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) 42368 (Completion Date 06/07/2024) and 38989 (Completion Date 05/21/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/07/2024 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-2462-2-b, WAC 388-78A-2462-3-a

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 Hare

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Amber Waves ALF LLC
Provider Type: Assisted Living Facility
License/Cert.#: 2324
Compliance Determination #: 38989
Intake ID: 121536
Investigator: Nicole Velazquez
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 03/28/2024 through 05/21/2024
Complainant Contact Date(s):

Allegation(s):

1) A staff member told emergency medical technician (EMT) not to believe the named resident as they were confused.
2) A named resident told EMT that someone pulled their wheelchair out from under them, they fell and hit their head and facility staff would not seek medical attention after the fall.

Investigation Methods:

Sample:	Total residents: 14 Resident sample size: 3 Closed records sample size: 0
Observations:	Environment, Cares, Residents, Named Resident, Staff to resident interactions.
Interviews:	Residents, Staff and others not associated with the facility.
Record Reviews:	Characteristic roster, Resident records, Facility policy

Investigation Summary:

1) Staff interview and record review showed that the named resident was sent to the hospital and staff had communicated the the EMT that the named resident was confused at baseline. No failed practice identified.
2) Observations showed that staff to resident interactions were appropriate and respectful. Staff interview and record review showed that the facility staff had investigated the resident's concerns and the named staff member no longer worked at the facility. Record review showed the facility failed to have appropriate background checks for staff. Failed practice identified, WAC 388-78A-2462 reference Statement of Deficiencies 05/21/2024.

Conclusion / Action:

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

N/A

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Statement of Deficiencies	License #: 2324	Compliance Determination # 38989
Plan of Correction	Amber Waves ALF LLC	Completion Date
Page 1 of 3	Licensee: Amber Waves ALF LLC	05/21/2024

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 03/28/2024, 04/29/2024 and 04/29/2024 of:

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

This document references the following complaint number(s): 121536, 126535, 127074, 128220

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 investigated the Assisted Living Facility:

Nicole Velazquez, Community Complaint Investigator
Tamera Lapierre, 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

05/22/2024
Date

Statement of Deficiencies	License #: 2324	Compliance Determination # 38989
Plan of Correction	Amber Waves ALF LLC	Completion Date
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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)) 5-22-24 Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(b) A national fingerprint background check.

(3) The assisted living facility must ensure that the following individuals have a Washington state name and date of birth background check:

(a) Volunteers who are not residents, and students who may have unsupervised access to residents;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 6 of 8 staff (Staff B, C, D, E, F, G, H) had unsupervised access to residents had a current fingerprint background check and 1 of 1 volunteer (Staff H) had a current background check. This failure placed residents living in the ALF at risk of unqualified staff.

Findings included...

Staff records were reviewed with Staff A, Administrator, on 04/29/2024 at 1:30 PM. Staff A stated that they were responsible for tracking and submitting background and fingerprint checks. They further stated that they had given the paperwork to the staff to schedule them but had not checked to make sure the staff had got them done.

Staff F's personnel file showed that they were hired at the ALF as a caregiver in May 2015. The personnel file showed that the ALF did not have a national fingerprint background check.

Staff E's personnel file showed that they were hired at the ALF as a caregiver on 05/17/2023. The personnel file showed that the ALF did not have a national fingerprint background check.

Staff G's personnel file showed that they were hired at the ALF as a caregiver on 09/11/2023. The personnel file showed that the ALF did not have a national fingerprint

Statement of Deficiencies	License #: 2324	Compliance Determination # 38989
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background check.

Staff H business file showed that they started volunteering on 11/27/2023. The business file showed that the ALF did not have a name and date of birth background check.

Staff C's personnel file showed that they were hired at the ALF as a caregiver on 01/08/2024. The personnel file showed that the ALF did not have a national fingerprint background check.

Staff B's personnel file showed that they were hired at the ALF as a caregiver o.. 02/01/2024. The personnel file showed that the ALF did not have a national fingerprint background check.

Staff D's personnel file showed that they were hired at the ALF as a caregiver on 02/26/2024. The personnel file showed that the ALF did not have a national fingerprint background check.

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) 5-22-24.

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

Administrator (or Representative) Date 5-22-24