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

NorthWest HC Columbia Heights (WA) Operator NT-HCI LLC
Avamere at Wenatchee
1550 CHERRY STREET
WENATCHEE, WA 98801

RE: Avamere at Wenatchee License # 2415

Dear Administrator:

This letter addresses Compliance Determination(s) 44459 (Completion Date 07/18/2024) and 41433 (Completion Date 05/21/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/18/2024 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-2300-2-a-i, WAC 388-78A-2474-2-c, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2484, WAC 388-78A-2490, WAC 388-78A-2850-1-b-i, WAC 388-78A-2850-1-b-ii, WAC 388-78A-2850-1-b-vii, WAC 388-78A-2850-3

The Department staff who did the on-site verification:
Jessica Clapp, Assisted Living Facility Licensor

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit G
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 #: 2415	Compliance Determination # 41433
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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 05/13/2024, 05/14/2024, 05/15/2024 and 05/16/2024 of:
Avamere at Wenatchee
1550 CHERRY STREET
WENATCHEE, WA 98801

The following sample was selected for review during the unannounced on-site visit: 9 of 77 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jessica Clapp, Assisted Living Facility Licensor
Tracy Ramirez, Assisted Living Facility Licensor
Robin Rainville, Assisted Living Facility Licensor

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.

J Salquist
Residential Care Services

06/29/2024
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.

Statement of Deficiencies	License #: 2415	Compliance Determination # 41433
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Administrator (or Representative)

6-17-24
Date

WAC 388-78A-2300 Food and nutrition services.

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(i) Available to and used by staff persons responsible for food preparation;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure that a diet manual was available for staff responsible for food preparation of special diets for 3 of 3 residents (Resident 4, 6 and 7). This failure placed residents at risk of not having their nutritional needs met and a decreased quality of life.

Findings included...

Review of Resident 4's Negotiated Service Agreement (NSA) dated 09/11/2023, showed that they had an order for a low sugar diet.

Review of Resident 6's NSA dated 04/19/2024, showed that they had an order for a carbohydrate controlled diet.

Review of Resident 7's NSA dated 05/21/2024, showed that they had an order for a carbohydrate controlled diet.

During the resident group meeting on 05/14/2024 at 2:05 PM, Resident 9 stated that the ALF served too much processed food.

Review of the facility's lunch menu for 05/14/2024 showed that the main entrée was, "Cheddar Meatballs," and the side dishes were macaroni and cheese as well as yellow squash.

Observation on 05/14/2024 at 10:39 AM showed that Staff F, Cook, stirred a large can of processed yellow nacho cheese sauce into a pan of cooked meatballs.

On 05/15/2024 at 11:40 AM, Staff G, Dietary Services Director, stated that the recipes for each meal were accessible online in their contracted menu services account. Staff G stated that the cooks did not have access to that account, and if there was a menu item a cook did not know how to prepare, Staff G would log into the system and show the cook the recipe.

On 05/15/2024 at 11:49 AM, Staff G stated that Staff F had not followed the recipe when they made the meatballs on 05/14/2024. Staff G stated that Staff F had used frozen meatballs and did not make them from scratch as directed on the recipe. Staff G also stated that they did not know what a diet manual was or where it would be kept. Staff G provided a binder for their previous contracted menu and diet service account, dated 2022, and stated that it was what they used to use before the facility was contracted to go through their current contracted menu and diet service.

Record review of the recipe for the meatballs that were made on 05/14/2024 showed that the meatballs were to have been made from ground beef and included ingredients of seasonings, breadcrumbs, and shredded cheddar cheese. The recipe did not have directions to use frozen premade meatballs or processed nacho cheese sauce.

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, Avamere at Wenatchee is or will be in compliance with this law and / or regulation on (Date) 5-30-24 .

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

Administrator (or Representative) — Date: 8-17-24

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

(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 serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that specialty training for dementia and mental health was completed for 2 of 3 staff (Staff A and B) who provided care to residents diagnosed with [redacted] and [redacted]. This

failure placed residents at risk of care from untrained staff.

Findings included...

In an interview on 05/13/2024 at 2:32 PM, Staff A, Executive Director, stated that the facility admitted residents with [redacted] and [redacted] diagnoses.

Review of facility personnel files on 05/15/2024 at 2:13 PM, with Staff I, Business Office Manager showed the following:

- Staff A's file showed that they were hired on 02/22/2023 as the Executive Director. Staff A's file did not include documentation that they had completed the dementia and mental health specialty training.
- Staff B's file showed that they were hired on 06/01/2023 as the Director of Health Services. Staff B's file did not include documentation that they had completed the dementia and mental health specialty training.

In an interview on 05/15/2024 at 2:45 PM, Staff I stated that the specialty training was not completed by Staff A and Staff B.

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, Avamere at Wenatchee is or will be in compliance with this law and / or regulation on (Date) 7 - 5 - 24 .

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

Administrator (or Representative) — Date: 6-17-24

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure an initial test for Tuberculosis (TB) was completed within three days of hire for 4 of 4 staff (Staff A, B, C, and D) and failed to ensure a second step TB test was completed within one to three weeks for 2 of 2 Staff (Staff A, B). These failures placed residents at risk of potential exposure to a communicable disease.

Findings included...

Review of facility staff personnel files on 05/15/2024 at 2:13 PM s with Staff I, Business Office Manager, showed the following:

- Staff A's file showed that they were hired on 02/22/2023 as the Executive Director. Staff A's file showed that a first step TB test was completed on 01/18/2024 (330 days after their hire date). Staff A's file further showed that a second step TB test was not completed until 04/10/2024 (two months and 23 days after the first test).
- Staff B's file showed that they were hired on 06/01/2023 as the Director of Health Services. Staff B's file showed that a first step TB test was completed on 09/22/2023 (113 days after their hire date). Staff B's file further showed that a second step TB test was not completed until 01/18/2024 (three months and 27 days after the first test).
- Staff C's file showed that they were hired on 10/24/2023 as a Medication Technician. Staff C's file showed that a TB test was not completed when they were hired.
- Staff D's file showed that they were hired on 02/20/2024 as a Caregiver. Staff D's file showed that a TB test was not completed when they were hired.

In an interview on 05/15/2024 at 2:13 PM, Staff I stated that they were responsible for maintaining and updating staff record.

In an interview on 05/15/2024 at 3:00 PM, Staff I stated that the TB tests were not completed timely

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, Avamere at Wenatchee is or will be in compliance with this law and / or regulation on (Date) 7-5-24 .

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

Administrator (or Representative) 6-17-24 Date

WAC 388-78A-2490 Specialized training for developmental disabilities. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with developmental disabilities, whenever at least one of the residents in the assisted living facility has a developmental disability as defined in WAC 388-823-0040 , that is the resident's primary special need.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 5 of 5 Staff (Staff A, B, C, E, F) completed the specialty training for developmental disabilities, when a resident with disabilities lived in the facility. This failure placed the resident at risk of care from untrained staff.

Findings included...

On 05/13/2024 at 2:45 PM, during the entrance conference, Staff A, Administrator, stated that the ALF did not have residents with developmental disabilities who lived there, and that the ALF did not provide staff training for caring for residents with developmental disabilities.

Review of Resident 7's hospital discharge summary dated 4/22/2024 showed that the resident had a primary diagnosis of [redacted].

Review of Resident 7's 05/02/2024 full facility assessment showed that the resident had diagnoses which included, [redacted].

On 05/16/2024 at 1:40 PM, Collateral Contact (CC1) for Resident 7 stated that the intellectual disability had been a

lifelong issue for the resident.

On 05/15/2024 at 2:13 PM, a staff record review was completed with Staff I, Business Office Manager. They stated that they had managed the staff records for the past seven months.

Staff A's file showed that they were hired on 02/22/2023 as the Executive Director. Staff A's file did not include documentation that they had completed the development disabilities specialty training.

- Staff B's file showed that they were hired on 06/01/2023 as the Director of Health Services. Staff B's file did not include documentation that they had completed the developmental disabilities specialty training.

- Staff C's file showed that they were hired on 10/24/2023 as a Medication Technician. Staff C's file did not include documentation that they had completed the developmental disabilities specialty training.

- Staff E's file showed that they were hired on 08/28/2016 as a Caregiver. Staff E's file did not include documentation that they had completed the developmental disabilities specialty training.

- Staff F's file showed that they were hired on 09/24/2019 as a Cook. Staff F's file did not include documentation that they had completed the developmental disabilities specialty training.

On 05/15/2024 at 2:50 PM, Staff I stated that the developmental disability specialty training was not completed for Staff A, Staff B, Staff C, Staff E and Staff F.

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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, Avamere at Wenatchee is or will be in compliance with this law and / or regulation on (Date) 7-5-24 .

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

Administrator (or Representative) — Date: 6-17-24

WAC 388-78A-2850 Required reviews of building plans.

(1) A person or assisted living facility must notify construction review services of all planned construction regarding an assisted living facility prior to beginning work on any of the following:

(b) An addition of, or modification or alteration to an existing assisted living facility, including, but not limited to, the assisted living facility's:

(i) Physical structure;

(ii) Electrical fixtures or systems;

(vii) Kitchen or laundry equipment.

(3) The assisted living facility must submit plans to construction review services as directed by construction review services and consistent with WAC 388-78A-2361 for approval prior to beginning any construction.

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to notify Construction Review Services (CRS) of planned and implemented modifications to the ALF's physical structure and mechanical equipment. This failure disallowed the department the ability to review and approve construction work performed at the ALF

Findings included...

On 05/13/2024 at 4:11 PM, Staff J, Maintenance Director, stated that the city informed them that their water backflow system next to the road had to be converted into the inside of the ALF. Staff J stated that the ALF had a new water backflow system created into the first-floor laundry Staff J stated that they planned to have an outside company build a structure that encloses the water backflow system for safety. Staff J stated that they were not aware if the ALF notified the department of the projects.

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On 05/13/2024 at 4:36 PM, Staff A, Executive Director, stated that the project for the backflow was started around a month ago and that either the county or the city instructed them to do it. In addition, Staff A stated that they were unaware of what all the projects entailed. Staff A stated that they were unsure if the ALF notified the department.

Review of the department of health CRS website on 5/14/2024 showed that the ALF did not make a notification to the department.

On 05/15/2024 at 9:42 AM, Staff A stated that they spoke with the ALF's corporate team and that they were not aware that those projects required notifications to the department.

On 5/21/2024 at 1:08 PM, Staff J, provided measurements of the water backflow system. The measurements showed that the water backflow system totaled eight feet eight inches high by nine feet eight inches long.

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, Avamere at Wenatchee is or will be in compliance with this law and / or regulation on (Date) 7-5-24 .

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

Administrator (or Representative) 6-17-24 Date

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

NorthWest HC Columbia Heights (WA) Operator NT-HCI LLC
Avamere at Wenatchee
1550 CHERRY STREET
WENATCHEE, WA 98801

RE: Avamere at Wenatchee # 2415

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 05/21/2024 and found that your facility does not meet the Assisted Living Facility requirements.

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:

Jessica Salquist, Field Manager
Residential Care Services
Region 1, Unit G
1200 Alder Street

Union Gap, WA 98903

• 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-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;

The Assisted Living Facility failed to ensure the negotiated service agreement addressed care, services and interventions necessary for the residents care. The facility Director of Health Services had a plan to start ensuring service agreements included the residents care needs identified in the assessments.

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

The Assisted Living Facility failed to ensure negotiated service agreements were signed by residents, their representatives, and/or a representative of the facility. The facility Administrator and Director of Health Services had a plan to start ensuring negotiated services were signed by the resident and/or their representative.

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties, including:

(i) Organization of the assisted living facility;

(ii) Physical assisted living facility layout;

(iii) Specific duties and responsibilities;

(iv) How to report resident abuse and neglect consistent with chapter 74.34 RCW and assisted living facility policies and procedures;

(v) Policies, procedures, and equipment necessary to perform duties;

(vi) Needs and service preferences identified in the negotiated service agreements of residents with whom the staff persons will be working; and

(vii) Resident rights, including without limitation, those specified in chapter 70.129 RCW.

The Assisted Living Facility failed to complete the facility orientation for new hired staff before they had regular interactions with residents. The facility Business Office Manager had a plan to ensure that facility orientation would be part of the new hire orientation process.

RCW 70.129.030 Notice of rights and services -- Admission of individuals.

(4) The facility must inform each resident in writing in a language the resident or his or her representative understands before admission, and at least once every twenty-four months thereafter of: (a) Services, items, and activities customarily available in the facility or arranged for by the facility as permitted by the facility's license; (b) charges for those services, items, and activities including charges for services, items, and activities not covered by the facility's per diem rate or applicable public benefit programs; and (c) the rules of facility operations required under RCW 70.129.140 (2). Each resident and his or her representative must be informed in writing in advance of changes in the availability or the charges for services, items, or activities, or of changes in the facility's rules. Except in emergencies, thirty days' advance notice must be given prior to the change. However, for facilities licensed for six or fewer residents, if there has been a substantial and continuing change in the resident's condition necessitating substantially greater or lesser services, items, or activities, then the charges for those services, items, or activities may be changed upon fourteen days' advance written notice.

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

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

Based on record review and interview the Assisted Living Facility (ALF) failed to inform residents at least every 24 months in writing of the service items, activities available in the facility, and the rules of the facility's operation for more than 24 months. The facility Administrator had a plan to ensure that 24 month agreements were reviewed with the residents.

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.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

• Please contact me at (509)323-7315.

Sincerely,

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

Enclosure