STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

05/24/2024

RSL La Conner, LLC
La Conner Retirement Inn
PO Box 1087
La Conner, WA 98257

RE: La Conner Retirement Inn License # 2254

Dear Administrator:

This letter addresses Compliance Determination(s) 41375 (Completion Date 05/15/2024) and 36936 (Completion Date 02/29/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/15/2024 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-2305-1, WAC 246-215-06505-1, WAC 388-78A-2600-2-n, WAC 388-78A-2305-1, WAC 246-215-03351-1-b, WAC 388-78A-2450-2-h-iii

The Department staff who did the on-site verification:
Karen Glover, Complaint Investigator

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: La Conner Retirement Inn
Provider Type: Assisted Living Facility

License/Cert.#: 2254
Intake ID: 117312
Compliance Determination #: 36936
Region/Unit #: RCS Region 2 / Unit A
Investigator: Karen Glover
Investigation Date(s): 02/22/2024 through 02/29/2024
Complainant Contact Date(s): 02/21/2024

Allegation(s):

1) The Activity Director was removing residents off the bus trip list since they were too much to deal with.
2) The Activity Director was gossiping to residents regarding other residents.
3) The Activity Director had carried their dog through the dining and kitchen areas while food is being prepared and they had placed dog on top of tables in activities room.
4) The bus driver brought their dog on the bus when going out on facility functions. Dog has been reported to be aggressive at times.
5) The kitchen staff neglect to wear facial guards, hair nets, and not wearing gloves when working with food.
6) The residents are having to use the microwave to reheat their own food.
7) The kitchen staff became upset when food was returned for being undercooked.
8) The residents are being denied alternative food choices.

Investigation Methods:

Sample:
Total residents: 34
Resident sample size: 5
Closed records sample size: 0

Observations:
Residents
Activities
Dining
Staff to resident interactions
Resident to resident interactions
Kitchen
Food preparation

Interviews:
Executive Director, interim Dining Room Director, Medication Technician, bus driver, Life Enrichment Director, Regional Director of Environmental Services, residents, kitchen staff, Business Office Manager, and families.

Record Reviews:
Facility policies
Personnel files
Staff training records
Negotiated Service Agreements

Maintenance logs
Work Order Estimates

Investigation Summary:

1) Interviews with sample residents, identified no concerns regarding access to bus outings. Interview with activity staff revealed that access was denied to a resident because the width of their wheelchair was too wide to fit on the bus and denied any residents were being taken off the bus for being too much to deal with. Record review of sign up sheet for bus outings, showed resident names had been crossed out when resident changed their minds. No failed practice was identified.
2) Interview with sample residents stated no concerns about the mentioned gossip. No failed practice identified.
3) Facility staff was observed holding a dog while visiting with residents in dining room prior to meals being served. Facility staff denied having the dog in the kitchen. Interview with sample residents stated no concerns regarding the dog in the dining room while eating. No failed practice was identified.
4) Staff interviews confirmed the bus driver does bring their dog on the bus. Staff and residents deny seeing any aggression from the dog. No failed practice was identified.
5) The kitchen staff was observed not wearing gloves, hairnet on heads or facial hair net covering. The facility was cited for noncompliance
with WAC 388-78A-2600 Policies and Procedures.
6) Residents stated that they had no concerns regarding meals being undercooked and having to use the microwave to warm up cold food. Temperature logs were reviewed and found incomplete. Facility cited. WAC 388-78A-2600 Policies and Procedures.
7) Kitchen staff and sampled residents, stated that undercooked food has not been an issue. Staff explained all undercooked food is brought back to the kitchen and thrown away and a new meal is prepared. No failed practice was identified.
8) Residents stated that they had no issues or problems regarding their choice of alternative food for meals. Kitchen staff explained that the alternative meal choice was located on the back of the menu. Staff was able to explain alternatives food choices for the meal. No failed practice was identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 2254	Compliance Determination # 36936
Plan of Correction	La Conner Retirement Inn	Completion Date
Page 1 of 7	Licensee: RSL La Conner, LLC	02/29/2024

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 an unannounced on-site complaint investigation on 02/22/2024 and 02/22/2024 of:

La Conner Retirement Inn
204 N 1st St
La Conner, WA 98257

This document references the following complaint number(s): 117312

The following sample was selected for review during the unannounced on-site visit: 5 of 34 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Karen Glover, Complaint Investigator
Roger Harrington, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley — Residential Care Services

03/13/2024 — 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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 an unannounced on-site complaint investigation on 02/22/2024 and 02/22/2024 of:

La Conner Retirement Inn
204 N 1st St
La Conner, WA 98257

This document references the following complaint number(s): 117312

The following sample was selected for review during the unannounced on-site visit: 5 of 34 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Karen Glover, Complaint Investigator
Roger Harrington, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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) Date

WAC 246-215-06505 Methods Cleaning, frequency and restrictions (FDA Food Code 6-501.12).

(1) physical facilities must be cleaned as often as necessary to keep them clean.

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 observations, interviews, and record reviews, the Assisted Living Facility (ALF) failed to maintain a clean kitchen. This failure resulted in an unsanitary kitchen and placed all residents at risk of a food borne illness.

Findings included…

The ALF's policy, "Cleaning Frequency Policy" dated 04/16/2020, showed it is the responsibility of the Dining Services Director (DSD) to keep the dining room and kitchen neat, clean, and sanitary A Food Service Sanitation Audit should be completed at least quarterly by the DSD. The audit may be completed more often if needed. Substandard conditions should be noted in the comments section of this form. A plan of correction should be developed for each substandard condition. Cleaning scheduled may need to be altered to improve and alleviate substandard findings.
Cleaning frequency for equipment and areas in the kitchen shall follow the listed schedule:
1. Floor drains-weekly
2. Storeroom-weekly
3. Vents-monthly
4. Mop room-daily
5. Food storage bins-monthly
6. Can Opener-daily
7. Blender-after each use
8. Slicer-after each use
9. Mixer-after each use
10. Ovens-weekly
11. Toaster-daily
12. Coffee Urn-daily
13. Fire extinguishers-weekly
14. Ice machine-monthly

On 02/22/2024 at 7:30 AM the kitchen floor was observed to have food wrappers, and food debris accumulated in the corners of the kitchen floor, under carts, under the steam

tables and stove area. Spilled coffee grounds on the floor. The shelves under the steam table and prep table were dirty with food debris and had not been wiped down. The exit door from the kitchen to the dining room was dirty. There was an apple on the floor between two refrigerators. The temperature logbook cover was sticky and dirty. The door handle to the walk-in refrigerator was grimy and sticky to the touch. The front of the microwave was dirty, and the handle was covered with a sticky substance. Dead flies were on the pantry floor.

The "Daily Cook Cleaning Checklist" dated for the week of 01/28/2024 showed that no cleaning had been documented for lunch and dinner on Wednesday 01/31/2024, and all-day Thursday 02/01/2024, or for dinner on 02/03/2024. Review of the "Weekly Server Cleaning Checklist" was undated and only completed on Friday and Saturday. There was no evidence of kitchen cleaning documentation since the week of 01/28/2024, 25 days.

On 02/22/2024 at 7:45 AM, Staff H, Cook, stated that cleaning is a group effort, and it takes a little bit of everybody.

On 02/22/2024 at 8:10 AM, Staff C, Interim Dining Services Director stated, "the kitchen was a wreck and training was lacking". Staff C stated, that when it comes to cleaning, they all pitch in to clean, but cannot provide documentation of current cleaning checklist.

Review of the Department of Social and Health Services' (DSHS) Secure Tracking and Reporting System (STARS) showed that on 01/25/2023, the ALF received an initial citation for this regulation. The ALF signed an attestation statement that showed the ALF would have a system in place and the deficiency corrected by 03/11/2023. On 03/23/2023, the ALF received an uncorrected citation for this regulation. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 05/07/2023.

This was a recurring deficiency previously cited on 01/25/2023 and 03/23/2023.

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, La Conner Retirement Inn is or will be in compliance with this law and / or regulation on (Date) 04/13/24.

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

Administrator (or Representative) 03/14/2024 Date

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(n) Related to food services consistent with chapter 246-215 WAC and WAC 388-78A-2300 ;

This requirement was not met as evidenced by:

Based on observations, interviews, and record reviews, the Assisted Living Facility (ALF) failed to implement their policies and procedures regarding daily food temperatures, and equipment temperatures in 1 of 1 kitchen (Main kitchen). This failure placed all residents at risk of a food borne illness from lack of adequate training.

Findings included…

The ALF's "Equipment Temperature Policy" dated 03/02/2023 showed the Dining Services Director, or designee, is responsible for ensuring that all equipment is maintained and in good working order. All kitchen equipment will be checked, and temperatures recorded. Reading and recording the temperature of the community refrigerators and freezers shall be completed twice daily to ensure proper food safety and storage. Temperatures should be read from the thermometers that are placed inside of each piece of equipment to ensure an accurate temperature reading. Temperatures are to be recorded on the Equipment Temperature Log. Temperature logs are to be kept and available in the binder for at least six months.

The ALF's "Daily Food Temperature Policy" dated 12/19/2018 showed temperatures of foods served to residents will be maintained according to state guidelines. Food temperatures will be documented daily as part of the Quality Assurance program. In order to provide quality food service to our residents, the temperature of foods served to the residents shall be maintained according to state guidelines. At all times, cold foods will be kept at temperatures that are 40°F (4.4°C) and below. While serving, hot foods will be kept at a temperature that is 141 °F (60.6°C) and above. Documentation of serving temperatures would be maintained through use of the Daily Food Temperature log. Temperatures will be measured at breakfast, lunch, and dinner. See the Daily Food Temperature Log for specific instructions. Daily Food Temperature Logs will be maintained for a rolling period of thirty days. Thermometers will be calibrated as necessary to maintain accurate readings.

Review of the Temperature Logs maintained in the kitchen for daily food temperature checks showed no entries had been documented since 02/09/2024, 13 days. A temperature log for the recording of the twice daily temperature checks for the freezers had not been done since the end of January, 22 days.

On 02/22/2024 at 7:40 AM, a Temperature Log form was observed hanging on the door to the walk-in cooler. No temperature entries had been made since 02/17/2024, for 5 days.

Statement of Deficiencies	License #: 2254	Compliance Determination # 36936
Plan of Correction	La Conner Retirement Inn	Completion Date
Page 5 of 7	Licensee: RSL La Conner, LLC	02/29/2024

On 02/22/2024 at 8:10 AM, Staff C, stated that even though food temperatures have not been documented, they have been done.

On 02/22/2024 at 8:39 AM, Staff H, stated that they knew food temperatures needed to be taken and they had been writing them down, but had no place to document them. Staff H was unable to provide any notes of documented food temperatures.

This is a recurring deficiency previously cited on 08/01/2023.

Plan/Attestation Statement

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

Administrator (or Representative) 03/14/24 Date

WAC 246-215-03351 Preventing contamination from the premises Food storage (FDA Food Code 3-305.11).

(1) Except as specified in subsections (2) and (3) of this section, food must be protected from contamination by storing the food:

(b) Where it is not exposed to splash, dust, or other contamination; and

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 and interview the Assisted Living Facility (ALF) failed to ensure 2 of 2 open bags of dried product were covered to prevent potential contamination. This failure placed all residents at risk for receiving contaminated food.

Findings included...

On 02/22/2024 at 7:30 AM, the kitchen pantry was observed to have an open bin, holding a large bag of oatmeal and a large bag of cornmeal. Both bags were open, and the bin was

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Administrator (or Representative) Date

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Findings included...

On 02/22/2024 at 7:30 AM, the kitchen pantry was observed to have an open bin, holding a large bag of oatmeal and a large bag of cornmeal. Both bags were open, and the bin was

not properly covered.

On 02/22/2024 at 7:40 AM, Staff C, Interim Dining Services Director stated that the bags should be closed, and the lid placed over the top. Staff C stated that they just made oatmeal for breakfast.

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Administrator (or Representative) 04/13/24 Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties, including:

(iii) Specific duties and responsibilities;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to train 3 of 4 kitchen staff (Staff H, I and O). This failure resulted in the kitchen being unclean and unsanitary and placed all residents at risk for food-borne illnesses.

Findings included...

Review of the ALF's "Food Services Policies" dated 02/08/2012 showed that both the Administrator and the Dining Services Director (DSD) shall know and be able to explain and/or demonstrate the procedures listed in the Food Service Policies. The Administrator should use the policies as a guide to orient and/or train the DSD. Likewise, the DSD shall use the policies to orient and train other department staff on how to properly carry out their duties. The policies include training material that covers the following subjects:

1. Menus
2. Receiving and storing food, supplies and equipment
3. The safe handling of food
4. Preparing and serving food
5. Hygiene and personal work habits
6. Keeping it clean

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On 02/22/2024 at 7:40 AM, Staff C, Interim Dining Services Director stated that the bags should be closed, and the lid placed over the top. Staff C stated that they just made oatmeal for breakfast.

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1. Menus
2. Receiving and storing food, supplies and equipment
3. The safe handling of food
4. Preparing and serving food
5. Hygiene and personal work habits
6. Keeping it clean

7. Safety in the kitchen
8. Customer Service
9. Emergency menu and planning for emergencies

On 02/22/2024 at 8:10 AM, Staff C, stated that training is lacking, and the training has been "on the go".

On 02/22/2024 at 8:55 AM, Staff A, Executive Director, stated that there was kitchen staff training, general orientation, onboarding, and Staff G, Business Office Manager, manages the employee files, which includes orientation, position specific training.

On 02/22/2024 at 9:30 AM, Staff A stated that new employees are to complete a job specific training list when being trained, as well as being shadowed by a trainer.

On 02/22/2024 at 9:33 AM, Staff G stated that Staff H, Cook was hired on 02/12/2024 and no cook training checklist was found. Staff I's hire date was 10/05/2023 and no cook training checklist was found. Staff O's hire date was 10/24/2023 and no cook training checklist was found. Staff G stated that they go through employee files monthly to check for missing documentation.

Plan/Attestation Statement

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Administrator (or Representative) 3/14/24 Date

7. Safety in the kitchen
8. Customer Service
9. Emergency menu and planning for emergencies

On 02/22/2024 at 8:10 AM, Staff C, stated that training is lacking, and the training has been “on the go”.

On 02/22/2024 at 8:55 AM, Staff A, Executive Director, stated that there was kitchen staff training, general orientation, onboarding, and Staff G, Business Office Manager, manages the employee files, which includes orientation, position specific training.

On 02/22/2024 at 9:30 AM, Staff A stated that new employees are to complete a job specific training list when being trained, as well as being shadowed by a trainer.

On 02/22/2024 at 9:33 AM, Staff G stated that Staff H, Cook was hired on 02/12/2024 and no cook training checklist was found. Staff I’s hire date was 10/05/2023 and no cook training checklist was found. Staff O’s hire date was 10/24/2023 and no cook training checklist was found. Staff G stated that they go through employee files monthly to check for missing documentation.

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