounced on-site visit: 7 of 60 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anissa Bearden, Licensors
Celeste Vashey, ALF LTC Licensors

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Cory Cisneros
Residential Care Services

07/24/2024
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.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies

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Licensee: CHP Yelm-Rosemont WA Tenant Corp

07/16/2024



Administrator (or Representative)

~~08/02/2024~~ 08/08/2024
Date 

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(1) The assisted living facility must secure medications for residents who are not capable of safely storing their own medications.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure all medications were stored and locked in a secure manner for 3 of 3 sampled resident's (Resident 5[R5], Resident 6[R6], and Resident 2 [R2]) rooms. This failure placed 60 of 60 assisted living residents at risk to ingest non prescribed medications in error.

Findings included:

Record review of the facility's policy titled "Self Management of Medications and Treatments", effective date 11/2015, showed residents could choose to manage, store, and self-administer over the counter and prescription medications. The resident must agree to store prescription and over the counter medications in a designated area inaccessible to others.

R5

Record review of R5's facility provided document that was untitled, dated 04/08/2024, showed it was R5's negotiated service agreement. R5 had a diagnosis of [REDACTED]. The document showed staff were to assist R5 with the self-administration of all medications and treatments.

In an observation and interview on 07/11/2024 at 11:07 AM, on top of R5's microwave was a bottle of Excedrin extra strength relief (headache pain reliever). R5 said the medication belonged to one of their family members who visited often.

R6

Record review of R6's facility provided document that was untitled, dated 06/10/2024, showed it was R6's negotiated service agreement. The document showed staff were to assist R6 with the self administration of all medications and treatments.

Record review of R6's "Self Medication/Treatment Evaluation", dated 06/14/2024, showed R6 could demonstrate and take over the counter creams and topicals. R6 agreed to keep their apartment door locked at all times when not in the apartment or to keep medications in a locked drawer. The evaluation was completed by Staff B, Health Services Director.

In an observation and interview on 07/10/2024 at 10:27 AM, inside of R6's bedroom on their nightstand next to their bed they had a bottle of 500 milligram Tylenol and a bottle

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of 10 milligram melatonin. On R6's kitchen counter was a bottle of airborne original 10 effervescent. R6 said the facility staff provided them with their medication.

R2

Record review of R2's facility provided document that was untitled, dated 07/09/2024, showed it was R2's negotiated service agreement. The document showed staff were to assist R2 with the self-administration of all medications and treatments.

In an observation and interview on 07/10/2024 at 11:00 AM, inside of R2's bedroom near their bed was a box on the ground that had a bottle of ondansetron 4 milligram (medication that prevents nausea). R2 said the facility staff provided them with their medication.

In an interview on 07/11/2024 at 12:55 PM, Staff B, Health Service Director, stated R6 was assessed and cleared to self-administer and store topical barrier creams, and topical hemorrhoid creams. Staff B stated R6 was not to have any pills in their room. Staff B stated R2 was not assessed to administer medication or store medication in their room and did not have an order for the ondansetron.

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, Prestige Senior Living Rosemont is or will be in compliance with this law and / or regulation on

(Date) ~~09/06/2024~~ 08/30/2024 

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



Administrator (or Representative)

~~08/02/2024~~

Date 08/08/2024 

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

- (1) The residents' characteristics and needs;
- (2) The degree of hazardousness or toxicity posed by the supplies or equipment;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to secure potentially hazardous supplies for assisted living resident for 4 of 4 locations (laundry

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room, dining room, 1st floor hallway near charting room, and the beauty salon room). This failure placed 60 of 60 residents at risk for access to and risk of ingesting potentially toxic materials.

Findings included...

Record review of the facility's document titled, "Assisted Living Facility Resident Characteristic Roster and Sample Selection", undated showed there were 12 of 60 residents listed to have a diagnosis of [REDACTED].

In an observation on 07/09/2024 at 9:53 AM, the second-floor laundry room next to the model room number 211 showed on top of the washing machine was a container of a plus oxi clean arm and hammer (laundry detergent). The containers lid was off, and a liquid blue substance was inside. In an observation on 07/09/2024 at 10:47 AM, on the first floor next to the charting room sitting on the handrail leaned up against the wall, was a tub with a label that showed "Lysol bleach wipes" that were unsecured and left out.

In an observation on 07/09/2024 at 10:49 AM, on the first floor in the laundry room next to room 110, inside the white unlocked cabinet was a 90-fluid ounce white plastic jug labeled "lysol laundry sanitizer" that was unsecured.

During an onsite tour on 07/09/2024 at 10:08 AM, of the facility, Staff O, Community Relations Director, opened the unlocked door to the beauty shop. Inside the beauty salon showed under the sink in the unlocked cabinets was a green tall can that was labeled, "comet", there was a spray bottle that was labeled, "awesome cleaner with bleach", and a tall squirt bottle that was labeled, "quick shine multi-surface floor finish", and a white bottle with a label that showed, "ship-shape combo brush cleaner", all accessible and unsecured. On the wall to the right upon entering the beauty salon was a wall with over 20 nail polishes that were not locked up.

In an observation on 07/09/2024 at 1:51 PM, inside of the dining room on the bottom shelf of a red rolling cart showed a clear container without a label that had black handwritten letters of "nocs pine sol + h2O".

In an observation on 07/11/2024 at 9:55 AM, on the first floor next to the charting room sitting on the handrail leaning against the wall, was a tub with a label that showed "Lysol bleach wipes" that were unsecured and left out.

In an interview on 07/10/2024 at 2:08 PM, Staff M, Medication Technician, said chemicals inside of the facility were supposed to have a label with identifying information on them. Staff M said the label would be needed in case the product accidentally got in anyone's eyes. The label would inform how the individual should follow up. Staff M said chemicals were always supposed to be locked. Staff M said chemicals could be stored in housekeeping, laundry room, and the kitchen closets.

In an interview on 07/11/2024 at 8:55 AM, Staff L, Housekeeping, said chemicals inside of the facility were supposed to have a label with identifying information and be locked in cleaning closets or inside of the housekeeping carts.

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(Date) ~~09/06/2024~~ 08/30/2024 *QJ*

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

[Signature]

Administrator (or Representative)

~~08/02/2024~~ 08/08/2024 *QJ*

Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

This requirement was not met as evidenced by:

Based on observation, interview and record review the facility failed to provide necessary handwashing supplies for 4 of 4 of floors reviewed of the assisted living facility. This failure placed all 60 of 60 residents, staff, and visitors at risk for spread of infectious disease.

Findings included...

Record review of Center for Disease Control and Prevention's (CDC) fact sheet titled, "About Hand Hygiene at Work", dated 04/18/2024, showed hand hygiene was an easy, affordable, and effective way to prevent the spread of germs and keep employees health. Keeping hands clean within your workforce could help improve the health of your employees, workplace, and community. Good hand hygiene means regularly washing hands with soap and water at least 20 seconds, and then drying them. It could also mean using an alcohol-based hand sanitizer with at least 60% alcohol if soap and water were not readily available.

Record review of CDC's fact sheet titled, "Clinical Safety: Hand Hygiene for Healthcare Workers", dated 02/27/2024, showed hand hygiene protects both healthcare personnel and patients. Hand hygiene means cleaning your hands with handwashing with water and soap, antiseptic hand rub, or surgical hand antisepsis. Healthcare workers were recommended to wash their hands immediately before touching a patient, before moving from a soiled area to a clean area, after touching a patient or patient's surrounds, after any contact with body fluids, and immediately after glove removal. Healthcare workers were to wash with soap and water when hands were visibly soiled, before eating, after using the restroom, and during patient care with suspected or confirmed infection C difficile (a contagious bacterium that causes diarrhea/loose stools

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and other stomach issues) and norovirus (a contagious stomach virus that causes vomiting and diarrhea)

Record review of the facility's policy and procedure titled, "hand hygiene", dated 12/15/2021, showed "effective hand hygiene reduces the incidence of healthcare-associated infections. All members of the healthcare team will comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines." The recommended technique for washing hands with soap and water included wetting hands first with clean, running warm water, applying the soap, rubbing hands together vigorously for 20 seconds covering all surfaces of the hands and fingers, then rinsing hands with water and drying thoroughly with a disposable towel. The faucet should be turned off with the disposable paper towel. Hand hygiene with soap and water was indicated when hands were visibly soiled. Staff were to perform hand hygiene with soap and water before and after they assisted the resident with the toilet and after contact with a resident with infectious diarrhea.

In an observation and interview on 07/09/2024 at 9:49 AM, the first-floor laundry room next to room 125 had a typed hanging sign that read "Please put laundry supplies back in LOCKED cabinet after each use. Thank you!" Staff O, Community Relations Director, said the cabinet was for facility staff to use. Staff O said residents did not store their laundry supplies in the locked cabinet, and that they took their laundry supplies with them.

In an observation on 07/09/2024 at 10:49 AM, on the first floor in the laundry room next to room 110, the soap dispenser that was up on the wall did not have any soap inside. The Department attempted to have soap dispensed and the red light on the dispenser blinked red and no soap was dispensed.

In an observation and interview on 07/09/2024 at 11:01 AM, Staff G, Cook, confirmed the hand washing sink inside of the kitchen was located on the right side of the wall. The handwashing sink showed there were no paper towels available to use.

In an observation on 07/10/2024 at 10:17 AM, the first-floor laundry room showed there was no soap available to use at the hand washing sink.

In an observation on 07/11/2024 at 8:53 AM, the first-floor laundry room showed there was no soap available to use at the hand washing sink.

In an interview on 07/10/2024 at 2:08 PM, Staff N, Personal Care Attendant, said before they entered a resident's room, they performed hand hygiene or would use hand sanitizer. Staff N said they would perform hand hygiene in the facility laundry rooms or in the medication room. Staff N said if they needed to perform hand hygiene in a resident's room they would.

In an interview on 07/10/2024 at 2:08 PM, Staff M, Medication Technician, said they applied hand sanitizer before they entered a resident's room. Staff M said after every 5 residents they administered medications to they would perform hand hygiene using soap and water. Staff M said they performed hand hygiene at the nearest laundry room. Staff M said the facility had two laundry rooms on each floor that were stocked with soap and paper towels. Staff M said they tried to refrain from washing their hands in the resident rooms but if they provided care and needed to perform hand hygiene then they would.

In an interview on 07/10/2024 at 10:27 AM, Resident 6 said they supplied the hand soap they used inside of their room.

In an interview on 07/10/2024 at 11:00 AM, Resident 2 said they supplied the hand soap they used inside of their room.

In an interview on 07/10/2024 at 1:52 PM, Resident 7 said the facility did not provide hand soap for them to use so they supplied it for themselves.

In an interview on 07/11/2024 at 11:23 AM, Staff K, Personal Care Attendant, stated they washed their hands with the soap that was available in the residents' rooms that was the residents own supply. Staff K did not have any supply of hand sanitizer on them during the interview.

In an interview on 07/11/2024 at 12:22 PM, Resident 4 said they supplied the hand soap they used inside of their room.

In an interview on 07/11/2024 at 12:56 PM, Staff A, Executive Director, stated they would provide soap for the resident's rooms if the resident asked. Staff A stated the facility staff have personal hand sanitizer to perform hand hygiene after resident care. Staff A stated the staff would not be able to wash their hands with soap and water in resident's room unless they used resident purchased soap as they do not routinely stock the residents rooms with soap.

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(Date) ~~09/06/2024~~ 8/30/2024 

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



Administrator (or Representative)

~~08/02/2024~~ 08/08/24 

Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure fire extinguishers were serviced timely for 1 of 1 facility reviewed. This failure placed 60 of

60 residents, staff, and visitors life and safety at risk in the event of a fire.

Findings included...

"Code 906.2 General Requirements. 906.2 General requirements.

Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.

Exceptions:

1.The distance of travel to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies.

2.Thirty-day inspections shall not be required and maintenance shall be allowed to be once every 3 years for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met:

2.1.Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed.

2.2.Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal.

2.3.The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment.

2.4.Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed.

2.5.A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to verify that hydrostatic tests are conducted at the frequency required by NFPA 10.

3.In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations."

"International Fire Code 705.2 dated 2018

Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified."

Record review of the facility provided document titled, "In house inspection (sign extinguisher log)", undated, showed in-house staff were to conduct an inspection of the fire extinguisher's one a month. The staff member were to date the inspection when it was performed and the person's initials that they completed the inspection needed to be recorded. The records were to be kept on the tag or label that was attached to the fire extinguisher unit.

Record review of the facility provided document titled, "annual inspection outside contractor" undated, showed every 12 months an appointment was to be scheduled with a certified contractor to have the fire extinguishers certified.

In an observation on 07/09/2024 at 9:47 AM, the fire extinguisher on the first floor by the laundry room near room 126 had a tag that showed it was last serviced in May 2023. The last monthly check was completed on "05/24". There was no monthly check for June documented for review.

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In an observation on 07/09/2024 at 9:54 AM, the fire extinguisher on the second floor by the laundry room and room 224, the tag showed it was last serviced in May 2023.

In an observation on 07/09/2024 at 9:58 AM, the fire extinguisher on the second floor by the laundry room and room 210, had a tag that showed it was last serviced in May 2023.

In an observation on 07/09/2024 at 10:06 AM, the fire extinguisher on the second floor by the entry way to the elevator, had a tag that showed it was last serviced in May 2023.

In an observation on 07/09/2024 at 10:48 AM, the fire extinguisher on the first floor by the laundry room and room 110, had a tag that showed it was last serviced in May 2023.

In an observation on 07/09/2024 at 11:08 AM, inside of the kitchen next to the oven showed a K class fire extinguisher that was last serviced in May 2023.

In an observation on 07/09/2024 at 11:48 AM, inside of the kitchen next to Staff F's office showed a fire extinguisher that was last serviced in May 2023.

In an observation on 07/09/2024 at 1:51 PM, on the wall of the right-hand side of the dining room, the fire extinguisher had a tag that showed it was last serviced in May 2023.

In an observation and interview on 07/09/2024 at 1:53 PM, Staff ^E Maintenance Director, stated the facility fire extinguishers were to be serviced yearly. Staff ^E stated they were aware the fire extinguishers were needing to be serviced and was due in June 2024. Staff D stated they had an appointment and when asked for the date, Staff ^E stated the actual date of the appointment was not set. Staff ^E looked at the tag on the fire extinguisher that was on the wall by the back door of the right side of the dining room and verified that the fire extinguishers were due to be serviced in May 2023.

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(Date) ~~09/06/2024~~ 08/30/24 ^E

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


Administrator (or Representative)

~~08/02/2024~~ 08/18/2024 ^E
Date

This document was prepared by Residential Care Services for the Locator website.

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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to follow and implement safe food handling and storing practices for 1 of 1 kitchen reviewed. These failures placed 60 of 60 residents at risk for receiving food that was at risk for exposure to food-borne illnesses.

Findings included...

Washington Administrative Code (WAC) 246-215-03300 "Preventing contamination by employees—Preventing contamination from hands (FDA Food Code 3-301.11). (1) FOOD EMPLOYEES shall wash their hands as specified under WAC 246-215-02305.

WAC 246-215-02310 Hands and arms—When to wash (FDA Food Code 2-301.14). FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under WAC 246-215-02305 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and: (1) After touching bare human body parts other than clean hands and clean, exposed portions of arms; (4) Except as specified under WAC 246-215-02400(2), after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking; (5) After handling soiled EQUIPMENT or UTENSILS; (6) During FOOD preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; (7) When switching between working with raw FOOD and working with READY-TO-EAT FOOD; (8) Before donning gloves for working with READY-TO-EAT FOOD unless a glove change is not the result of contamination; and (9) After engaging in other activities that contaminate the hands or gloves."

WAC 246-215-03342 "Preventing contamination from equipment, utensils, and linens—Gloves, use limitation (FDA Food Code 3-304.15). (1) If used, SINGLE-USE gloves must be used for only one task such as working with READY-TO-EAT FOOD or with raw animal FOOD, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation."

WAC 246-215-03526 "Temperature and time control—Ready-to-eat, time/temperature control for safety food, date marking (FDA Food Code 3-501.17).

(1) Except when packaging food using a reduced oxygen packaging method as specified under WAC 246-215-03540, and except as specified in subsections (5) and (6) of this section, refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than twenty-four hours must be clearly marked to indicate the date or day by which the food must be consumed on the premises, sold, or discarded when held at a temperature of 41°F (5°C) or less for a maximum of seven days. The day of preparation must be counted as day one."

Record review of the facility's policy, titled, "Food Discard", revised 08/2023, showed food would be handled and stored to ensure their wholesomeness. Staple items would

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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to follow and implement safe food handling and storing practices for 1 of 1 kitchen reviewed. These failures placed 60 of 60 residents at risk for receiving food that was at risk for exposure to food-borne illnesses.

Findings included...

Washington Administrative Code (WAC) 246-215-03300 "Preventing contamination by employees—Preventing contamination from hands (FDA Food Code 3-301.11). (1) FOOD EMPLOYEES shall wash their hands as specified under WAC 246-215-02305.

WAC 246-215-02310 Hands and arms—When to wash (FDA Food Code 2-301.14). FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under WAC 246-215-02305 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and: (1) After touching bare human body parts other than clean hands and clean, exposed portions of arms; (4) Except as specified under WAC 246-215-02400(2), after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking; (5) After handling soiled EQUIPMENT or UTENSILS; (6) During FOOD preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; (7) When switching between working with raw FOOD and working with READY-TO-EAT FOOD; (8) Before donning gloves for working with READY-TO-EAT FOOD unless a glove change is not the result of contamination; and (9) After engaging in other activities that contaminate the hands or gloves."

WAC 246-215-03342 "Preventing contamination from equipment, utensils, and linens—Gloves, use limitation (FDA Food Code 3-304.15). (1) If used, SINGLE-USE gloves must be used for only one task such as working with READY-TO-EAT FOOD or with raw animal FOOD, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation."

WAC 246-215-03526 "Temperature and time control—Ready-to-eat, time/temperature control for safety food, date marking (FDA Food Code 3-501.17).

(1) Except when packaging food using a reduced oxygen packaging method as specified under WAC 246-215-03540, and except as specified in subsections (5) and (6) of this section, refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than twenty-four hours must be clearly marked to indicate the date or day by which the food must be consumed on the premises, sold, or discarded when held at a temperature of 41°F (5°C) or less for a maximum of seven days. The day of preparation must be counted as day one."

Record review of the facility's policy, titled, "Food Discard", revised 08/2023, showed food would be handled and stored to ensure their wholesomeness. Staple items would

be dated when opened and discarded per their use by date. A chart showed spices needed to be discard one year after they were received.

Record review of the facility's policy, titled, "Hand Hygiene", revised 12/15/2021, showed hand hygiene was the primary means of preventing the transmission of infection and should be performed after hands become contaminated and frequently during the workday. Staff were to wash their hands when coming onto duty, before and after handling food, after blowing or wiping their nose, after handling soiled utensils or equipment, and after removing gloves.

Labeling/Expired Foods

In an observation on 07/09/2024 at 11:10 AM, on a shelf inside the kitchen showed a sixteen ounce container of ground all spice that had a best by date of 11/18/2023, a container of clove with a best by date of 11/18/2023, a five ounce container of dill weed that had a best by date of 11/05/2023, and a twelve point five ounce container of ground ginger with a best by date of 10/27/2023.

In an interview on 07/09/2024 at 11:49 AM, Staff F, Dining Services Manager, said spices would expire after one to two years of them being opened. Staff F said spices did not have an expiration date but a best by date. Staff F said they could use spices after the best by date had passed. Staff F said the container of clove with the best by date of 11/18/2023 was okay to use.

In an interview on 07/10/2024 at 11:29 AM, Staff F said their facility policy was that spices needed to be discarded one year after they were opened.

Hand Hygiene

In an observation on 07/09/2024 at 11:14 AM, Staff K, Personal Care Attendant, was observed to be wearing a pair of disposable gloves. Staff K worked on preparing room trays for residents who opted into having their meal inside of their room. Staff K poured milk into a drinking glass, touched multiple plates of food to put saran wrap on them, and placed the plates on a rolling cart. At 11:20 AM Staff K lifted the trash can lid up to throw away the gloves they were wearing. Staff K had to touch the trash can lid with their bare hand to put the lid back on the trash can. Without performing hand hygiene Staff K then touched the rolling cart with prepared food on it. From 11:01 AM – 11:34 AM Staff K was not observed to perform hand hygiene or use hand sanitizer while inside of the kitchen.

In an observation on 07/09/2024 at 11:22 AM, Staff J, Dining Services Aide, re-entered the kitchen from the dining room. Staff J did not perform hand hygiene before they dropped off a ticket with a resident's lunch orders on it to Staff H, Cook. Staff J went to the refrigerator by the food line, touched the handle to open the refrigerator, and retrieved a container of milk. Staff J retrieved drinking glasses and poured the milk into the glasses. Staff J then put the container of milk back into the refrigerator. Staff J left the kitchen with the glasses of milk. Staff J was never observed during the observation to wash their hands with soap and water or hand sanitizer. Staff J returned to the kitchen at 11:24 AM. Staff J did not perform hand hygiene before they grabbed an empty plate on the food line, touched tongs to get a bread roll and place the bread on the plate. Staff J was not observed to wash their hands with soap and water or hand

sanitizer during the observation. Staff J left the kitchen with the bread. Staff J returned to the kitchen momentarily and did not perform hand hygiene. Staff J was observed to continue to go in and out of the kitchen without performing hand hygiene or using hand sanitizer from 11:01 AM – 11:34 AM.

In an observation on 07/09/2024 at 11:23 AM, Staff G, Cook, was observed to hold a pen with their bare hand. Staff G then grabbed a stack of empty bowls on the food line. Staff G wrapped a plate of ready to eat food with clear saran wrap. Staff G was not observed to wash their hands with soap and water or use hand sanitizer during the observation. Staff G left the kitchen with food on a food tray. Staff G returned to the kitchen, without performing hand hygiene and dropped off the food tray. Staff G verbally said they needed something from the refrigerator. Staff G left the area and went into the walk-in refrigerator. Staff G returned with a bowl of wrapped fruit. Staff G removed the saran wrap off of the bowl of fruit. Staff G was not observed to wash their hands with soap and water or use hand sanitizer during entire observation. Staff G left the kitchen at 11:33 AM with prepared food on a food tray. Staff G returned to the kitchen and did not perform hand hygiene. Staff G retrieved their pen and wrote an order on a piece of paper to give to Staff H. Staff G was observed to continue to go in and out of the kitchen without performing hand hygiene from 11:01 AM – 11:34 AM.

In an observation on 07/09/2024 at 11:01 AM, Staff H, Cook, was observed to have a pair of disposable gloves on. Staff H had been observed to start preparing a sandwich. Staff H temporarily stopped making the sandwich and retrieved a bottle of oil and squirted the oil onto the stove top. With the same gloves Staff H then went back to the sandwich and touched the white bread. Staff H touched a pair of tongs and put an uncooked burger patty and bun onto the stove top. Staff H then touched cheese with their gloved hand to put onto the burger patty. With their same gloved hand Staff H reached inside a bag of potato chips and put the chips onto a plate before giving it to another staff member to deliver to a resident. Staff H took the burger off the stove top and plated it. Staff H grabbed a utensil and started scraping the excess food off of the stove. With their gloved hand Staff H touched the top of the trashcan lid and made it ajar. Staff H used a napkin to wipe the crumbs off the cutting board when they had made the sandwich. Staff H brushed the crumbs into their gloved hand and threw it away. Staff H then went back to the stove top and used a napkin to wipe the excess oil off. After Staff H wiped the stove top the once white napkin turned yellow and brown. Staff H then touched a container of food on the food line and unwrapped the saran wrap that was on top of it. Staff H was observed to reach back inside of the bag of potato chips and plated the chips. Staff H had been observed to wipe their mouth with the back side of their same gloved hand from their wrist to their thumb knuckle. Staff H left the food line station and went into the back of the kitchen still wearing the same disposable gloves. Staff H then returned to the food line with a bag of burger buns. From 11:01 AM to 11:34 AM staff H had not been observed to perform hand hygiene or change their gloves while they performed the different tasks.

In an observation on 07/09/2024 at 11:30 AM, Staff I, Dining Services Aide, entered the kitchen and did not perform hand hygiene. Staff I went to the ice machine, with their bare hand they touched the handle of the ice scooper, and put ice into cups. Staff I left with the cups and then returned to the kitchen. Without performing hand hygiene Staff I put on a pair of gloves. Staff I touched a plate on the food line and their thumb touched the inside of the plate. Staff I had been observed to use a ladle to scoop soup into bowls. Staff I was observed to continue to go in and out of the kitchen without performing hand hygiene.

In an observation on 07/10/2024 at 11:50 AM, Staff I entered the kitchen and did not perform hand hygiene before they put on a pair of gloves. Staff I got bread out of a bag and put it into a toaster. Staff I left the area with the gloves still on and went into the walk-in refrigerator and returned with a container of tarter sauce. When Staff I returned, they were not wearing gloves. Staff I went back into the walk-in refrigerator and returned with a plate of food that they put on a tray to be served. Staff I told Staff P, Dining Service Aide, to stop doing the dirty dishes. Staff I informed Staff P that fish were to be served for dinner that night and they instructed Staff P to start putting tarter sauce in individualized plastic cups to prepare. Staff I instructed Staff P to change their gloves. Staff P stopped doing the dirty dishes, took off their gloves, touched their pants, did not perform hand hygiene before putting on another pair of gloves to start pre-packaging containers of tarter sauce. Staff I left the kitchen and when they returned at 11:56 AM, they had a tray they placed on top of the trash can. Staff I started to put dirty dishware into a bin. Staff I left the kitchen at 11:57 AM and re-entered momentarily. Staff I did not perform hand hygiene before going into the back of the kitchen. Staff I then returned and did not perform hand hygiene before they put on another pair of gloves before checking on Staff P.

In an observation on 07/10/2024 at 11:50 AM, Staff J, was inside of the kitchen and wore a pair of gloves as they plated food for resident's lunch. At 11:56 AM Staff J left their area and went to check on Staff P. When Staff J returned, they got a napkin and started to wipe down the kitchen counters. Staff J left to put a dish away near the dishwashing station. Staff J returned and started to replate residents' food.

In an interview on 07/10/2024 at 11:29 AM, Staff F said hand hygiene was to be performed upon entering the kitchen, when a staff member changed a task, and when a staff member entered another area within the kitchen. Staff F said staff members were to perform hand hygiene before they put on a pair of gloves. Staff F said gloves were supposed to be used for one task before they were discarded.

In an interview on 07/11/2024 at 1:41 PM, Staff A, Executive Director, said kitchen staff were supposed to perform hand hygiene when they started their shift and any time they changed a task.

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, Prestige Senior Living Rosemont is or will be in compliance with this law and / or regulation on

(Date) 09/06/2024 08/30/2024 RA

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

Statement of Deficiencies

License #: 2236

Compliance Determination # 43890

Plan of Correction

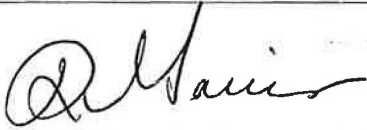
Prestige Senior Living Rosemont

Completion Date

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Licensee: CHP Yelm-Rosemont WA Tenant Corp

07/16/2024



Administrator (or Representative)

~~08/02/2024~~

Date

08/30/24



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:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to implement a system to ensure 1 of 4 sampled new staff members (Staff C) were screened for tuberculosis (TB, a communicable disease) with the required two set skin testing upon hire. This failure placed all 60 of 60 residents and staff at risk of TB infection.

Findings included...

Record review of the Centers for Disease Control and Prevention web site article titled, "TB Screening and Testing of Health Care Personnel", dated 08/30/2022, under the section, "baseline testing: Two-step testing", showed "if the Mantoux tuberculin skin test (TST) is used to test health care personnel upon hire (preplacement), two-step testing should be used. This is because some people with latent TB infection have a negative reaction when tested years after being infected. The first TST may stimulate or boost a reaction. Positive reactions to subsequent TSTs could be misinterpreted as a recent infection". The second TST test was to be administered one to three weeks after the first test.

Record review of a Dear Provider Letter, titled, "Reinstatement of tuberculosis testing requirements July 1, 2022," dated 05/17/2022 and amended on 05/26/2022, stated "Currently, tuberculosis (TB) testing requirements are suspended by the Department of Social and Health Services user WSR 22-07-004, which will expire July 1, 2022. To be prepared to meet the TB testing requirements on July 1, 2022, RCS (Residential Care Services) encourages all facilities and providers to immediately begin staff testing. This will allow time to meet the requirements once the emergency rules have expired and the permanent rules are reimplemented. The following rules will be reimplemented on July 1, 2022: For ALF (Assisted Living Facility) – WACs 388-78A-2484, -2480(1), and 2485(1)."

Record review of the facility's policy and procedures titled, "TB Testing", dated March 2021, showed all communities would comply with state regulations governing TB testing/screening requirements for residents and employees.

Record review of the facility provided document, titled, "employee roster", undated, showed Staff C, Personal Care Attendant, was hired at the facility on 05/23/2024.

Record review on 07/09/2024 of Staff C's employee file, showed there was no first or

This document was prepared by Residential Care Services for the Locator website.

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second step TB testing results for review.

In an interview on 07/09/2024 at 2:05 PM, Staff A, Executive Director, stated, Staff C's TB test was not completed upon hire. Staff A stated Staff B, Health Services Director, was unaware that Staff C was a rehire to the facility and required TB testing.

In an interview on 07/09/2024 at 1:41 PM, Staff A stated Staff B was responsible to ensure new staff receive the required TB testing upon 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, Prestige Senior Living Rosemont is or will be in compliance with this law and / or regulation on

(Date) 09/06/2024 08/30/2024 @JA

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



Administrator (or Representative)

08/02/2024

Date

08/08/2024
@JA

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement a temporary service plan when 1 of 7 sampled residents (Resident 7 [R7]) had a change in ability to preform their activities of daily living needs. This failure placed R7 at risk of unmet care needs.

Findings included...

Record review of the facility's Policy and Procedures, titled, "change of condition- short term health monitoring, service plan addendum", dated January 2021, showed "to ensure that each resident maintains the highest practicable physical, mental and psychosocial wellbeing by identifying changes of conditions. This Community will ensure that all pertinent changes of condition for the residents will be identified and communicated in an effective manner to all staff. The Executive Director, Health

This document was prepared by Residential Care Services for the Locator website.

Services Director, Expressions Director will be kept informed of all pertinent changes in the resident's condition." If a resident's condition required additional services to manage a short-term change in a condition, a service plan addendum (SPA) would be initiated to manage a condition not currently outlined in the cooperative service plan (facility's version of the negotiated service agreement). The SPA may be implemented by the medication technician's (under the direction of the health services management), health services director, resident services director, executive director, expressions director. The SPA would be reviewed and individualized instructions added as necessary by the health services director or designee. If the change in condition persists past 21 days and is unresolved, it would be added to the resident's cooperative service plan.

Record review of R7's face sheet, dated 07/10/2024, showed R7 moved into the facility on [REDACTED] /2014 with multiple medical diagnoses that included [REDACTED] and [REDACTED].

Record review of R7's document titled, "Washington Resident Health Assessment/Evaluation and Service Plan", dated 12/28/2023, showed at the time of the assessment R7's conditions were stable and predictable. Under the section titled, "toileting service plan", showed resident was able to manage toileting independently. Staff were to observe R7 for any indication that R7 was having difficulty toileting independently. Under the section titled, "bathing/shower service plan", showed R7 was able to manage bathing independently. Staff were to observe for any indication that resident was having difficulty bathing independently. Under the section titled, "transfer service plan", showed R7 was able to transfer self independently. Staff were to observe for any indication that resident was having difficulty transferring independently.

Record review of R7's document untitled, dated 07/09/2024 that was provided to the Department as the most updated R7's negotiated service agreement, showed R7 was able to manage all their toileting and bathing needs independently. R7 managed their own grooming needs independently.

Record review of R7's progress notes, dated 05/30/2024 at 12:13 PM, showed R7 had an incontinent episode and had to have their ted hose (tight socks that help with move blood and fluid in the legs) changed related to them being wet from urine. R7 reported to the personal care attendant that they couldn't make it to the bathroom. The personal care attendant assisted the resident to change their clothes.

Record review of R7's progress notes, dated 06/11/2024 at 6:37 AM, showed R7's ted hose had a strong smell of urine and required to be washed. R7 told the personal care attendant she continued to have "accidents". R7 told the personal care attendant that they would do anything to get rid of the fluids on their body to not have accidents.

Record review of R7's progress notes, dated 06/12/2024 at 9:32 AM, showed R7 had an incontinent (inability to hold urine properly) episode and their ted hose were soaked. The personal care attendant noted R7's groin, under breasts, and abdominal folds had some redness.

Record review of R7's progress notes, dated 06/14/2024 at 6:48 AM, showed R7 had incontinence. R7 urinated on their ted hose and required assistance.

Record review of R7's progress notes, dated 06/14/2024 at 7:25 AM, showed R7 called for assistance because every time they stood "it flows out". R7 asked the personal care attendant what could be done. Personal care attendant assisted R7 to wear briefs related to the incontinent episodes.

Record review of R7's progress notes, dated 06/16/2024 at 6:46 AM, showed R7 was complaining of pain in the groin area. R7 had residual toilet paper tissue in the groin area in between skin folds. Personal care attendant noted a strong smell when R7 was sitting on the toilet and assisting R7 with their ted hose.

Record review of R7's progress notes, dated 06/16/2024 at 8:15 AM, showed the personal care attendant asked R7 when the last time they took a shower and R7 told them "oh I don't know".

Record review of R7's progress notes, dated 06/17/2024, showed Staff A, Executive Director, met with R7. Staff A assisted R7 who refused to sit in the shower on the shower bench but would allow Staff A to assist with washing in the sink. Staff A educated R7 to use the shower chair to ensure that R7 gets washed to promote skin integrity.

Record review of R7's progress notes, dated 06/18/2024 at 1:33 PM, showed R7 had a hard time waking up to take lunch medications. R7 seemed more confused and tired.

Record review of R7's progress notes, dated 06/20/2024 at 5:56 PM, showed R7 required physical assistance with their shower and dressing for the night.

Record review of R7's progress notes, dated 06/30/2024 at 1:59 PM, showed R7 had to have their ted hose taken off as, R7 had an incontinent accident.

Record review of R7's progress notes, dated 05/30/2024 through 07/09/2024, showed there was no SPA initiated for the recent changes in R7's ability to perform their toileting and bathing independently.

In an interview on 07/11/2024 at 10:04 AM, Staff B, Health Service Director, stated R7 has had a change in ability to perform their own bathing, toileting, and at times requires more assistance with walking with care staff for safety.

In an interview on 07/11/2024 at 11:34 AM, Staff K, Personal Care Attendant, stated R7 required more hands on assistance with toileting and showers. Staff K stated they needed to escort R7 when they walked with their walker outside of their room for safety. Staff K stated R7 has needed this extra assistance with walking, bathing, and toileting for the last two weeks or more. Staff K stated R7 was having more troubles with being incontinent with urine.

In an interview on 07/11/2024 at 1:41 PM, Staff A and Staff B stated there was no SPA initiated for R7 with their recent changes in ability to complete toileting, transfers, and bathing needs to communicate with the care staff of the current care needs R7 required documented.

Statement of Deficiencies	License #: 2236	Compliance Determination # 43890
Plan of Correction	Prestige Senior Living Rosemont	Completion Date
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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, Prestige Senior Living Rosemont is or will be in compliance with this law and / or regulation on

(Date) ~~09/06/2024~~ 08/30/2024 *QJ*

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

QJ

 Administrator (or Representative)

~~08/02/2024~~
 Date 08/08/2024

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, Prestige Senior Living Rosemont 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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

07/24/2024

CHP Yelm-Rosemont WA Tenant Corp
Prestige Senior Living Rosemont
215 Killion Rd NW
Yelm, WA 98597

RE: Prestige Senior Living Rosemont # 2236

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 07/16/2024 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:

Cory Cisneros, Field Manager
Residential Care Services
Region 3, Unit E
800 NE 136th Ave Ste 200

Vancouver, WA 98684

- 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-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;
- (2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

After review of 2 of 7 sampled residents (Resident 7 and Resident 6), the facility failed to have a copy of the two residents signed Negotiated Service Agreements for the Department to review. The facility was able to provide a service change approval form that showed the responsible party agreed to the NSA that was signed by Staff B, Health Service Director. The responsible party's name was listed with their contact information. The service change approval form was dated after the NSA were implemented. The facility had the responsible party's for Resident 7 and Resident 6 sign the NSA's on 07/09/2024 that were not signed.

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.

The facility conducted a Washington state name and date of birth background check two days after it was required for Staff Q, Dining Service Aide. The facility had a system that showed Staff Q's two year background check was due on 09/22/2024 which was two years from the national fingerprint background check and not two years from the initial Washington state name and date of birth background check. Staff Q did not have any records on any background check that was completed.

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;

The facility failed to place Resident 4 on alert charting when they had physical redness and swelling to their eye. Staff B, Health Services Director, did document a few days after Resident 4 presented with the symptoms and that it was improving also a few days after that, when Resident 4's eye was healed. Staff B stated Resident 4 should have been on alert for the medication technicians to document on their eye.

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 (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

Prestige Senior Living Rosemont # 2236

07/16/2024

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Enclosure