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

Moores Assisted Living Inc
Moore's Assisted Living Inc
1803 W Pacific Ave
Spokane, WA 99201

RE: Moore's Assisted Living Inc License # 2446

Dear Administrator:

This letter addresses Compliance Determination(s) 43872 (Completion Date 07/09/2024) and 40918 (Completion Date 05/17/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/09/2024 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-2210-1-b, WAC 388-78A-2210-2-a, WAC 388-78A-2730-1-a, WAC 388-78A-2730-1-b, WAC 388-78A-2300-1-g

The Department staff who did the on-site verification:
Tethra Wales, Assisted Living Facility 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

This document was prepared by Residential Care Services for the Locator website.

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 #: 2446	Compliance Determination # 40918
Plan of Correction	Moore's Assisted Living Inc	Completion Date
Page 1 of 6	Licensee: Moores Assisted Living Inc	05/17/2024

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 05/09/2024, 05/10/2024, 05/14/2024 and 05/15/2024 of:
Moore's Assisted Living Inc
1803 W Pacific Ave
Spokane, WA 99201

The following sample was selected for review during the unannounced on-site visit: 4 of 9 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Joy Pipgras, LTC Surveyor
Tethra Wales, Assisted Living Facility 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.

Residential Care Services — 05/22/2024 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.

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Statement of Deficiencies	License #: 2446	Compliance Determination # 40918
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Administrator (or Representative) 5/30/2024 Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that new medication orders were implemented and available for administration for 1 of 4 sampled residents (Resident 1) and that medications were administered as prescribed for 2 of 4 sampled residents (Resident 1 and 2). These failures resulted in Resident 1 and Resident 2 not receiving medications as ordered and placed residents at risk of health complications.

Findings included...

<Resident 1>

Review of Resident 1's Negotiated Service Plan (NSA, the facility's titled negotiated service agreement), dated 04/03/2024, showed the resident was diagnosed with [redacted]. Further review showed that the facility will "Provide medications as directed by MD" and "coordinate all medication supply and delivery with pharmacy."

Review of Resident 1's April 2024 and May 2024 medication administration records (MARs) showed three orders for long-acting insulin injections (injectable medication used to lower blood sugar):

*Insulin Glargine Solostar Pen 10 units - start date of 01/18/2024
*Basaglar Kwikpen 10 units - discontinued on 04/10/2024
*Basaglar Kwikpen 13 units - start date of 04/10/2024

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Further review of the Mars showed staff had initialed confirming administration for the Insulin Glargine Solostar Pen on 4/01/2024 – 05/14/2024.

In an interview on 05/14/2024 at 2:28 PM, Staff D, Manager, stated that they telephoned the pharmacy to request documentation and was told that the current order for Resident 1's insulin was the Basaglar Kwikpen 13 units. Staff D further stated that they should have administered the Basaglar Kwikpen 13 units beginning on 04/10/2024 and discontinued administration of the Insulin Glargine Solostar Pen the same day. Staff D confirmed that they were not aware of the change to the medication order (despite being on the MAR).

<Resident 2>

Review of Resident 2's NSA, dated 09/07/2023, showed the resident was diagnosed with [redacted] Further review showed that Resident 2 needed reminders and assistance with medications.

Review of Resident 2's physicians orders, dated 09/01/2023, showed that the resident was to receive lamotrigine 200 MG (seizure medication) twice daily for epilepsy.

Review of Resident 2's February 2024, March 2024, April 2024, and May 2024 MARs showed Resident 2 was "Out of Facility" and did not receive their 5:00 PM dose of lamotrigine on the following dates: 02/02/2024, 02/03/2024, 02/05/2024, 02/06/2024, 02/09/2024,02/21/2024, 02/29/2024, 03/01/2024, 03/08/2024, 03/11/2024, 03/15/2024, 03/19/2024, 03/20/2024, 03/27/2024, 03/28/2024, 03/31/2024, 04/03/2024, 04/10/2024, 04/12/2024, 04/15/2024, 04/18/2024, 04/19/2024, 04/23/2024, 05/10/2024.

Review of Resident 2's undated medical chart showed no documentation of communication with the resident, or that the prescriber or resident's representative had been contacted regarding the missed medication.

In an interview on 05/14/2024 at 1:05 PM, Staff D stated that they were not aware that Resident 2 had not been taking their second dose of lamotrigine consistently, and that the resident often left in the afternoons without notifying staff. When the department inquired if the medication was offered upon Resident 2's return, or if the provider was contacted about taking the medication later, Staff D stated they "did not know".

Plan/Attestation Statement

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Statement of Deficiencies	License #: 2446	Compliance Determination # 40918
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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, Moore's Assisted Living Inc is or will be in compliance with this law and / or regulation on (Date) 6/30/2024

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

Administrator (or Representative) Robert W Kerson Date 5/30/2024

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(a) The operation of the assisted living facility;

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had completed respirator fit testing annually for 4 of 4 sampled staff (Staff A, B, C, and D). This failure placed residents and staff at risk of exposure to an infectious communicable disease should an outbreak occur.

Findings included...

Per WAC 296-842-15005, facilities must conduct fit testing (test completed by specially trained personnel to ensure N95 mask seals effectively to reduce the chance of exposure to respiratory viruses) before employees are assigned duties that may require the use of respirators and at least every twelve months after initial testing.

Review of a Department of Social and Health Services provider letter, dated 09/14/2023, showed that employers in Long Term Care settings are responsible to "follow regulations pertaining to respiratory protection," including respirator fit testing for long term care workers.

Review of Staff A's, Caregiver, personnel file showed a hire date of 04/17/2023. Further review showed no documentation of respirator fit testing.

Review of Staff B's, Caregiver, personnel file showed a hire date of 11/05/2021. Further review showed no documentation of respirator fit testing.

Review of Staff C's, Caregiver, personnel file showed a hire date of 09/13/2013. Further

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review showed no documentation of respirator fit testing.

Review of Staff D's, Manager, personnel file showed a hire date of 05/21/2009. Further review showed one expired record of respirator fit testing completed on 07/21/2022.

In an interview on 04/15/2024 at 1:01 PM, Staff E, Administrator, indicated they were not currently conducting fit testing.

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, Moore's Assisted Living Inc is or will be in compliance with this law and / or regulation on (Date) 6/30/2024

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

Betsy M Jefferson — Administrator (or Representative)

5/30/2024 — Date

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

(1) The assisted living facility must:

(g) Make available and give residents alternate choices in entrees for midday and evening meals that are of comparable quality and nutritional value. The assisted living facility is not required to post alternate choices in entrees on the menu one week in advance, but must record on the menus the alternate choices in entrees that are served;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to provide alternative choices at meals for 9 of 9 residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, and 9). This failed practice placed residents at risk of not receiving equal nutritional value or a variety in choices.

Findings included...

Review of the characteristic roster showed nine residents resided at the facility.

Review of the four-week rotation of menus showed that the alternative for breakfast was cold cereal, and the noon time and dinner meal alternative was a peanut butter and jelly sandwich. Further review showed one of the scheduled lunches was a peanut butter and jelly sandwich and minestrone soup as the entrées, with an alternative of a peanut butter

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and jelly sandwich.

During the group meeting on 05/10/2024 at 9:40 AM, three residents (Resident 2, 7, and 8) stated that the only alternative was a peanut butter and jelly sandwich and that there were no other options. The residents further stated that if they didn't like the entrée or want a peanut butter and jelly sandwich, they used their own money to go buy food.

In an interview on 05/14/2024 at 1:00 PM, Staff D, Manager, confirmed that peanut butter and jelly sandwiches were the only alternative and stated "if the guys don't like what we serve, they go and buy their own food."

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, Moore's Assisted Living Inc is or will be in compliance with this law and / or regulation on (Date) 6/30/2024

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

Debby M. McKeown — 5/30/2024

Administrator (or Representative) — Date

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Moores Assisted Living Inc
Moore's Assisted Living Inc
1803 W Pacific Ave
Spokane, WA 99201

RE: Moore's Assisted Living Inc # 2446

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 05/17/2024 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:

Stephanie Jenks, Field Manager
Residential Care Services
Region 1, Unit B
8517 E Trent Ave, Ste 102

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Spokane Valley, WA 99212

• 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-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

The facility had a resident whose family provided the resident's over-the-counter medications. The facility administration was not aware of the need for a plan that outlined who would provide the medications if the family could not. The facility administration stated they would put a plan in place with the resident's family immediately.

You Are Not:

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• 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)993-7821.

Sincerely,

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

Enclosure

This document was prepared by Residential Care Services for the Locator website.