STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Stephen's Place

Stephen's Place
501 SE Ellsworth Rd
Vancouver, WA 98664

RE: Stephen's Place License # 2414

Dear Administrator:

This letter addresses Compliance Determination(s) 48738 (Completion Date 10/15/2024) and 45465 (Completion Date 08/15/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/15/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2474-1

The Department staff who did the off-site verification:
Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 the unannounced on-site full inspection on 08/13/2024 and 08/15/2024 of:

Stephen's Place
501 SE Ellsworth Rd
Vancouver, WA 98664

The following sample was selected for review during the unannounced on-site visit: 7 of 30 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Jason Rose

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Scott Bower IDR Program Manager for Region 3 — 09/30/2024

Residential Care Services — Date

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

Heather Bartholomew
Administrator (or Representative)

9/29/24
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 5 sampled staff (Staff D) had completed and/or had documentation of the required training to work as a long-term care worker in assisted living facilities. These failures placed all residents at risk for harm due to staff not being properly trained.

Findings included...

During an unannounced licensing inspection on 08/13/2024 at 11:30 AM, the department received the requested staff documents.

Staff D

Record review for Staff D, Residential Coordinator, showed that Staff D was hired on 11/08/2023. Review of Staff D's personnel file showed no documentation of the 70-hour basic training.

During an interview on 08/14/2024 at 2:00 PM, Staff A, Executive Director, verbalized knowledge of not having documentation of Staff D's 70- hour basic training.

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, Stephen's Place is or will be in compliance with this law and / or regulation on (Date) 8/21/24 .

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

Administrator (or Representative) 9/29/24 Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

AMENDED
09/30/2024

Stephen's Place
Stephen's Place
501 SE Ellsworth Rd
Vancouver, WA 98664

RE: Stephen's Place # 2414

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 08/15/2024 and found that your facility does not meet the Assisted Living Facility requirements.

You requested an Informal Dispute Resolution (IDR) review. The IDR review resulted in the enclosed amended Statement of Deficiencies.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager

Residential Care Services
Region 3, Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

The facility failed to have documentation that the Medicaid policy was provided to and signed by the appropriate parties prior to admission for 2 of 7 sampled residents. The facility has verbalized plan moving forward to ensure proper documentation.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (360)450-1218.

Sincerely,

IDR Program Manager signed for Michael Burdick

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

Enclosure

388-78A-2474

Attestation of Correction Statement

Section 1

How the facility will ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

Plan of Correction

- The certificated for Staff D is attached
- All documentation verbally promised by the team member/employee at the time of hire will be required to be in the employee folder in order to start their employment.
- A checklist is in each folder to verify documentation and the 70 hour DSHS basic training for NAR that was missing from the folder of Staff D
    - Attached document titled "Employee Folder Outline"

This section has been completed as of 8/21/24 by Heather Bartholomew, Executive Director, responsible for this correction.

Section 2

The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when servicing residents with any of those primary needs.

Plan of Correction

- Each team member that has not completed these trainings will go through the following:
    - Mental Health DSHS approved training through one of the following as offered to each employee:
        - CareLearn online
        - WHCA Mental Health Specialty training on 9/10 & 9/11
    - Dementia DSHS approved training through one of the following:
        - S&H Training Center
        - WHCA Dementia Training on 9/3 & 9/4
- All new employees will complete Mental Health Specialty and Dementia Specialty at the beginning of their employment prior to working individually with residents. This process will be the same as our current process for [redacted] training which is our primary diagnosis for residents to live at Stephen's Place.

Section 2 will be completed within 45 days, by 9/29/24. The person responsible for this will be Heather Bartholomew, Executive Director.

388-78A-2474

Attestation of Correction Statement

Section 1

How the facility will ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

Plan of Correction

- The certificated for Staff D is attached
- All documentation verbally promised by the team member/employee at the time of hire will be required to be in the employee folder to start employment.
- A checklist is in each folder to verify documentation and the 70 hour DSHS basic training for NAR that was missing from the folder of Staff D
    - Attached document titled "Employee Folder Outline"

This section has been completed as of 8/21/24 by Heather Bartholomew, Executive Director, responsible for this.