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

Pioneer Street LLC
Ridgefield Living Center
104 Pioneer St
Ridgefield, WA 98642

RE: Ridgefield Living Center License # 2252

Dear Administrator:

This letter addresses Compliance Determination(s) 50739 (Completion Date 11/22/2024) and 48314 (Completion Date 10/10/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/22/2024 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-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2040, WAC 388-78A-2040-1, WAC 388-78A-2040-2, WAC 388-78A-2390, WAC 388-78A-2390-1, WAC 388-78A-2390-2

The Department staff who did the on-site verification:
Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley
For
Michael Burdick, Field Manager
Region 3, Unit I
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

Statement of Deficiencies	License #: 2252	Compliance Determination # 48314
Plan of Correction	Ridgefield Living Center	Completion Date
Page 1 of 6	Licensee: Pioneer Street LLC	10/10/2024

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 10/07/2024 and 10/09/2024 of:
Ridgefield Living Center
104 Pioneer St
Ridgefield, WA 98642

The following sample was selected for review during the unannounced on-site visit: 7 of 34 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Jason Rose

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
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.

Residential Care Services

10.10.2024
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.

Sophie Swindell
Administrator (or Representative)

10/15/2024
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 complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire and failed to have the second step completed for 1 of 3 sampled staff (Staff D) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced licensing visit on 10/07/2024 at 11:30 AM, the department received the requested staff records.

Staff D
Record review for Staff D, Floor Aide/Cook, showed Staff D was hired on 09/05/2023. Review of Staff D's TB records showed that Staff D had their first step TB test initiated on 01/05/2024. No documentation was found to show that Staff D's second step TB test was completed.

During an exit interview on 09/12/2024 at 11:00 AM, Staff A, Administrator, and Staff B, Assistant Administrator, acknowledged that the two step TB tests for Staff D was not completed per regulations.

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, Ridgefield Living Center is or will be in compliance with this law and / or regulation on (Date) 10/28/2024 .

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

Leslie Swindell — 10/15/2024

Administrator (or Representative) — 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.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure 1 of 6 observed fire extinguishers had been inspected monthly to verify they were operating adequately. This failure placed all residents at risk for injury and possible harm from defective or non-functioning extinguishers in the event of a fire in the facility.

Findings included...

State Fire Marshall regulation code IFC 906.2 2015,2018

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

During an unannounced licensing inspection on 10/07/2024 at 11:00 AM, the fire extinguishers were observed both upstairs and downstairs, each with inspection tags. All inspection tags documented that the fire extinguishers were serviced in November of 2023. One of the six fire extinguishers, observed in the upstairs dining room, showed that it had been inspected 11/18/2023, 12/28/2023, 01/29/2024, 02/28/2024, 03/18/2024, and 04/24. No documentation was found on this fire extinguisher showing that it had been inspected during the months of May, June, July, August, and September of 2024.

During an exit interview, on 10/09/2024 at 11:00 AM, Staff A, Administrator, and Staff B, Assistant Administrator, acknowledged that there was no documentation on one of the

fire extinguishers showing that they had been inspected monthly per regulations.

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, Ridgefield Living Center is or will be in compliance with this law and / or regulation on (Date) 10/15/2024.

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

Sophia Swindell — Administrator (or Representative)

10/15/2024 — Date

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident; and

(2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 4 of 7 sampled residents (Resident 1, 2, 5, and 6). This failure placed these residents at risk for proper care needs being unmet.

Findings included...

Resident 1 (R1)
During an unannounced full inspection on 10/08/2024 at 9:05 AM, R1's records showed that R1 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R1's Negotiated Service Agreement (NSA), dated 06/29/2024, documented that R1 had Noninsulin dependent diabetes (NIDDM) and was receiving a diabetic diet.

Record review of the facilities resident characteristic roster showed no documentation that R1 was a diabetic or that R1 was receiving a specialized diet.

Resident 2 (R2)
On 10/08/2024 at 9:05 AM, R2's records showed that R2 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R2's NSA, dated 07/22/2024, documented that R2 had NIDDM and was receiving a diabetic diet.

Record review of the facilities resident characteristic roster showed no documentation that R2 was a diabetic or that R2 was receiving a specialized diet.

Resident 5 (R5)
On 10/08/2024 at 11:05 AM, R5's records showed that R5 admitted to the facility on [redacted]/2019 with various diagnoses including [redacted] ([redacted]).

Record review of R5's NSA dated, 08/24/2024, showed documentation that R5 has dementia and is a smoker.

Review of the facility's resident characteristics roster showed no documentation that R5 has dementia or that R5 is a smoker.

Resident 6 (R6)
On 10/08/2024 at 11:10 AM, R6's records showed that R6 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R6's NSA, dated 08/28/2024, documented that R6 had NIDDM and was receiving a diabetic diet.

Record review of the facilities resident characteristic roster showed no documentation that R6 was a diabetic or that R6 was receiving a specialized diet.

During an exit interview on 10/09/2024 at 11:00 AM, Staff A, Administrator, and Staff B, Assistant Administrator, acknowledged the department's findings for R1, R2, R5, and R6.

Plan/Attestation Statement

Statement of Deficiencies Plan of Correction Page 6 of 6	License #: 2252 Ridgefield Living Center Licensee: Pioneer Street LLC	Compliance Determination # 48314 Completion Date 10/10/2024

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, Ridgefield Living Center is or will be in compliance with this law and / or regulation on (Date) 10/15/2024

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

Leslie Swindell

Administrator (or Representative)

10/15/2024

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

10/10/2024

Pioneer Street LLC
Ridgefield Living Center
104 Pioneer St
Ridgefield, WA 98642

RE: Ridgefield Living Center # 2252

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 10/10/2024 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:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit I
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-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

(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.

(4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

(5) Involve the following persons in the process of developing and updating a negotiated service agreement:

(a) The resident;

(b) The resident's representative to the extent he or she is willing and capable, if the resident has one;

(c) Other individuals the resident wants included;

(d) The department's case manager, if the resident is a recipient of medicaid assistance, or any private case manager, if available; and

(e) Staff designated by the assisted living facility.

(6) Ensure:

(a) Individuals participating in developing the resident's negotiated service agreement:

(i) Discuss the resident's assessed needs, capabilities, and preferences; and

(ii) Negotiate and agree upon the care and services to be provided to support the resident; and

(b) Staff persons document in the resident's record the agreed upon plan for services.

Facility had completed initial care plans but failed to include the date it was completed on and a signature from the resident/representative. Staff A, Administrator, explained that they were not aware that they needed a signature on the initial care plan but that on admission, they go over the initial care plan with the resident/representative. Staff A acknowledged the importance of showing that the resident/representative was involved in the service agreement planning and the date it was completed on. Staff A verbalized a plan moving forward.

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 (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

Enclosure