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) 44649 (Completion Date 07/24/2024) and 42366 (Completion Date 06/07/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/24/2024 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-2040-1, WAC 388-78A-2700-1-g-i, WAC 388-78A-2700-1-g-ii, WAC 388-78A-2700-1-g-iii

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

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
Residential Care Services

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

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 follow-up on 06/07/2024 and 06/07/2024 of:
Amber Waves ALF LLC
302 East Ash Street
Waterville, WA 98858

This document references the following SOD dated: 06/07/2024

The following sample was selected for review during the unannounced on-site visit: 0 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 C
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

06/11/2024
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.

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

Administrator (or Representative)

6-14-24
Date

WAC 388-78A-2040 Other requirements.

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to maintain compliance with the Washington State Fire Code when the ALF had an interruption in their fire suppression system. This failure resulted in a delayed investigation by the Deputy State Fire Marshal (DSFM) and placed residents, staff and visitors at risk for harm in the event of fire.

Findings included...

Washington State Fire Code 901.7 Systems out of service. Where a required fire protection system is out of service, the fire department and the fire code official shall be notified immediately and, where required by the fire code official, the building shall be either evacuated or an approved fire watch shall be provided for all occupants left unprotected by the shutdown until the fire protection system has been returned to service. Where utilized, fire watches shall be provided with not less than one approved means for notification of the fire department and their only duty shall be to perform constant patrols of the protected premises and keep watch for fires.

On 06/07/2024 at 9:45 AM, observations showed that repairs were in progress for the open penetration in the ceiling that measured approximately six feet by six feet.

Interview on 06/07/2024 at 11:05 AM, Staff A, Administrator, did not provide any staff education on the required reporting to the DSFM for guidance on fire watch, or what to do if there was an interruption in the ALF's fire suppression system. In addition, Staff A had not written any policies for staff to follow.

This is a recurring deficiency previously cited on 04/11/2024.

Plan/Attestation Statement

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

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to maintain compliance with the Washington State Fire Code when the ALF had an interruption in their fire suppression system. This failure resulted in a delayed investigation by the Deputy State Fire Marshal (DSFM) and placed residents, staff and visitors at risk for harm in the event of fire.

Findings included...

Washington State Fire Code 901.7 Systems out of service. Where a required fire protection system is out of service, the fire department and the fire code official shall be notified immediately and, where required by the fire code official, the building shall be either evacuated or an approved fire watch shall be provided for all occupants left unprotected by the shutdown until the fire protection system has been returned to service. Where utilized, fire watches shall be provided with not less than one approved means for notification of the fire department and their only duty shall be to perform constant patrols of the protected premises and keep watch for fires.

On 06/07/2024 at 9:45 AM, observations showed that repairs were in progress for the open penetration in the ceiling that measured approximately six feet by six feet.

Interview on 06/07/2024 at 11:05 AM, Staff A, Administrator, did not provide any staff education on the required reporting to the DSFM for guidance on fire watch, or what to do if there was an interruption in the ALF's fire suppression system. In addition, Staff A had not written any policies for staff to follow.

This is a recurring deficiency previously cited on 04/11/2024.

Plan/Attestation Statement

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

Statement of Deficiencies	License #: 2324	Compliance Determination # 42368
Plan of Correction	Amber Waves ALF LLC	Completion Date
Page 3 of 4	Licensee: Amber Waves ALF LLC	06/07/2024

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) 7-14-24.

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

Administrator (or Representative) 6-14-24 Date

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(i) On-duty staff persons' responsibilities;

(ii) Provisions for summoning emergency assistance;

(iii) Coordination with first responders regarding plans for evacuating residents from area or building;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop a disaster manual that included a plan for staff response, provisions for summoning emergency assistance and coordination with first responders to evacuate residents from an area of the building in the event of failure of the fire suppression system or a large water leak and when Fire Watch was required. This failure placed residents, staff and visitors at risk of harm in the event of a fire or internal disaster.

Findings included...

On 06/07/2024 at 11:05 AM, Staff A, Administrator stated that they had not updated their emergency disaster plan for failure of the fire suppression system and an internal disaster.

Record review of the "Disaster and Emergency Plan" revised 08/03/2017 showed that the document did not include policies and procedures on what to do in the event of an internal disaster such as a water leak or failure of the fire suppression system and did not include a policy for fire watch.

This is a recurring deficiency previously cited on 04/11/2024.

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

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-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(i) On-duty staff persons' responsibilities;

(ii) Provisions for summoning emergency assistance;

(iii) Coordination with first responders regarding plans for evacuating residents from area or building;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop a disaster manual that included a plan for staff response, provisions for summoning emergency assistance and coordination with first responders to evacuate residents from an area of the building in the event of failure of the fire suppression system or a large water leak and when Fire Watch was required. This failure placed residents, staff and visitors at risk of harm in the event of a fire or internal disaster.

Findings included…

On 06/07/2024 at 11:05 AM, Staff A, Administrator stated that they had not updated their emergency disaster plan for failure of the fire suppression system and an internal disaster.

Record review of the “Disaster and Emergency Plan” revised 08/03/2017 showed that the document did not include policies and procedures on what to do in the event of an internal disaster such as a water leak or failure of the fire suppression system and did not include a policy for fire watch.

This is a recurring deficiency previously cited on 04/11/2024.

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

Statement of Deficiencies	License #: 2324	Compliance Determination # 42366
Plan of Correction	Amber Waves ALF LLC	Completion Date
Page 4 of 4	Licensee: Amber Waves ALF LLC	06/07/2024

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date) 7-14-24.

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

Administrator (or Representative) 6-14-24 Date

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

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Amber Waves ALF LLC
Provider Type: Assisted Living Facility
License/Cert.#: 2324
Compliance Determination #: 39114
Intake ID: 124842
Investigator: Nicole Velazquez
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 03/28/2024 through 04/11/2024
Complainant Contact Date(s):

Allegation(s):
The facility had a water leak with interruption to their fire suppression system.

Investigation Methods:

Sample:	Total residents: 14 Resident sample size: 14 Closed records sample size: 0
Observations:	Environment, Fire System panel, penetration in ceiling.
Interviews:	Facility staff, Deputy State Fire Marshal (DSFM), and others not associated with the facility.
Record Reviews:	Facility policies, Outside provider letters and reports, Deputy State Fire Marshal report

Investigation Summary:
Observation, interview and record review showed that the facility fire suppression system water pipe burst on 01/17/2023. The facility failed to make notifications to the department and the DSFM, failed to perform and document fire watch and failed to have policies in place for internal disaster.
Failed Practices Identified, WAC 388-78A-2040(1), WAC 388-78A-2650(2)(3), and WAC 388-78A-2700(1)(g)(i)(ii)(iii); reference Statement of Deficiencies dated 04/11/2024.

Conclusion / Action:

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

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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 03/28/2024 and 03/28/2024 of:

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

This document references the following complaint number(s): 124842

The following sample was selected for review during the unannounced on-site visit: 14 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 G
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.

Gwin Kaercher
Residential Care Services

04/17/2024
Date

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

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

Administrator (or Representative) 4-30-24 Date

WAC 388-78A-2040 Other requirements.

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to maintain compliance with the Washington State Fire Code when the ALF had an interruption in their fire suppression system. This failure resulted in a delayed investigation by the Deputy State Fire Marshal (DSFM) and placed residents, staff, and visitors at risk for harm in the event of a fire.

Findings included...

Washington State Fire Code 901.7 Systems out of service. Where a required fire protection system is out of service, the fire department and the fire code official shall be notified immediately and, where required by the fire code official, the building shall be either evacuated or an approved fire watch shall be provided for all occupants left unprotected by the shutdown until the fire protection system has been returned to service. Where utilized, fire watches shall be provided with not less than one approved means for notification of the fire department and their only duty shall be to perform constant patrols of the protected premises and keep watch for fires.

On 03/28/2024 at 10:20 AM, observations showed that there was an open penetration in the living room ceiling measuring approximately six feet by six feet.

Interview on 03/28/2024 at 2:39 PM, Staff A, Administrator stated that after the fire suppression water pipe broke on 01/17/2024, the facility staff did not document any form of fire watch while the fire suppression system was being repaired. Staff A further stated that they had not contacted DSFM regarding interruption in the fire suppression system.

The facility was unable to provide documentation of fire watch while the fire suppression system was not functioning during repairs on 01/17/2024.

During an interview on 03/28/2024 at 12:45 PM, Collateral Contact 1 (CC1) stated that they had not received any reports regarding interruption in the ALF's fire suppression system.

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

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.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to maintain compliance with the Washington State Fire Code when the ALF had an interruption in their fire suppression system. This failure resulted in a delayed investigation by the Deputy State Fire Marshal (DSFM) and placed residents, staff, and visitors at risk for harm in the event of a fire.

Findings included...

Washington State Fire Code 901.7 Systems out of service. Where a required fire protection system is out of service, the fire department and the fire code official shall be notified immediately and, where required by the fire code official, the building shall be either evacuated or an approved fire watch shall be provided for all occupants left unprotected by the shutdown until the fire protection system has been returned to service. Where utilized, fire watches shall be provided with not less than one approved means for notification of the fire department and their only duty shall be to perform constant patrols of the protected premises and keep watch for fires.

On 03/28/2024 at 10:20 AM, observations showed that there was an open penetration in the living room ceiling measuring approximately six feet by six feet.

Interview on 03/28/2024 at 2:39 PM, Staff A, Administrator stated that after the fire suppression water pipe broke on 01/17/2024, the facility staff did not document any form of fire watch while the fire suppression system was being repaired. Staff A further stated that they had not contacted DSFM regarding interruption in the fire suppression system.

The facility was unable to provide documentation of fire watch while the fire suppression system was not functioning during repairs on 01/17/2024.

During an interview on 03/28/2024 at 12:45 PM, Collateral Contact 1 (CC1) stated that they had not received any reports regarding interruption in the ALF's fire suppression system.

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

Statement of Deficiencies	License #: 2324	Compliance Determination # 39114
Plan of Correction	Amber Waves ALF LLC	Completion Date
Page 3 of 5	Licensee: Amber Waves ALF LLC	04/11/2024

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date) 5-28-24

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

Administrator (or Representative) 4-30-24 Date

WAC 388-78A-2650 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:

(2) Any unusual incident that required implementation of the assisted living facility's disaster plan, including any evacuation of all or part of the residents to another area of the assisted living facility or to another address; and

(3) Circumstances which threaten the assisted living facility's ability to ensure continuation of services to residents.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure each person made a report to the department's Complaint Resolution Unit (CRU) hotline when the facility had a water pipe on fire suppression system freeze and burst. The failure resulted in a delayed investigation by the department.

Findings included...

On 03/28/2024 at 10:20 AM observations showed that the facility's living room had a six foot by six-foot penetration in the ceiling covered with plastic with noted water damage to surrounding ceiling and walls.

During an interview on 03/28/2024 at 2:39 PM, Staff A, Administrator, stated that on 01/17/2024, the facility's pipe froze to the fire suppression system causing a water leak in the living room area and set off the fire alarm system. Staff A stated they had not reported it to CRU.

Plan/Attestation Statement

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

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-2650 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:

(2) Any unusual incident that required implementation of the assisted living facility's disaster plan, including any evacuation of all or part of the residents to another area of the assisted living facility or to another address; and

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This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure each person made a report to the department's Complaint Resolution Unit (CRU) hotline when the facility had a water pipe on fire suppression system freeze and burst. The failure resulted in a delayed investigation by the department.

Findings included...

On 03/28/2024 at 10:20 AM observations showed that the facility's living room had a six foot by six-foot penetration in the ceiling covered with plastic with noted water damage to surrounding ceiling and walls.

During an interview on 03/28/2024 at 2:39 PM, Staff A, Administrator, stated that on 01/17/2024, the facility's pipe froze to the fire suppression system causing a water leak in the living room area and set off the fire alarm system. Staff A stated they had not reported it to CRU.

Plan/Attestation Statement

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

Statement of Deficiencies	License #: 2324	Compliance Determination # 39114
Plan of Correction	Amber Waves ALF LLC	Completion Date
Page 4 of 5	Licensee: Amber Waves ALF LLC	04/11/2024

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) 5-28-24

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

Administrator (or Representative) 4-30-24 Date

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(i) On-duty staff persons' responsibilities;

(ii) Provisions for summoning emergency assistance;

(iii) Coordination with first responders regarding plans for evacuating residents from area or building;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to develop a disaster manual that included plan for staff response, provisions for summoning emergency assistance and coordination with first responder to evacuate resident from an area or building in the event of failure of the fire suppression system or a large water leak and when Fire Watch was required. This failure placed residents, staff, and visitors at risk of harm in the event of a fire or internal disaster.

Findings included...

On 03/28/2024 at 2:00 PM, when Staff A, Administrator was asked to provide the facility's Emergency Disaster Plan for failure of the fire suppression system and an internal disaster. Staff A stated that they were unable to locate it. Staff A requested Staff B's, Caregiver, assistance in locating the Disaster Manual and neither of them were able to locate it. At 2:20 PM, this investigator was able to locate the disaster manual on the shelf in the administrative office.

Record review of the "Disaster and Emergency Plan," revised 08/03/2017, showed that the document did not include policies or procedures on what to do in the event of internal disaster such as a large water leak or failure of the fire suppression system. Further review of the document showed that there was not a policy for fire watch.

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

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-2700 Emergency and disaster preparedness.

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This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to develop a disaster manual that included plan for staff response, provisions for summoning emergency assistance and coordination with first responder to evacuate resident from an area or building in the event of failure of the fire suppression system or a large water leak and when Fire Watch was required. This failure placed residents, staff, and visitors at risk of harm in the event of a fire or internal disaster.

Findings included...

On 03/28/2024 at 2:00 PM, when Staff A, Administrator was asked to provide the facility's Emergency Disaster Plan for failure of the fire suppression system and an internal disaster. Staff A stated that they were unable to locate it. Staff A requested Staff B's, Caregiver, assistance in locating the Disaster Manual and neither of them were able to locate it. At 2:20 PM, this investigator was able to locate the disaster manual on the shelf in the administrative office.

Record review of the "Disaster and Emergency Plan," revised 08/03/2017, showed that the document did not include policies or procedures on what to do in the event of internal disaster such as a large water leak or failure of the fire suppression system. Further review of the document showed that there was not a policy for fire watch.

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

Statement of Deficiencies	License #: 2324	Compliance Determination # 39114
Plan of Correction	Amber Waves ALF LLC	Completion Date
Page 5 of 5	Licensee: Amber Waves ALF LLC	04/11/2024

During an interview on 03/28/2024, Staff A, stated that they did not have a Fire Watch Policy and was not aware if they had an internal disaster policy related to water leaks or failure of the fire suppression system.

During an interview on 03/28/2024, Staff B, stated that they did not know where the emergency disaster manual was at and did not recall ever seeing it. Staff B stated that they did not know what fire watch was or how to do it.

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) 5-23-24.

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

Administrator (or Representative) 4.30.24 Date

This was an oversight that was a Disaster plan in place Just missed it. it was sent to Nicole by ~~fax~~ photo

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

During an interview on 03/28/2024, Staff A, stated that they did not have a Fire Watch Policy and was not aware if they had an internal disaster policy related to water leaks or failure of the fire suppression system.

During an interview on 03/28/2024, Staff B, stated that they did not know where the emergency disaster manual was at and did not recall ever seeing it. Staff B stated that they did not know what fire watch was or how to do it.

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

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