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

White House Inc
Whitehouse Inc
1534 N Cedar St
Spokane, WA 99201

RE: Whitehouse Inc License # 2431

Dear Administrator:

This letter addresses Compliance Determination(s) 25536 (Completion Date 06/20/2023) and 23775 (Completion Date 05/15/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/20/2023 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-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2484

The Department staff who did the on-site verification:
Ann Demakas, LTC Licensor

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

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

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

Statement of Deficiencies	License #: 2431	Compliance Determination # 23775
Plan of Correction	Whitehouse Inc	Completion Date
Page 1 of 3	Licensee: White House Inc	05/15/2023

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 an unannounced on-site follow-up on 05/11/2023, 05/11/2023, and 05/11/2023 of:
Whitehouse Inc
1534 N Cedar St
Spokane, WA 99201

This document references the following SOD dated: 05/15/2023

The following sample was selected for review during the unannounced on-site visit: 5 of 21 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Ann Demakas, LTC Licensor

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

05/24/2023
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.

Statement of Deficiencies	License #: 2431	Compliance Determination #: 23775
Plan of Correction	Whitehouse Inc	Completion Date
Page 2 of 3	Licensee: White House Inc	06/15/2023

Administrator (or Representative)

6/5/2023
Date

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 facility failed to ensure staff were screened for tuberculosis (TB) within three days of hire and received a second test one to three weeks after the first test for 2 of 6 staff (Staff B and C). This placed residents at risk of exposure to TB, an infectious bacterial disease of the lungs.

Findings included...

Record review of Staff B's, Caregiver, undated personnel file showed they were hired on 02/10/2023. Staff B's personnel file showed they did not receive their first step TB skin test until 03/29/2023, six weeks after hire. Staff B's file showed they did not receive their second step TB skin test until 05/10/2023, six weeks after the first test.

Record review of Staff C's, Caregiver, undated personnel file showed they were hired on 08/31/2022. Staff C's personnel file showed they did not receive their first step TB skin test until 01/09/2023, 19 weeks after hire. Staff C did not have a second step TB skin test.

In an interview on 05/11/2023 at 10:00 AM, Staff A, Manager, stated that Staff B was scheduled to have their second step TB skin test read between 05/12/2023 and 05/13/2023, past the three-week due date following the first TB test.

In an interview on 05/11/2023 at 12:21 PM, Staff A stated that staff had trouble getting their TB skin tests on time, due to long wait times at the clinics. Staff A further stated that staff had to wait for their paychecks before they could pay for the TB testing.

In an interview on 05/15/2023 at 09:58 AM, Staff A stated that Staff C had their second step TB skin test administered on 05/12/2023, past the three-week due date following the first TB test.

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This is an uncorrected deficiency previously cited on 03/20/2023

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, Whitehouse Inc is or will be in compliance with this law and / or regulation on (Date) 6/12/2023

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

Administrator (or Representative) 6/5/2023 Date

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

Statement of Deficiencies Plan of Correction Page 1 of 8	License #: 2431 Whitehouse Inc Licensee: White House Inc	Compliance Determination # 21493 Completion Date 03/29/2023

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 03/21/2023 and 03/23/2023 of:
Whitehouse Inc
1534 N Cedar St
Spokane, WA 99201

The following sample was selected for review during the unannounced on-site visit: 8 of 21 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Carla Rose, NCI Community Licensor
Ann Demakas, LTC Licensor

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 Salzquist
Residential Care Services

04/04/2023
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.

Statement of Deficiencies | License #: 2431 | Compliance Determination # 21493
Plan of Correction | Whitehouse Inc | Completion Date
Page 2 of 8 | Licensee: White House Inc | 03/29/2023

Complete 4/30/23

Administrator (or Representative)

Date 4/13/2023

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure residents received the care and services outlined in their Negotiated Service Agreements (NSA) regarding dietary restrictions and modifications for 2 of 8 residents (Resident 1 and 2). This deficient practice placed residents at risk of unmet dietary needs.

Findings included...

Resident 1

Review of Resident 1's NSA dated 12/09/2022, showed that Resident 1 had a history of polydipsia (great thirst) and that the resident would drink fluids of any source. Resident 1's NSA showed that they had a history of high fluid intake causing low sodium and that they would fill themselves up with fluids and then not want to eat served meals. Resident 1's NSA directed staff to cue resident to monitor fluid intake and to decrease fluid intake prior to mealtime.

On 03/23/2023 at 10:02 AM, Resident 1 was observed with two containers of liquid that they were drinking from. Resident 1 stated that they drink a lot of pop, no one had told them to cut down on drinking, and that there was no limit on what they drank.

On 03/22/2023 at 3:32 PM, Staff C, Caregiver, stated that they pushed fluids if they observed a resident not drinking, but there were no residents with fluid restrictions.

On 03/22/2023 at 3:51 PM, Staff G, Manager, stated that they cue residents if they needed extra fluids, but there were no residents with fluid restrictions.

Resident 2

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Compliance Determination # 21493
Completion Date
03/29/2023

Review of Resident 2's NSA dated 01/09/2023, showed that Resident 2's food was to be cut into small bites and they were not allowed to have nuts, seeds, and raw crunchy foods.

On 03/22/2023 at 3:45 PM, Staff A, Administrator stated that no one was on a special diet.

On 03/23/2023 at 11:15 AM, Staff A and Staff H, Cook, both stated there were no residents with food restrictions or modifications. Staff A stated, if there were diet restrictions, they would be posted on the cabinet in the kitchen. Staff showed department staff that there were no diet restrictions posted for any residents.

On 03/23/2023 at 11:21 AM, Staff I, Caregiver; stated they were not aware of any residents with dietary restrictions or modifications.

On 03/23/2023 at 2:31 PM, Staff A, stated they were not aware that Resident 2 had any restrictions.

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, Whitehouse Inc is or will be in compliance with this law and / or regulation on (Date) 4/30/23.

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

Administrator (or Representative) ..... Date 4/13/23

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;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the Negotiated Service Agreements (NSA's) were signed by the residents and/or their representatives for 2 of 8 residents (Resident 2 and Resident 8). This deficient practice placed residents at risk of not receiving agreed upon care and services.

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Findings included...

On 03/22/2023, review of Resident 2's annual NSA dated 01/09/2023 did not show a signature by the resident or their representative.

On 03/22/2023, review of Resident 6's annual NSA dated 12/02/2022, did not show a signature by the resident or their representative.

On 03/22/2023 at 3:56 PM, Staff A, Administrator, stated, "We need to get better. There are a few not signed."

On 03/22/2023 at 3:57 PM, Staff G, Manager, stated that if there were no signatures it was because they did not get to go through the NSA with the resident.

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 4/13/23

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 facility failed to complete screening for tuberculosis (TB) for 3 of 6 staff (Staff B, C and D) within three days of employment and failed to ensure the required second step TB skin test was completed for 2 of 6 staff (Staff B and C). This placed residents at risk of exposure to TB infection, a communicable disease.

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Completion Date
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Findings included...

On 03/23/2023, review of Staff B's, Caregiver, personnel file showed they were hired on 01/15/2022. Staff B's personnel file showed they received their first step TB skin test on 03/11/2022. Staff B's personnel file showed they did not receive their second step TB skin test.

On 03/23/2023, review of Staff C's, Caregiver, personnel file showed they were hired on 08/31/2022. Staff C's personnel file showed they did not receive their first step TB skin test until 01/09/2023. Staff C's file showed they did not receive their second step TB skin test.

On 03/23/2023, review of Staff D's, Caregiver, personnel file showed they were hired on 03/08/2023. Staff D's file showed they had not received their TB skin tests.

In an interview on 03/23/2023 at 1:00 PM, Staff G, Manager, stated Staff C did not have their second step TB skin test read and would need to have it redone.

In an email on 03/24/2023 at 11:57 AM, Staff G stated that Staff D had not gotten their TB skin tests.

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, Whitehouse Inc is or will be in compliance with this law and / or regulation on (Date): 4/30/23.

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

Administrator (or Representative) — Date: 4/14/23

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff

persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Washington state name and date of birth background check was submitted every two years for 1 of 6 staff (Staff F). This failed practice placed residents at risk of receiving unsupervised care and services from a potentially disqualified staff member.

Findings included...

Review of the personnel file for Staff F, Caregiver, showed they were hired on 05/19/2020 and their Washington state name and date of birth background check was completed on 05/26/2020.

On 03/23/2023, Staff F's personnel file showed that their required two-year name and date of birth background check was not completed until 03/16/2023.

Review of staff schedules dated 03/05/2023 to 03/25/2023, showed that Staff F worked the following dates: 03/05/2023 through 03/08/2023, 03/12/2023 through 03/15/2023, and 03/19/2023 through 03/22/2023.

On 03/24/2023, Staff G, Manager, stated there was no record that the background check was completed on time.

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, Whitehouse Inc is or will be in compliance with this law and / or regulation on (Date) 4/30/23.

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

Administrator (or Representative) Date 4/13/23

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 observation and interview, the facility failed to maintain the premises in a clean, sanitary environment free from hazards. This deficient practice placed residents at risk of harm and a decreased quality of life.

Findings included...

Observations during the environmental tour of the duplexes on 03/21/2023 at 1:19 PM, showed that two of the bathrooms had brown, cracked caulking around the base of the toilets. There were three toilet plungers with brown debris on them, placed in a plastic tub, that also had brown and white debris in it, next to the toilets.

On 03/21/2023 at 1:25 PM, observations showed the wooden ramp leading to the entrance of the main building was uneven; that several boards in the middle of the ramp were sagging down, and the next board up the ramp was at normal height, creating an unsafe, uneven walking surface. There was a mat covering the sagging area and raised board.

Observations on 03/22/2023 from 11:00 AM to 3:30 PM, showed the mat covering the uneven boards on the ramp, had slid down, exposing the uneven surface.

In an interview on 03/21/2023 at 3:45 PM, Staff G, Manager, stated that they make sure the rug is covering the uneven surface and that Staff A, Administrator had planned to repair it when the weather got better, but there was no set date planned for the repair.

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, Whitehouse Inc is or will be in compliance with this law and / or regulation on (Date) 4/30/23.

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

Administrator (or Representative) Date 4/14/23

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License #: 2431
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03/29/2023

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to maintain a current food handler permit (FHP) for 1 of 6 Staff (Staff A). This deficient practice placed residents at risk of food borne illness.

Findings included...

On 03/23/2023, review of Staff A's, Administrator, personnel file showed their FHP had expired on 06/19/2020.

Observations on 03/22/2023 at 10:48 AM and 03/23/2023 at 11:15 AM, showed Staff A was preparing food in the kitchen.

On 03/22/2023 at 11:00 AM, Staff A stated they were training a new cook that day.

On 03/23/2023 at 2:42 PM, Staff A stated they were not aware their FHP had expired.

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, Whitehouse Inc is or will be in compliance with this law and / or regulation on (Date) 4/30/23.

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

Administrator (or Representative) Date 4/13/22