STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Community Pride LLC
COMMUNITY PRIDE LLC
PO Box 59
Saint John, WA 99171

RE: COMMUNITY PRIDE LLC License # 2370

Dear Administrator:

This letter addresses Compliance Determination(s) 55908 (Completion Date 03/06/2025) and 51771 (Completion Date 01/08/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/06/2025 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-2660-1, WAC 388-78A-2660-4

The Department staff who did the on-site verification:
Sandra Fast, Community Complaint Investigator

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

Sincerely,

J Salquist

Jessica Salquist, Regional Administrator
Region 1, Unit B
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: COMMUNITY PRIDE LLC
Provider Type: Assisted Living Facility

License/Cert.#: 2370
Intake ID: 156016
Compliance Determination #: 51771
Region/Unit #: RCS Region 1 / Unit B
Investigator: Sandra Fast
Investigation Date(s): 12/16/2024 through 01/08/2025
Complainant Contact Date(s):

Allegation(s):

1. A nurse had not administered several facility residents' afternoon medications
2. An agency nurse disclosed a resident's personal health information (PHI) on their social media account.

Investigation Methods:

Sample:	Total residents: 15 Resident sample size: 3 Closed records sample size: 0
Observations:	Facility common areas Facility corridors Sampled residents Sampled resident's apartment Residents at an activity Staff to resident interactions Resident to resident interactions Medication technician
Interviews:	Administrator Staff Named resident Sampled residents
Record Reviews:	Disclosure of services Characteristic roster Staff list House policies Personnel documents Named resident's face sheet Named resident's negotiated service agreement Named resident's behavioral support plan Sampled residents' face sheets Sampled resident's negotiated service agreement Sampled resident's behavioral support plan

Investigation Summary:

1. The facility's Health Services Director (HSD) discovered that several of the facility residents' afternoon medications had not been given on a particular day. The HSD was able to administer the medications that had been missed. The facility investigated the incident and determined that there was no harm done related to the non-administration of the medications. The HSD addressed the issue with the nurse who had omitted the medications, and the nurse was ultimately removed from duty. No failed facility practice was identified.
2. The facility's HSD discovered that residents' Personal Health Information (PHI) was disclosed on an agency nurse's social media platform. The HSD failed to notify the resident or their representative regarding the PHI breach. The facility did not provide proof that the agency nurse was given and understood non-disclosure information for Washington State. This data breach exposed residents' names, treatments, medications and diagnoses for vulnerable adults at the facility. Failed facility practice was identified, and a citation was issued according to Washington Administrative Code (WAC) 388-78A-2660(1)(4) and corresponding RCWs.

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 #: 2370	Compliance Determination # 51771
Plan of Correction	COMMUNITY PRIDE LLC	Completion Date
Page 1 of 4	Licensee: Community Pride LLC	01/08/2025

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 12/16/2024, 12/16/2024 and 12/16/2024 of:

COMMUNITY PRIDE LLC
102 S Bryant Blvd
Saint John, WA 99171

This document references the following complaint number(s): 156016

The following sample was selected for review during the unannounced on-site visit: 3 of 15 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Sandra Fast, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

J Salquist
Residential Care Services

01/15/2025
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) Misty Burnett MSW MHP Date 1/29/2025

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

(4) Promote and protect the residents' exercise of all rights granted under chapter 70.129 RCW;

This requirement was not met as evidenced by:

Based on interview and records review the facility failed to protect residents from protected health information (PHI) for 4 of 4 residents (Resident 1,2,3, and 4). This resulted in R 1, 2, 3 and 4 having their PHI shared on social media. This placed residents at risk of having their PHI breached.

Findings included...

RCW 70.129.050 - Privacy and confidentiality of personal and medical records.
The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

(1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups.

(2) The resident may approve or refuse the release of personal and clinical records to an individual outside the facility unless otherwise provided by law.

Community Pride has implemented into new agency staff orientation education on HIPAA, HPI confidentiality Rules Regulations & Procedures for Reporting. They will sign a attestation of receipt and Receive the Employee Handbook.

RCW 70.02.050
Disclosure without patient's authorization—Need-to-know basis.

(1) A health care provider or health care facility may disclose health care information, except for information and records related to sexually transmitted diseases which are addressed in RCW 70.02.220, about a patient without the patient's authorization to the extent a recipient needs to know the information, if the disclosure is:

(a) To a person who the provider or facility reasonably believes is providing health care to the patient;

(b) To any other person who requires health care information for health care education, or to provide planning, quality assurance, peer review, or administrative, legal, financial, actuarial services to, or other health care operations for or on behalf of the health care provider or health care facility; or for assisting the health care provider or health care facility in the delivery of health care and the health care provider or health care facility reasonably believes that the person:

(i) Will not use or disclose the health care information for any other purpose; and

(ii) Will take appropriate steps to protect the health care information;

Community Pride Has disclosed the Breach of HPI to the persons involved
Misty Burnett MSW MHP. 1/29/2025

RCW 70.02.020
Disclosure by health care provider.

(1) Except as authorized elsewhere in this chapter, a health care provider, an individual who assists a health care provider in the delivery of health care, or an agent and employee of a health care provider may not disclose health care information about a patient to any other person without the patient's written authorization. A disclosure made under a patient's written authorization must conform to the authorization.

<Resident 1>

A review of screenshots from Collateral Contact 1's (CC1) Facebook account posted on 11/04/2024 at 8:02 AM submitted to the department, showed very specific history, diagnoses and medical information regarding Resident 1.

In an interview on 01/03/2025 at 8:55 AM, Staff A, Administrator stated that Resident 1 had not been notified regarding a Protected Heath Information (PHI) data breach. Staff A stated that Resident 1's representative was also not notified of the PHI data breach

Resident and or Representative Has been informed. Misty Burnett MSW MHP.
1/29/2025

<Resident 2>

A review of screenshots from CC1's Facebook account posted on 11/04/24 at 7:56 AM, showed a written task that revealed the first name of Resident 2 and described the task that needed to be completed for them.

Resident and or Representative Has been informed. Misty Burnett MSW MHP
1/29/2025

<Resident 3>

A review of screenshots from CC1's Facebook account posted on 11/04/24 at 7:56 AM, showed a task that revealed the first name of Resident 3 and described the task that

needed to be completed for them.

In an interview on 01/08/2024 at 4:27 PM, Staff A stated that neither Resident 3 nor their representative were informed about their PHI being posted on social media.
Resident and or Representative Has been informed of HPI Breach.
Misty Burnett MSW MHP 1/29/2025

<Resident 4>

A review of screenshots from CC1's Facebook account posted on 11/04/24 at 7:56 AM, showed a task that revealed the first name of Resident 4 and described the task that needed to be completed for them.

In an interview on 01/08/25, at 12:26 PM, Staff A, Health Services Director (HSD), stated that the facility had no policy regarding training for agency staff and did not make sure that CC1 had the appropriate education regarding PHI in the state of Washington. Staff A stated they had discovered CC1 had posted sensitive PHI on their personal Facebook account after being alerted to it by Collateral Contact 2, Registered Pharmacist. Staff A stated that Resident 1 had a history of being exploited (being groomed, forced or coerced into doing something that you don't want to for someone else's gain).
All Residents involved have been informed, and made aware of this Breach.
New agency staffing orientation is not includes HPI Policies Procedures and How to Report. They sign and are provided an employee Handbook

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, COMMUNITY PRIDE LLC is or will be in compliance with this law and / or regulation on (Date) 1/31/2025 .

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

Misty Burnett MSW MHP — Administrator (or Representative)

1/29/2025 — Date