STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

1/11/2024

2016 S & S
Welcome Home (Oak Harbor Senior Memory Care)
235 SW 6TH AVE
OAK HARBOR, WA 98277

RE: Welcome Home (Oak Harbor Senior Memory Care) License # 2424

Dear Administrator:

This letter addresses Compliance Determination(s) 34418 (Completion Date 01/03/2024) and 30906 (Completion Date 10/30/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/03/2024 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-2474-2-e, WAC 388-78A-2474-2-d, WAC 388-78A-2480-1, WAC 388-78A-3090-1-a, WAC 388-78A-3090-1-b, WAC 388-78A-2468-1, WAC 388-78A-2450-3-d-i-A

The Department staff who did the on-site verification:
Jodi Condyles, ALF Licensor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 2424	Compliance Determination # 30906
Plan of Correction	Welcome Home (Oak Harbor Senior Memory Care)	Completion Date
Page 1 of 9	Licensee: 2016 S & S	10/30/2023

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 10/09/2023 and 10/16/2023 of:
Welcome Home (Oak Harbor Senior Memory Care)
235 SW 6TH AVE
OAK HARBOR, WA 98277

The following sample was selected for review during the unannounced on-site visit: 7 of 35 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, ALF Licensor
Christine Banta, Community Complaint investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley
Residential Care Services

11/06/2023
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) 11/15/2023 Date

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:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interviews and record reviews the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff members (Staff G and H) had 12 hours of continuing education. This failure resulted in two staff members not having the required continuing education hours and placed all residents at risk of a diminished quality of care due to staff not having current education.

Findings included...

Record review of staff files showed Staff G, Medication Technician, was hired on 05/16/2019. Staff G's file showed 4 hours of the required 12 hours for continuing education was completed.

On 10/11/2023 at 4:28 PM, Staff G stated that they had turned in the documents to Staff A, Executive Director (ED).

Review of email received from the Staff A dated on 10/24/2023 showed the Staff G's continuing education certificates were dated on 10/24/2023 over one week after the inspection.

Record review of staff files showed Staff H, caregiver, was hired on 09/15/2010. Staff H's file showed no evidence that any continuing education hours was completed.

On 10/13/2023 at 1:18 PM, Staff H stated that the previous administrator had record of all the classes they had completed.

No other records were received from Staff A after requesting Staff H's record of continuing education hours on 10/24/2023.

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, Welcome Home (Oak Harbor Senior Memory Care) is or will be in compliance with this law and / or regulation on (Date) 12/13/23.

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

Administrator (or Representative) 11/15/2023 Date

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:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 6 of 6 sampled staff (Staff A, D, E, F, G, and H) completed First Aid/Cardiopulmonary Resuscitation (CPR) training. This failure resulted in 6 staff not having the first aid component of their CPR training and placed all 35 residents at risk for harm due to ALF staff not having been certified to provide basic first aid skills with CPR

Findings included...

Review of staff records on 10/09/2023 at 1:20 PM, showed:

Staff A, Executive Director, was hired on 09/27/2023. The CPR course completed did not include a first aid component.

Staff D, Caregiver, was hired on 08/31/2023. The CPR course completed did not include a first aid component.

Staff E, Caregiver, was hired on 05/02/2023. The CPR course completed did not include a first aid component.

Staff F, Caregiver, was hired on 05/02/2023. The CPR course completed did not include a first aid component.

Staff G, Medication Technician, was hired on 05/16/2019. The CPR course completed did not include a first aid component.

Staff H, Caregiver, was hired on 09/15/2010. The CPR course completed did not include a first aid component.

On 10/26/23 at 11:42 AM, Staff A stated that they would look into a CPR course that included first aid.

Plan/Attestation Statement

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

Administrator (or Representative) — Date: 11/15/2023

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff D and F) were screened for tuberculosis (TB) within three days of hire. This failure resulted in two staff not having TB screenings before working with residents and placed all 35 residents at risk of possible exposure to a communicable disease.

Findings included...

Record review of staff files showed Staff D, caregiver, was hired on 08/31/2023. Records show a TB test was done on 09/07/2023, seven days after hire.

On 10/23/2023 at 2:34 PM, Staff D stated that there was no TB test done prior to 09/07/2023.

Record review of staff files showed Staff F was re-hired on 05/02/2023. Records showed no TB test was completed within three days of hire. Records showed Staff F completed a TB test on 12/08/2020.

On 10/13/2023 at 1:35 pm, Staff F stated that they were told that their previous TB test was still valid and that there was no need to do another one.

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, Welcome Home (Oak Harbor Senior Memory Care) is or will be in compliance with this law and / or regulation on (Date) 12/13/23.

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

Administrator (or Representative) 11/15/2023 Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

This requirement was not met as evidenced by:

Based on observations and interview, the Assisted Living Facility (ALF) failed to provide a safe, sanitary, well-maintained environment for residents living at the ALF. This failure resulted in residents living in an unsafe and unsanitary environment and placed them at risk for injury and a decreased quality of life.

Findings included...

On 10/09/2023 at 10:37 AM, in the community bathroom in the west wing, the toilet riser was observed to be loose at the right handle, allowing it to collapse when weight had been applied to it.

On 10/11/2023 at 12:52 PM, Resident 3 stated that when they tried to stand up from the toilet by holding on to the right handle of the toilet riser, the handle bent out towards the wall, not supporting their weight.

On 10/09/2023 at 10:47 AM, the oxygen storage closet was observed to be full of oxygen tanks of various sizes. The oxygen tanks were not secured within the closet space. There were no racks holding the tanks upright. There was a chain loosely wrapped around the smaller oxygen tanks.

On 10/09/2023 at 10:47 AM, Staff A, Executive Director, stated that they would contact the oxygen vendors to ask for racks for the oxygen tanks.

On 10/09/2023 at 11:29 AM, nonskid strips were observed to be half removed and lose on the wheelchair ramp from the west wing exit to the back yard.

On 10/09/2023 at 11:30 AM, Staff A stated that they would repair the non-skid strips on the ramp later that day.

On 10/09/2023 at 11:31AM, the wheelchair ramp exiting the deck toward the yard was observed to have worn off nonskid strips. The ramp had an inch and a half gap to the cement pathway, creating a drop for a wheelchair. This made it difficult for wheelchairs to come up the ramp without getting caught on the lip of the decking.

On 10/09/2023 at 11:33 AM, the wooden cover for the generator outside by the garden was observed to be unsecured, leaving the generator assessable to the residents.

On 10/09/2023 at 11:33 AM, Staff A stated that they would get the wooden cover fixed.

On 10/16/2023 at 11:58 AM, in the main kitchen a dust covered fan was observed leaning against the food prep table. The front cover of the fan was missing.

In an interview, Staff I, Cook, stated that the fan was there for when it was hot but that the fan fell apart and no longer worked. Staff I stated they were planning to move it to the basement.

Plan/Attestation Statement

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Page 7 of 9	Licensee: 2016 S & S	10/30/2023

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, Welcome Home (Oak Harbor Senior Memory Care) is or will be in compliance with this law and / or regulation on (Date) 12/13/2023

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

Administrator (or Representative) 11/15/2023 Date

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review the assisted living facility (ALF) failed to submit the name and date of birth background check within one business day for 2 of 6 staff (Staff A and H). This failure placed all residents at risk of being cared for by an employee with a disqualifying background.

Findings include...

Staff A, Executive Director (ED), was hired on 09/27/2023. Record review revealed no background check was submitted within one business day of Staff A having access to the facility residents.

On 09/29/2023 at 2:12 PM, Staff A stated that they started on 09/27/2023 and was working with the previous ED. Staff A stated that there was no time to get a background check because they had to start immediately.

In an interview on 10/10/2023, Staff A stated that they had completed the name and date of birth background on 10/10/2023.

On 10/19/2023 the BCCU unit confirmed Staff A completed her name and date of birth background check on 10/10/2023 and was cleared on 10/16/2023 after further review for accuracy.

Staff H, Caregiver, was hired on 09/15/2010. Record review revealed no name and date of birth background check was submitted within one business day of Staff H having access to the facility residents.

In an interview on 10/13/2023, Staff H stated that they had completed the name and date of birth background check when it was a different facility.

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, Welcome Home (Oak Harbor Senior Memory Care) is or will be in compliance with this law and / or regulation on (Date) 12/13/23 .

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

Administrator (or Representative) 11/15/2023 Date

WAC 388-78A-2450 Staff.

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(A) Training required by chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to maintain the documentation to ensure 1 of 6 staff (Staff H) completed the required dementia and mental health training. This failure resulted in the ALF not having the documentation to show Staff H had the required dementia and mental health training and placed residents with mental health diagnoses at risk of not receiving proper care.

Findings included...

Review of staff files on 10/09/2023 at 1:20 PM, showed Staff H was rehired on 09/15/2023. There was no record found that Staff F completed Dementia and Mental

Health training.

On 10/13/2023 at 2:46 PM, Staff H, Caregiver, stated that they had completed both the Dementia and Mental Health training years ago and had turned in their certificates to the previous administrator.

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, Welcome Home (Oak Harbor Senior Memory Care) is or will be in compliance with this law and / or regulation on (Date) 12/3/23 .

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

Administrator (or ~~Representative~~) 11/15/2023 Date