STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Amber Waves ALF LLC

Amber Waves ALF LLC
PO Box 368
Waterville, WA 98858

RE: Amber Waves ALF LLC License # 2324

Dear Administrator:

This letter addresses Compliance Determination(s) 49258 (Completion Date 11/07/2024) and 45704 (Completion Date 08/29/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/07/2024 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-2100-2-b-i, WAC 388-78A-2100-2-b-ii, WAC 388-78A-2100-2-b-iii, WAC 388-78A-2100-2-b, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-b, WAC 388-78A-2140-1-e, WAC 388-78A-2140-2-a, WAC 388-78A-2140-4, WAC 388-78A-2140-5, WAC 388-78A-2140-7, WAC 388-78A-2600-1, WAC 388-78A-2600-1-a, WAC 388-78A-2600-1-b, WAC 388-78A-2600-1-c, WAC 388-78A-2600-1-d

The Department staff who did the on-site verification:
Nicole Velazquez, Community Complaint Investigator

If you have any questions, please contact me at (509)323-7315.

Sincerely,

J Salquist

Jessica Salquist, Field Manager
Region 1, Unit Z
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2324	Compliance Determination # 45704
Plan of Correction	Amber Waves ALF LLC	Completion Date
Page 1 of 7	Licensee: Amber Waves ALF LLC	08/29/2024

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 follow-up on 08/15/2024 and 08/15/2024 of:
Amber Waves ALF LLC
302 East Ash Street
Waterville, WA 98858

This document references the following SOD dated: 08/29/2024

The following sample was selected for review during the unannounced on-site visit: 3 of 14 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Nicole Velazquez, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit Z
1200 Alder Street
Union Gap, WA 98903

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.

Stephanie Jones — Residential Care Services

09/11/2024 — Date

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

Administrator (or Representative) 9-19-24 Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues,

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferances;

(iii) When the resident has an injury requiring the intervention of a practitioner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to identify, evaluate and take appropriate action to complete an assessment for 2 of 3 residents (Resident 1 and 2) who had a change in condition or required the intervention of a medical practitioner. This failure placed the residents at risk for unevaluated, unmet, and unmonitored needs.

Findings included...

Resident 1

Review of Resident 1's face sheet showed that they were admitted to the facility on [redacted]/2023 with diagnoses of [redacted] and [redacted].

Review of Resident 1's Negotiated Service Agreement (NSA), dated [redacted]/2023, showed that the resident was independent using a walker and had a urinary catheter (tube inserted into the bladder to allow urine to drain).

Review of Resident 1's Progress Notes showed:

- On 04/16/2024 at 12:28 PM, a home health nurse removed the resident's urinary catheter.

Administrator (or Representative) Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

(iii) When the resident has an injury requiring the intervention of a practitioner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to identify, evaluate and take appropriate action to complete an assessment for 2 of 3 residents (Resident 1 and 2) who had a change in condition or required the intervention of a medical practitioner. This failure placed the residents at risk for unevaluated, unmet, and unmonitored needs.

Findings included…

Resident 1

Review of Resident 1's face sheet showed that they were admitted to the facility on [redacted] 2023 with diagnoses of [redacted] and [redacted].

Review of Resident 1's Negotiated Service Agreement (NSA), dated [redacted]/2023, showed that the resident was independent using a walker and had a urinary catheter (tube inserted into the bladder to allow urine to drain).

Review of Resident 1's Progress Notes showed:

- On 04/16/2024 at 12:28 PM, a home health nurse removed the resident's urinary catheter.

- On 05/12/2024 at 9:50 AM, the resident had a fall in the ALF. The resident was conscious but not talking, and the resident was transferred to the hospital for further evaluation.

Resident 1's assessment, dated 12/07/2023, showed that the assessment was not updated after the resident had a fall with and injury requiring a hospital visit, on 05/12/2024. The assessment did not reflect that the resident had their catheter removed on 04/16/2024.

Resident 2

Review of Resident 2's face sheet showed that the resident was admitted to the facility on [redacted]/2022 with diagnoses of [redacted] and [redacted].

Review of Resident 2's Progress Notes showed:

- A note dated 03/27/2024 at 1:00 PM showed that the resident had a fall and had been taken to the hospital.

- A note dated 03/28/2024 at 4:34 AM showed that the resident returned to the ALF at 10:30 PM the night prior, following the fall and they had broken their collar bone and two ribs.

Review of Resident 2's medical record showed a nursing assessment, dated 12/17/2021. Further review showed no current annual assessment in the record or updated assessment following Resident 2's fall with fractures on 03/28/2024.

In an interview on 08/15/2024 at 10:15 AM, Staff A, Administrator stated that there were no new assessments for Resident 1 or Resident 2.

This is an uncorrected deficiency previously cited on 06/18/2024 and a recurring deficiency previously cited on 03/28/2023 for subsections (2)(b).

Plan/Attestation Statement

Statement of Deficiencies	License #: 2324	Compliance Determination # 45704
Plan of Correction	Amber Waves ALF LLC	Completion Date
Page 4 of 7	Licensee: Amber Waves ALF LLC	09/29/2024

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date) 10-27-24. 10/13/2024

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

Administrator (or Representative) 9-26-24 Date

Per facility Administrator, June Skinner, via phone on 09/26/2024, the BIC date has been changed to 10/13/2024. ME

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure

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, Amber Waves ALF LLC 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

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure

negotiated service agreements documented defined roles and responsibilities for care staff to address identified risks and care needs for 2 of 3 residents (Resident 1 and 3). This failure placed residents at risk of unmet care needs and services.

Findings included…

Resident 1

Review of Resident 1's face sheet showed that the resident was admitted to the facility on [redacted]/2024 with diagnoses of [redacted], and [redacted].

Review of Resident 1's Home and Community assessment, dated 03/05/2024, showed the resident was diagnosed with [redacted] and [redacted], the facility had an evacuation plan in place, and the resident required supervision and wasn't aware of consequences moving in and about the facility without supervision or help.

Review of Resident 1's Negotiated Service Agreement (NSA), dated12/12/2023, failed to show:

-The facility staff roles and responsibilities for diabetes management, what to monitor for, and interventions for high or low blood sugar symptoms.

-staff instruction on how to assist the resident for evacuation in case of an emergency, and it did not address their ability to leave the ALF unsupervised.

Resident 3

Review of Resident 3's face sheet showed that the resident was admitted to the facility on [redacted]/2024 with diagnoses of [redacted] and [redacted].

Review of Resident 3's Home and Community assessment, dated 01/08/2024, showed diagnoses of [redacted], and [redacted]. The assessment showed that Resident 3 took medications for pain. The assessment showed the resident had barriers to activities of daily living including general weakness, poor balance, and unsteady gait (walk).

Review of Resident 3's NSA, dated 05/01/2024, failed to show:

-Direction for staff on how to assist with pain management and prevention.

-Roles and responsibilities of staff for safety risk and fall management.

-Staff instruction on how to assist the resident for evacuation in case of an emergency, and it did not address their ability to leave the ALF unsupervised

In an interview on 08/15/2024 at 10:15 AM, Staff A, Administrator stated they had been working on updating care plans. Staff A stated that Resident 1 was unable to leave the facility unsupervised and was dependent on staff for evacuation in the case of an emergency. Staff A stated that Resident 3 had a history of falls, required supervision with evacuation in the case of an emergency, and was able to leave the facility unsupervised with their spouse.

This is an uncorrected deficiency cited on 06/18/2024 for subsections (1)(a)(ii)(iii)(b)(2)(a)(7) and a recurring deficiency previously cited on 03/29/2023 for subsections (1)(a)(ii)(iii)(b) and 09/23/2022 for subsections (1)(a)(ii)(b)(2)(a).

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date) ~~10-27-24~~ 10/13/2024

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

Administrator (or Representative) 9-19-24 Date

Per facility Administrator, June Skinner via phone on 09/26/2024 the BIC date has been changed to 10/13/2024. ME

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(a) Maintain or enhance the quality of life for residents including resident decision-making rights;

(b) Provide the necessary care and services for residents, including those with special needs;

(c) Safely operate the assisted living facility; and

(d) Operate in compliance with state and federal law, including, but not limited to, chapters 7.70, 11.88, 11.92, 11.94, 69.41, 70.122, 70.129, and 74.34 RCW, and any rules promulgated under these statutes.

-Roles and responsibilities of staff for safety risk and fall management.

-Staff instruction on how to assist the resident for evacuation in case of an emergency, and it did not address their ability to leave the ALF unsupervised.

In an interview on 08/15/2024 at 10:15 AM, Staff A, Administrator stated they had been working on updating care plans. Staff A stated that Resident 1 was unable to leave the facility unsupervised and was dependent on staff for evacuation in the case of an emergency. Staff A stated that Resident 3 had a history of falls, required supervision with evacuation in the case of an emergency, and was able to leave the facility unsupervised with their spouse.

This is an uncorrected deficiency cited on 06/18/2024 for subsections (1)(a)(ii)(iii)(b)(2)(a)(7) and a recurring deficiency previously cited on 03/28/2023 for subsections (1)(a)(ii)(iii)(b) and 09/23/2022 for subsections (1)(a)(ii)(b)(2)(a).

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, Amber Waves ALF LLC 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

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(a) Maintain or enhance the quality of life for residents including resident decision-making rights;

(b) Provide the necessary care and services for residents, including those with special needs;

(c) Safely operate the assisted living facility; and

(d) Operate in compliance with state and federal law, including, but not limited to, chapters 7.70 , 11.88, 11.92, 11.94, 69.41, 70.122, 70.129, and 74.34 RCW, and any rules promulgated under these statutes.

Statement of Deficiencies	License # 2324	Compliance Determination # 45704
Plan of Correction	Amber Waves ALF LLC	Completion Date
Page 7 of 7	Licensee: Amber Waves ALF LLC	09/23/2024

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure policies and procedures were developed for on-going assessments, monitoring residents' well-being, and negotiated service agreement contents, by 1 of 1 Staff (Staff A). These failures placed residents at risk of unmet care needs.

Findings included...

Review of the facility's policy binder showed the facility used Washington Administrative Codes as their policies for ongoing assessments, monitoring residents' well-being and negotiated service agreements, and did not develop their own facility policies.

In an interview on 08/15/2024 at 10:16 AM, Staff A, Administrator, stated that they did not develop facility specific policies for ongoing assessments, monitoring residents' well-being and negotiated service agreements.

This is an uncorrected deficiency cited on 06/18/2024 for subsections (1)(b)(c).

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date) 10-27-24

10/13/2024

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

Administrator (or Representative) 9-19-24 Date

Per facility Administrator, June Skinner via phone on 09/26/2024 the BIC date has been changed to 10/13/2024. ME

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure policies and procedures were developed for on-going assessments, monitoring residents' well-being, and negotiated service agreement contents, by 1 of 1 Staff (Staff A). These failures placed residents at risk of unmet care needs.

Findings included…

Review of the facility's policy binder showed the facility used Washington Administrative Codes as their policies for ongoing assessments, monitoring residents' well-being and negotiated service agreements, and did not develop their own facility policies.

In an interview on 08/15/2024 at 10:15 AM, Staff A, Administrator, stated that they did not develop facility specific policies for ongoing assessments, monitoring residents' well-being and negotiated service agreements.

This is an uncorrected deficiency cited on 06/18/2024 for subsections (1)(b)(c).

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, Amber Waves ALF LLC 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Amber Waves ALF LLC
Provider Type: Assisted Living Facility
License/Cert.#: 2324
Compliance Determination #: 42032
Intake ID: 131712
Investigator: Nicole Velazquez
Region/Unit #: RCS Region 1 / Unit C
Investigation Date(s): 05/31/2024 through 06/18/2024
Complainant Contact Date(s):

Allegation(s):
A named resident had two black eyes and a staff member would not allow a visitor to speak to the named resident.

Investigation Methods:

Sample:	Total residents: 14 Resident sample size: 4 Closed records sample size: 0
Observations:	Environment, Cares, Residents, Staff to resident interactions, Staff availability and response to resident needs.
Interviews:	Residents, Staff and others not associated with the facility.
Record Reviews:	Characteristic roster, Resident records, Facility policy, Facility incident report and investigation.

Investigation Summary:
Observations showed that the named resident had bruising to bilateral eyes. Interview and record review showed that the facility did not complete an incident report, and did not have all policies in place. Failed practice identified, WAC 388-78A-2100, WAC 388-78A-2120, WAC 388-78A-2140, and WAC 388-78A-2600, reference Statement of Deficiencies dated 06/18/2024.

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

1200 Alder Street, Union Gap, WA 98903

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 05/31/2024 and 05/31/2024 of:

Amber Waves ALF LLC
302 East Ash Street
Waterville, WA 98858

This document references the following complaint number(s): 131712

The following sample was selected for review during the unannounced on-site visit: 4 of 14 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Nicole Velazquez, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit Z
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Closner
Residential Care Services

06/26/2024
Date

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

Administrator (or Representative)

7-1-24 Fix 7-30-24
Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

(iii) When the resident has an injury requiring the intervention of a practitioner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living ALF (ALF) failed to identify, evaluate and take appropriate action to complete or obtain a nursing assessment for one of three residents (Resident 1) who had a change in condition or required intervention of a practitioner. This failure placed residents at risk of unevaluated, unmet, and unmonitored needs.

Findings included...

Review of Resident 1's Face sheet showed that they were admitted to the ALF on [redacted]/2022 with diagnosis of [redacted] and [redacted].

Resident 1's Negotiated Service Agreement (NSA) dated 12/12/2023 showed that the resident was independent using a walker and had a urinary catheter.

Resident 1's Progress Notes reviewed showed,
- on 04/16/2024 at 12:28 PM, a home health nurse removed their urinary catheter.
- on 05/12/2024 at 9:50 AM, the resident had a fall in the ALF. Resident 1 was conscious but not talking and Resident 1 was transferred to the hospital for further evaluation.

Resident 1's Assessment dated 12/17/2023 showed that they had cognitive impairment, required assistance with bathing and dressing. The record did not show an updated assessment after fall with injury and hospital visit on 05/12/2024, and after Resident 1's catheter was removed on 04/16/2024.

FAXED 7/1/24

_____ _____
Administrator (or Representative) Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

(iii) When the resident has an injury requiring the intervention of a practitioner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living ALF (ALF) failed to identify, evaluate and take appropriate action to complete or obtain a nursing assessment for one of three residents (Resident 1) who had a change in condition or required intervention of a practitioner. This failure placed residents at risk of unevaluated, unmet, and unmonitored needs.

Findings included…

Review of Resident 1's Face sheet showed that they were admitted to the ALF on [redacted]/2022 with diagnosis of [redacted] and [redacted].

Resident 1's Negotiated Service Agreement (NSA) dated 12/12/2023 showed that the resident was independent using a walker and had a urinary catheter.

Resident 1's Progress Notes reviewed showed,
- on 04/16/2024 at 12:28 PM, a home health nurse removed their urinary catheter.
- on 05/12/2024 at 9:50 AM, the resident had a fall in the ALF. Resident 1 was conscious but not talking and Resident 1 was transferred to the hospital for further evaluation.

Resident 1's Assessment dated 12/17/2023 showed that they had cognitive impairment, required assistance with bathing and dressing. The record did not show an updated assessment after fall with injury and hospital visit on 05/12/2024, and after Resident 1's catheter was removed on 04/16/2024.

On 05/31/2024 at 10:00 AM, when Resident 1 was asked how they got the bruises to their eyes, the resident stated that they had a fall in their room. An observation during the interview showed that Resident 1 had bruising to both eyes and required staff assistance with transferring and toileting.

On 05/31/2024 at 10:25 AM, Staff B stated that Resident 1 had been requiring staff assistance with mobility since their fall on 05/12/2024.

RESIDENT 3

Review of Resident 1's Face sheet showed that the resident was admitted to the ALF on [redacted]/2022 with diagnoses of [redacted] and [redacted].

Review of Resident 3's Progress Notes showed:
- a note dated 03/27/2024 at 2:30 PM showed that the resident had a fall and had been taken to the hospital.
- a note dated 03/28/2024 at 4:34 AM showed that the resident returned to the ALF at 10:30PM the night prior and they were told that the resident had broken their collar bone and two ribs.

Review of Resident 3's active record showed an assessment dated 12/17/2021. No updated assessment in the record after Resident 3's fall with fractures on 03/28/2024.

On 06/07/2024 at 10:10 AM, Staff A, Administrator stated that they did not know a resident's assessment needed to be updated with a change in condition or after they sustained an injury requiring a practitioner intervention.

This is a recurring deficiency previously cited on 03/28/2023.

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date) 7-30 2024 ME

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

FAXED 6/27/24

On 05/31/2024 at 10:00 AM, when Resident 1 was asked how they got the bruises to their eyes, the resident stated that they had a fall in their room. An observation during the interview showed that Resident 1 had bruising to both eyes and required staff assistance with transferring and toileting.

On 05/31/2024 at 10:25 AM, Staff B stated that Resident 1 had been requiring staff assistance with mobility since their fall on 05/12/2024.

RESIDENT 3

Review of Resident 1's Face sheet showed that the resident was admitted to the ALF on [redacted]/2022 with diagnoses of [redacted] and [redacted].

Review of Resident 3's Progress Notes showed:
- a note dated 03/27/2024 at 2:30 PM showed that the resident had a fall and had been taken to the hospital.
- a note dated 03/28/2024 at 4:34 AM showed that the resident returned to the ALF at 10:30PM the night prior and they were told that the resident had broken their collar bone and two ribs.

Review of Resident 3's active record showed an assessment dated 12/17/2021. No updated assessment in the record after Resident 3's fall with fractures on 03/28/2024.

On 06/07/2024 at 10:10 AM, Staff A, Administrator stated that they did not know a resident's assessment needed to be updated with a change in condition or after they sustained an injury requiring a practitioner intervention.

This is a recurring deficiency previously cited on 03/28/2023.

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, Amber Waves ALF LLC 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.

Statement of Deficiencies	License #: 2324	Compliance Determination # 42032
Plan of Correction	Amber Waves ALF LLC	Completion Date
Page 4 of 10	Licensee: Amber Waves ALF LLC	06/18/2024

Administrator (or Representative) July 30, 2024 ME
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:

(a) Departure from the resident's customary range of functioning; or

(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

(b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to identify, evaluate, and take appropriate action for the changing needs of one of three residents (Resident 1). This placed Resident 1 at risk for deteriorating health status and decline in overall well-being.

Findings included...

Resident 1's Negotiated Service Agreement (NSA) dated 12/12/2023 showed that the resident was independent with a walker and had a urinary catheter.

Review of Resident 1's Face Sheet showed that they were admitted to the ALF on [redacted]2022 with [redacted] and [redacted].

Resident 1's progress note dated 04/16/2024 at 12:28 PM showed that the resident had their urinary catheter removed by home health agency. Further review of the progress notes showed no monitoring or evaluation or documentation of Resident 1's urinary status after the catheter was removed.

Review of the progress note dated 05/12/2024 at 9:50 AM, showed that Resident 1 had a fall in the ALF. The resident was conscious but was not talking and they had to be transferred to the hospital for further evaluation. Further review of the progress notes showed no monitoring or evaluation of resident's wellbeing or health status after their return from the hospital and did not identify the latent injuries that Resident 1 sustained with the 05/12/2024 fall.

FAXED 7/1/24

Administrator (or Representative) _____ 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:

(a) Departure from the resident's customary range of functioning; or

(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

(b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to identify, evaluate, and take appropriate action for the changing needs of one of three residents (Resident 1). This placed Resident 1 at risk for deteriorating health status and decline in overall well-being.

Findings included…

Resident 1's Negotiated Service Agreement (NSA) dated 12/12/2023 showed that the resident was independent with a walker and had a urinary catheter.

Review of Resident 1's Face Sheet showed that they were admitted to the ALF on [redacted]/2022 with [redacted] and [redacted]

Resident 1's progress note dated 04/16/2024 at 12:28 PM showed that the resident had their urinary catheter removed by home health agency. Further review of the progress notes showed no monitoring or evaluation or documentation of Resident 1's urinary status after the catheter was removed.

Review of the progress note dated 05/12/2024 at 9:50 AM, showed that Resident 1 had a fall in the ALF. The resident was conscious but was not talking and they had to be transferred to the hospital for further evaluation. Further review of the progress notes showed no monitoring or evaluation of resident's wellbeing or health status after their return from the hospital and did not identify the latent injuries that Resident 1 sustained with the 05/12/2024 fall.

Statement of Deficiencies	License #: 2324	Compliance Determination # 42032
Plan of Correction	Amber Waves ALF LLC	Completion Date
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On 05/31/2024 at 10:00 AM, Resident 1 was observed to have dark discoloration of both eyes. Resident 1 stated that they had bruising to their eyes because they had a fall.

Interview on 06/07/2024 at 10:10 AM, Staff A, Administrator, stated that they did not know why the staff had not documented their monitoring of Resident 1 after their 5/12/2024 fall or after the catheter was removed on 04/16/2024. Staff A stated that they thought the staff had been documenting.

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date) 7-30-2024 ME

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

Administrator (or Representative)

7-1-24 ME
Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

FAXED 6/27/24

On 05/31/2024 at 10:00 AM, Resident 1 was observed to have dark discoloration of both eyes. Resident 1 stated that they had bruising to their eyes because they had a fall.

Interview on 06/07/2024 at 10:10 AM, Staff A, Administrator, stated that they did not know why the staff had not documented their monitoring of Resident 1 after their 5/12/2024 fall or after the catheter was removed on 04/16/2024. Staff A stated that they thought the staff had been documenting.

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) Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to develop Negotiated Service Agreements (NSA) that documented defined roles and responsibilities for ALF care staff to address identified risks, needs, preferences, and behaviors for 3 or 3 residents (Resident 1, 2 & 3). This failure to develop and document placed residents at risk of harm from unmet needs and services.

Findings included...

RESIDENT 1

Review of Resident 1's face sheet showed that the resident was admitted to the facility on [redacted]/2023 with diagnoses of [redacted], and [redacted].

Review of Resident 1's department assessment dated 03/05/2024 showed diagnoses of [redacted], and [redacted]. Medications showed that Resident 1 was on medications including insulin injections, medications for pain, mood disorders and a sleep disorder. The resident required assistance daily with medication administration. Resident 1's identified behaviors were: hallucinations, uncontrollable crying/tearfulness, unrealistic fears, and suspicions. Barriers to activities of daily living including left sided weakness, poor balance, tremors, unsteady gait, and weak grip. The assessment further noted that the resident would prefer a female caregiver and preferred to have the same daily routine.

Record review of Resident 1's 12/12/2023 NSA failed to document:
- The identified behaviors on the department assessment, and that Resident 1 had medications ordered for a mood disorder. The NSA did not provide staff with strategies for intervention and prevention when Resident 1 was having behaviors.
- Resident 1 required staff assistance with medication management. The NSA failed to show that they required assistance with insulin injections and blood sugar checks including nurse delegation. The NSA further failed to provide staff interventions and strategies on diabetes management.
- Directions to staff on how to assist with pain management and prevention.
- Roles and responsibilities of staff for safety risk and fall management.
- The NSA did not identify their personal activity choices and their preference for female caregiver.

- The NSA did not describe the duties of the ALF care staff were to provide to Resident 1 in combination with Home Health nurse.
- Resident 1's NSA did not provide staff instruction on how to assist them in the case of an emergency and it did not address their ability to leave the ALF unsupervised.

On 05/31/2024 at 10:00 AM, Resident 1 stated that they had a fall because they were not steady on their feet and that is how they got bruising to both eyes. Observation during the interview showed Resident 1 had areas of dark discoloration under both eyes.

RESIDENT 2

Review of Resident 2's department assessment dated 01/08/2024 showed diagnoses of [redacted]. It showed that Resident 1 was on medications for pain, mood disorders and a sleep disorder. The resident required assistance daily with medication administration. Resident 2's identified behaviors were: delusions, easily irritable/agitated requiring intervention, and hallucinations. The assessment further showed that Resident 2 had short term memory loss. Barriers to activities of daily living including general weakness, poor balance, and unsteady gait.

Review of Resident 3's face sheet showed that the resident was admitted to the facility on [redacted]/2024 with diagnosed of [redacted].

Review of Resident 2's nursing assessment dated [redacted]/2024 showed that Resident 2 had a no added salt diet, was alert and oriented to self with confusion, had impaired decision making, had self-injurious behaviors, had aggressive behaviors with delusions and hallucinations. It further showed that the resident wore dentures and needed assist with them.

Record review of Resident 2's 05/01/2024 NSA failed to document:
- The behaviors identified on the nursing and department assessment and that Resident 1 had medication orders for a mood disorder. The NSA did not provide staff with strategies for intervention and prevention when Resident 2 was having behaviors including decompensating behaviors (worsening condition related to brain disorders).
- Resident 1 had dentures and required assistance with them.
- The roles and responsibilities of the staff and resident with medication management.
- Direction to staff on how to assist with pain management and prevention.
- Roles and responsibilities of staff for safety risk and fall management.
- Resident 1's NSA did not provide staff instruction on how to assist the resident in the case of an emergency and it did not address their ability to leave the ALF unsupervised.

On 05/31/2024 at 10:14 AM, Staff C, Caregiver, stated that they provide resident care from what they are told and from figuring it out while they work with the resident not from the NSA.

On 05/31/2024 at 11:15 AM, Staff B, Medication Technician, stated that they know how to provide care to the residents in the ALF because of other experience and just getting to know each resident and was not aware if there were any NSA interventions.

On 06/07/2024 at 10:10 AM, Staff A, Administrator, stated they were not responsible for the care plans, this was Staff D's, Medication Technician, job.

On 06/18/2024 at 10:38 AM, Staff D, Medication Technician, stated that they were responsible for completing the NSA. They stated that they completed the NSA how they were taught and did not have full understanding of the NSA content requirements. Staff D stated they had not had time in the office to keep up with care plans and make sure they are updated with the resident specific information.

This is a recurring deficiency previously cited on 03/28/2023 and 09/23/2022.

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date) 7-30-2024 ME

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

Administrator (or Representative) — Date: 7-1-2024 ME

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(a) Maintain or enhance the quality of life for residents including resident decision-making rights;

(b) Provide the necessary care and services for residents, including those with special needs;

(c) Safely operate the assisted living facility; and

(d) Operate in compliance with state and federal law, including, but not limited to, chapters 7.70 , 11.88, 11.92, 11.94, 69.41, 70.122, 70.129, and 74.34 RCW, and any rules

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On 05/31/2024 at 10:14 AM, Staff C, Caregiver, stated that they provide resident care from what they are told and from figuring it out while they work with the resident not from the NSA.

On 05/31/2024 at 11:15 AM, Staff B, Medication Technician, stated that they know how to provide care to the residents in the ALF because of other experience and just getting to know each resident and was not aware if there were any NSA interventions.

On 06/07/2024 at 10:10 AM, Staff A, Administrator, stated they were not responsible for the care plans, this was Staff D's, Medication Technician, job.

On 06/18/2024 at 10:38 AM, Staff D, Medication Technician, stated that they were responsible for completing the NSA. They stated that they completed the NSA how they were taught and did not have full understanding of the NSA content requirements. Staff D stated they had not had time in the office to keep up with care plans and make sure they are updated with the resident specific information.

This is a recurring deficiency previously cited on 03/28/2023 and 09/23/2022.

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(a) Maintain or enhance the quality of life for residents including resident decision-making rights;

(b) Provide the necessary care and services for residents, including those with special needs;

(c) Safely operate the assisted living facility; and

(d) Operate in compliance with state and federal law, including, but not limited to, chapters 7.70 , 11.88, 11.92, 11.94, 69.41, 70.122, 70.129, and 74.34 RCW, and any rules

promulgated under these statutes.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to develop a policy for on-going assessments, monitoring residents' well-being, negotiated service agreement content, resident rights and the facility failed to implement the Investigation of incident's policy for 2 of 2 sampled resident (Resident 1 & 2). These failures resulted in Resident 1's fall incident not being investigated, and placed residents at risk of unmet care needs, and placed residents at risk for their rights not being honored.

Findings included...

Review of facility's policy, titled, "For a Witnessed Fall," undated, showed that ALF staff were to prepare an orange incident report form for any incident or accident involving a resident and Staff A would investigate the incident.

Review of the facility policies for, on-going assessments, monitoring resident's wellbeing, negotiated service agreements and resident rights showed that the ALF only had the Washington Administrative Code (WAC) for those items in their policy binder and not a facility policy.

Interview on 05/31/2024 at 10:25 AM, Staff B, Medication Technician, stated that Resident 1 had a fall on 05/12/2024 and Resident 2 had a fall when they went home with their spouse the week before. Staff B stated that they did not have an incident report form to document falls or incidents on.

Interview on 06/07/2024 at 10:10 AM, Staff A, Administrator stated that they had the orange incident report form, but they had not been making the staff use it. They further stated that Resident 1's fall on 05/12/2024 and Resident 2's fall at home had not been documented on an incident report form.

This is a recurring citation previous cited on 04/06/2023.

Plan/Attestation Statement

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

FAXED 6/5 7/11/24

promulgated under these statutes.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to develop a policy for on-going assessments, monitoring residents' well-being, negotiated service agreement content, resident rights and the facility failed to implement the Investigation of incident's policy for 2 of 2 sampled resident (Resident 1 & 2). These failures resulted in Resident 1's fall incident not being investigated, and placed residents at risk of unmet care needs, and placed residents at risk for their rights not being honored.

Findings included...

Review of facility's policy, titled, "For a Witnessed Fall," undated, showed that ALF staff were to prepare an orange incident report form for any incident or accident involving a resident and Staff A would investigate the incident.

Review of the facility policies for, on-going assessments, monitoring resident's wellbeing, negotiated service agreements and resident rights showed that the ALF only had the Washington Administrative Code (WAC) for those items in their policy binder and not a facility policy.

Interview on 05/31/2024 at 10:25 AM, Staff B, Medication Technician, stated that Resident 1 had a fall on 05/12/2024 and Resident 2 had a fall when they went home with their spouse the week before. Staff B stated that they did not have an incident report form to document falls or incidents on.

Interview on 06/07/2024 at 10:10 AM, Staff A, Administrator stated that they had the orange incident report form, but they had not been making the staff use it. They further stated that Resident 1's fall on 05/12/2024 and Resident 2's fall at home had not been documented on an incident report form.

This is a recurring citation previous cited on 04/06/2023.

Plan/Attestation Statement

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Statement of Deficiencies	License #: 2324	Compliance Determination # 42032
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Administrator (or Representative)

7-1 - 2024
Date

ME

FAXED 6/27/24

_____ _____

Administrator (or Representative) Date