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

Andrews Care Inc
Home is Where the Heart Is (2)
PO Box 1629
Veradale, WA 99037

RE: Home is Where the Heart Is (2) License # 2242

Dear Administrator:

This letter addresses Compliance Determination(s) 49292 (Completion Date 10/24/2024) and 46772 (Completion Date 09/05/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/24/2024 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-2120-2-b, WAC 388-78A-2120-3-a

The Department staff who did the on-site verification:
Brian Zbylski, ALF Licensor

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

Sincerely,

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

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

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 09/04/2024 and 09/05/2024 of:

Home is Where the Heart Is (2)
14805 E Mission Ave
Spokane Valley, WA 99216

The following sample was selected for review during the unannounced on-site visit: 5 of 26 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Carla Rose, NCI Community Licensor
Brian Zbylski, ALF 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.

Residential Care Services _____ 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) 9/14/24
Date

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

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

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

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure blood pressure and heart rates were monitored daily for 1 of 5 sampled residents (Resident 4). This failure placed the resident at risk of harm.

Review of Resident 4's face sheet showed the resident was admitted to the facility on [redacted]/2023 and had a diagnosis of [redacted].

Review of Resident 4's medical record showed a provider order, dated 09/06/2024, that instructed staff to check Resident 4's blood pressure and heart rate once daily, and to notify the provider if results were outside of specified parameters.

Review of Resident 4's Medication Administration Record (MAR) for August and September 2024, showed staff recorded Resident 4's blood pressure and heart rate one time each month.

In an interview on 09/05/2024 at 10:50 AM, Resident 4 stated they had a history of passing out and the cause was unknown. Resident 4 further stated that staff checked their blood pressure once or twice a month.

In an interview on 09/05/2024 at 11:15 AM, Staff D, Health Care Assistant (HCA), stated that the directions on Resident 4's MAR were to the check the resident's blood pressure and heart rate once a month.

In an interview on 09/05/2024 at 11:30 AM, Staff G, Manager, stated that they were

Administrator (or Representative) Date

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Review of Resident 4's Medication Administration Record (MAR) for August and September 2024, showed staff recorded Resident 4's blood pressure and heart rate one time each month.

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In an interview on 09/05/2024 at 11:30 AM, Staff G, Manager, stated that they were

responsible for sending new resident orders to the pharmacy to update the MAR. Staff G further stated that they did not verify that the directions for staff to monitor Resident 4's blood pressure and heart rate daily were updated on the MAR.

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, Home is Where the Heart is (2) is or will be in compliance with this law and / or regulation on (Date) 10/12/24.

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

Administrator (or Representative) — Date 9/14/24

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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, Home is Where the Heart Is (2) 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