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

BFG Kennewick Master Tenant LLC
Ciel Senior Living of the Tri-Cities Memory Care
575 N Young St
Kennewick, WA 99336

RE: Ciel Senior Living of the Tri-Cities Memory Care License # 2448

Dear Administrator:

This letter addresses Compliance Determination(s) 46845 (Completion Date 09/11/2024) and 44536 (Completion Date 07/26/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/11/2024 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-2140-1-a, WAC 388-78A-2140-1-c, WAC 388-78A-2140-1-d, WAC 388-78A-2140-2, WAC 388-78A-2140-5, WAC 388-78A-2140-7, WAC 388-78A-2320-1-b, WAC 388-78A-2320-2-b, WAC 388-78A-2380-3, WAC 388-78A-2381-2-a-iv, WAC 388-78A-2680-2-a-ii, WAC 388-78A-2680-2-a-i

The Department staff who did the on-site verification:
Anna Cairns, ALF Long Term Care Surveyor
Tracy Ramirez, 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

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 07/23/2024, 07/24/2024, 07/25/2024 and 07/26/2024 of:
Ciel Senior Living of the Tri-Cities Memory Care
575 N Young St
Kennewick, WA 99336

The following sample was selected for review during the unannounced on-site visit: 7 of 48 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor
Robin Rainville, Assisted Living Facility Licensor
Jessica Clapp, Assisted Living Facility Licensor
Tracy Ramirez, Assisted Living Facility Licensor
Elizabeth Hall, AFH/ALF 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.

Residential Care Services

07/31/2024
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.

Administrator (or Representative)

8/9/2024
Date

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:

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(5) Appropriate behavioral interventions, if needed;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to develop and document in the resident's record, the plan to meet individual residents' assessed needs which imposed risks to their health and safety, for 5 of 7 residents (Residents 1, 2, 4, 6 and 7). This failure placed residents at risk of harm from needs not being met.

Findings included...

<Resident 1>

Observation on 07/24/2024 at 10:22 AM showed three call cords present in Resident 1's room.

In an interview on 07/24/2024 at 10:35 AM, Resident 1 stated they would "yell like a son of a gun" if they needed to call for help in their room. When asked what the call cords in their room were for, Resident 1 was unable to identify their purpose (unsure of how to

Administrator (or Representative) Date

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:

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(5) Appropriate behavioral interventions, if needed;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to develop and document in the resident's record, the plan to meet individual residents' assessed needs which imposed risks to their health and safety, for 5 of 7 residents (Residents 1, 2, 4, 6 and 7). This failure placed residents at risk of harm from needs not being met.

Findings included...

<Resident 1>

Observation on 07/24/2024 at 10:22 AM showed three call cords present in Resident 1's room.

In an interview on 07/24/2024 at 10:35 AM, Resident 1 stated they would "yell like a son of a gun" if they needed to call for help in their room. When asked what the call cords in their room were for, Resident 1 was unable to identify their purpose (unsure of how to

utilize call system for help). During the interview, Resident 1 was unable to comprehend and respond accurately to questions and their representative who was present had to answer for them.

In an interview on 07/25/2024 at 3:28 PM, Staff E, Director of Nursing/Registered Nurse (RN), stated that Resident 1 had a history of behavioral disturbances and hallucinations and was an elopement risk.

Review of a progress note, dated 06/19/2024, showed that Resident 1's family informed the ALF that the resident had a history of urinating in inappropriate places. Additionally, the family member stated that Resident 1 would become sexually inappropriate during showers.

Review of a progress note, dated 07/14/2024, showed that Resident 1 came directly to staff, rather than using their call light, to report that they had fallen in their room and hit their head on the wall. The resident was evaluated by emergency medical technicians for a possible head injury.

Review of Resident 1's full assessment, dated 07/22/2024, showed that the resident was diagnosed with [redacted] and [redacted] In the section regarding the use of a call light, the "none apply" box was checked. The assessment showed that Resident 1 was not oriented to place or time, and that they required one safety check per shift.

Review of Resident 1's negotiated service agreement (NSA), dated 07/22/2024 showed no documentation of the resident's ability to leave the facility unsupervised, nor did it include the resident's ability to use a call light or how they would seek help when needed. The NSA also did not show that the resident had behavioral disturbances and hallucinations, or what the staff were to do for such occurrences.

<Resident 2>

Review of Resident 2's assessment, dated 02/15/2024, showed that the resident was diagnosed with [redacted] and [redacted]. The assessment showed that Resident 2 required administration of their oral medication as well as eye drops. The assessment further showed that Resident 2 was not able to leave the facility unsupervised.

In an interview on 07/25/2024 at 10:07 AM, Staff E stated that Resident 2 required nurse delegation (nursing tasks such as medication administration that are performed by a medication technician under the direction of a RN) for their oral medication and their eye drops. Staff E stated that they were aware that Resident 2's NSA needed to be updated.

Observation on 07/25/2024 at 11:09 AM showed Resident 2 lying in their bed on their right side. The resident reached out for a bottle of water on their nightstand, and missed where it was and had to feel around until their hand touched it. Resident 2's right eye was observed to be opaque and cloudy in appearance.

In an interview on 07/25/2024 at 11:12 AM, Collateral Contact 2, representative for Resident 2, stated that the resident required staff to spoon their medications into their mouth with a bite of applesauce.

Review of facility nurse delegation records showed that the resident was assessed by a RN delegator to require delegation of their oral medication administration as well as their eye drops, on the following dates: 12/04/2023, 03/03/2024, 03/06/2024, 05/03/2024 and 05/20/2024.

Review of Resident 2's NSA, dated 02/15/2024, showed no documentation of the resident's ability to leave the facility unsupervised. The NSA did not show direction for staff on what Resident 2's vision needs were regarding being blind in one eye. The NSA did not show that Resident 2 required nurse delegation for their medication administration.

<Resident 4>

In an interview on 07/25/2024 at 2:10 PM, Resident 4 stated that they had a private caregiver, and the private caregiver was observed to be in the room with the resident.

Review of Resident 4's full assessment, dated 06/24/2024, showed that the resident was unable to leave the ALF unsupervised.

Review of Resident 4's NSA, dated 07/23/2024, showed the resident was diagnosed with [redacted]. The NSA did not include documentation that Resident 4 had a private caregiver or what their roles and responsibilities were, nor did it show that the resident could not leave the ALF unsupervised.

In an interview on 07/26/2024 at 9:32 AM, Staff E, stated that they learned of Resident 4's private caregiver this week and acknowledged that it was not in the resident's NSA.

<Resident 6>

Review of Resident 6's facility assessment, dated 07/01/2024, showed that the resident was diagnosed with [redacted]. The assessment showed that the resident was not able to leave the facility unsupervised.

Review of Resident 6's NSA, dated 07/23/2024, showed no documentation of the resident's ability to leave the facility unsupervised.

<Resident 7>

Observation on 07/25/2025 at 9:02 AM, showed that there were two pull cords in Resident 7's room.

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In an interview on 07/25/2024 at 8:17 AM, CC4, representative for Resident 7, stated that the resident was unable to make choices about the care and services they received at the facility due to their dementia.

Review of Resident 7's assessment, dated 07/18/2024, showed that the resident was diagnosed with [redacted] and [redacted] In the section regarding the use of a call light, the "none apply" box was checked. Resident 7's assessment further showed that the resident required administration of crushed medications and prescription eye drops.

Review of the facility nurse delegation records showed that Resident 7 was assessed by a RN delegator to require delegation of their oral medication administration, eye drops, and their hospice comfort medication kit on the following dates: 12/04/2023, 03/03/2024, 03/06/2024, 05/03/2024.

Review of Resident 7's NSA, dated 07/18/2024, showed it did not include the services and frequency of hospice services or that Resident 7 required nurse delegation for their medication administration. Resident 7's NSA did not include the resident's ability to use the call light system, or interventions if they experienced hallucinations.

In an interview on 07/26/2024 at 10:08 AM, Staff E stated that the electronic health record system was not pulling all of the information from the residents' assessments into the NSAs.

In an interview on 07/25/2024 at 11:02 AM, Staff M, Caregiver, stated that they would go to the Resident's NSA to find out how to care for a particular resident.

In an interview on 07/26/2024 at 11:10 AM, Staff K, Caregiver stated that they would go to the Resident's NSA to find out how to care for a particular resident.

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, Ciel Senior Living of the Tri-Cities Memory Care is or will be in compliance with this law and / or regulation on (Date) 8/30/2024.

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

Administrator (or Representative) 8/2/2024 Date

WAC 388-78A-2320 Intermittent nursing services-systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

In an interview on 07/25/2024 at 8:17 AM, CC4, representative for Resident 7, stated that the resident was unable to make choices about the care and services they received at the facility due to their dementia.

Review of Resident 7's assessment, dated 07/18/2024, showed that the resident was diagnosed with [redacted] and [redacted]. In the section regarding the use of a call light, the "none apply" box was checked. Resident 7's assessment further showed that the resident required administration of crushed medications and prescription eye drops.

Review of the facility nurse delegation records showed that Resident 7 was assessed by a RN delegator to require delegation of their oral medication administration, eye drops, and their hospice comfort medication kit on the following dates: 12/04/2023, 03/03/2024, 03/06/2024, 05/03/2024.

Review of Resident 7's NSA, dated 07/18/2024, showed it did not include the services and frequency of hospice services or that Resident 7 required nurse delegation for their medication administration. Resident 7's NSA did not include the resident's ability to use the call light system, or interventions if they experienced hallucinations.

In an interview on 07/25/2024 at 10:06 AM, Staff E stated that the electronic health record system was not pulling all of the information from the residents' assessments into the NSAs.

In an interview on 07/25/2024 at 11:02 AM, Staff M, Caregiver, stated that they would go to the Resident's NSA to find out how to care for a particular resident.

In an interview on 07/26/2024 at 11:10 AM, Staff K, Caregiver stated that they would go to the Resident's NSA to find out how to care for a particular 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

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that a safe system was implemented for nurse delegation as required for 1 of 4 residents (Resident 4) who received delegated task assistance from staff. This failure placed residents at risk of their nursing needs not being met and staff providing without being delegated to perform.

Findings included...

Review of Washington Administrative Code (WAC) 246-840-0010 showed that delegation meant that a Registered Nurse could assign specific nursing tasks to competent staff by following the nurse delegation process.

Review of WAC 246-840-930 showed that the Registered Nurse Delegator (RND) was to assess the resident, identify specific tasks to be delegated, and provide direction to staff for each task for individual residents.

Review of the ALF's undated Disclosure of Services showed that the facility offered nurse delegation.

Review of the ALF's resident characteristic roster showed that Resident 4 moved into the ALF on [redacted]/2024, and that they required insulin (an injected medication to regulate blood sugar).

Review of Resident 4's admission orders, dated 06/14/2024, showed that the resident was diagnosed with [redacted]. Resident 4's admission orders showed that the resident required insulin injections and had a device under the skin that continuously read their blood sugar levels.

Review of Resident 4's pre-admission assessment, dated [redacted]/2024, showed that the resident required nurse delegation, insulin injections and fingerstick blood sugar testing (a finger prick test to monitor blood sugar levels) three times daily. Resident 4's pre-admission assessment also showed that they required a RND for the insulin injections.

Review of Resident 4's full assessment, dated 06/24/2024, showed that the resident

required staff to administer their insulin and perform their fingerstick blood sugar testing.

Review of Resident 4's Negotiated Service Agreement (NSA), dated 07/23/2024, showed that staff were required to assist in fingerstick blood sugar testing four times per day, monitor, and record the blood sugar levels. Resident 4's NSA showed that staff were to administer the resident's insulin injections.

Review of Resident 4's June 2024 Medication Administration Record (MAR), showed that the resident required routine insulin three times a day. Resident 4's MAR showed that staff were to check their blood sugar three times a day before meals.

Review of Resident 4's July 2024 MAR, showed the resident required routine insulin three times a day.

Resident 4's MAR showed that the blood sugar testing changed to four times a day on 07/17/2024. Resident 4's MAR further showed that the blood sugar device should be placed on the back of the arm and changed every 14 days. The MAR did not show who was responsible for changing the device out for Resident 4.

In an interview on 07/23/2024 at 12:51 PM, Staff E, Director of Nursing/Registered Nurse, stated that the ALF used an outside delegation agency for residents that required nurse delegation.

In an interview on 07/25/2024 at 12:27 PM, Staff J, Medication Technician, stated that for Resident 4, staff administered their insulin injections three times a day and checked their blood sugar four times daily. Staff J stated that they were not delegated for Resident 4 by the RND agency the facility used.

In an interview on 07/25/2024 at 2:10 PM, Resident 4 stated that the staff sometimes checked their blood sugar with a fingerstick, and other times used the device.

In an interview on 07/26/2024 at 9:23 AM, Staff E stated that they communicated Resident 4's need for nurse delegation to the outside delegation agency on 06/26/2024 when the RND was onsite at the ALF. Staff E also stated that they had been unable to get ahold of the outside delegation agency for the delegation paperwork for Resident 4.

In an interview on 07/26/2024 at 10:52 AM, Staff I, Medication Technician, stated that they administer Resident 4's insulin and perform fingerstick testing to get the blood sugar levels.

In an interview on 07/26/2024 at 9:45 AM, Collateral Contact 1 (CC1), a representative for the delegation agency, stated that the ALF had not notified them verbally and/or

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electronically of Resident 4's admission and their need for nurse delegation. CC1 stated that they had no delegation setup for Resident 4. CC1 further stated that their last onsite visit at the ALF for delegation was on 06/20/2024.

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, Ciel Senior Living of the Tri-Cities Memory Care is or will be in compliance with this law and / or regulation on (Date) 8/26/2024

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

Administrator (or Representative) 8/21/2024 Date

WAC 388-78A-2350 Freedom of movement. An assisted living facility must ensure all of the following conditions are present before moving residents into units or buildings with exits that may restrict a resident's egress:

(3) The assisted living facility must have a system in place to inform and permit visitors, staff persons and appropriate residents how they may exit without sounding the alarm.

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 system was in place to inform visitors and outside agency staff of how to exit without sounding an alarm for 2 of 3 areas (west side unit and east side unit) that had secured doors. This failure resulted in visitors and outside agency staff being unable to enter and exit the secured areas independently.

Findings included...

Review of the facility's undated Disclosure of Services showed that the facility had, "Restricted use of exit doors in a designated portion of the building designed to serve residents with dementia".

Observation on 07/23/2024 at 1:34 PM, showed that the entrance to the west side memory care unit had secured doors with a keypad and that there was no system to notify persons on how to enter the area.

In an interview on 07/23/2024 at 1:35 PM, Staff H, Maintenance Director, stated that the doors required a code to enter and exit. Staff H stated that the facility had stopped

electronically of Resident 4's admission and their need for nurse delegation. CC1 stated that they had no delegation setup for Resident 4. CC1 further stated that their last onsite visit at the ALF for delegation was on 06/20/2024.

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, Ciel Senior Living of the Tri-Cities Memory Care is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Administrator (or Representative) Date

WAC 388-78A-2380 Freedom of movement. An assisted living facility must ensure all of the following conditions are present before moving residents into units or buildings with exits that may restrict a resident's egress:

(3) The assisted living facility must have a system in place to inform and permit visitors, staff persons and appropriate residents how they may exit without sounding the alarm.

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 system was in place to inform visitors and outside agency staff of how to exit without sounding an alarm for 2 of 3 areas (west side unit and east side unit) that had secured doors. This failure resulted in visitors and outside agency staff being unable to enter and exit the secured areas independently.

Findings included...

Review of the facility's undated Disclosure of Services showed that the facility had, "Restricted use of exit doors in a designated portion of the building designed to serve residents with dementia".

Observation on 07/23/2024 at 1:34 PM, showed that the entrance to the west side memory care unit had secured doors with a keypad and that there was no system to notify persons on how to enter the area.

In an interview on 07/23/2024 at 1:36 PM, Staff H, Maintenance Director, stated that the doors required a code to enter and exit. Staff H stated that the facility had stopped

posting the instructions due to a resident using the code to exit the secured unit unsupervised.

Observation on 07/23/2024 at 1:52 PM, showed that the exit from the west side memory care unit had secured doors with a keypad and that there was no system to notify persons on how to exit.

Observation on 07/26/2024 at 10:38 AM, showed that there was a new red sign posted inside the west wing memory care unit that read, "To exit please ask a staff member to assist you". This sign had not been posted at the initiation of the department's visit.

In an interview on 07/23/2024 at 2:55 PM, Staff H stated that there were four areas with secured doors that used a keypad system and that the doors did not have instructions posted informing individuals how to use them.

In an interview on 07/25/2024 at 2:38 PM, Collateral Contact 3 (CC3), Resident 4's representative, stated that they did not know the code used to enter and exit the memory care unit where Resident 4 resided.

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, Ciel Senior Living of the Tri-Cities Memory Care is or will be in compliance with this law and / or regulation on 8/30/2024
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) — Date: 8/2/2024

WAC 388-78A-2381 General design requirements for memory care.

(2) The facility must provide common areas, including at least one resident accessible common area outdoors. Such common areas should accommodate and offer the opportunity of social interaction, stimulate activity, contain areas with activity supplies and props to encourage engagement, and have safe outdoor paths to encourage exercise and movement.

(a) These areas must have a residential atmosphere and must accommodate and offer opportunities for individual or group activity including:

(iv) Ensuring residents have access to their own rooms at all times without staff assistance.

This requirement was not met as evidenced by:

posting the instructions due to a resident using the code to exit the secured unit unsupervised.

Observation on 07/23/2024 at 1:52 PM, showed that the exit from the west side memory care unit had secured doors with a keypad and that there was no system to notify persons on how to exit.

Observation on 07/26/2024 at 10:36 AM, showed that there was a new red sign posted inside the west wing memory care unit that read, "To exit please ask a staff member to assist you". This sign had not been posted at the initiation of the department's visit.

In an interview on 07/23/2024 at 2:55 PM, Staff H stated that there were four areas with secured doors that used a keypad system and that the doors did not have instructions posted informing individuals how to use them.

In an interview on 07/25/2024 at 2:36 PM, Collateral Contact 3 (CC3), Resident 4's representative, stated that they did not know the code used to enter and exit the memory care unit where Resident 4 resided.

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, Ciel Senior Living of the Tri-Cities Memory Care is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2381 General design requirements for memory care.

(2) The facility must provide common areas, including at least one resident accessible common area outdoors. Such common areas should accommodate and offer the opportunity of social interaction, stimulate activity, contain areas with activity supplies and props to encourage engagement, and have safe outdoor paths to encourage exercise and movement.

(a) These areas must have a residential atmosphere and must accommodate and offer opportunities for individual or group activity including:

(iv) Ensuring residents have access to their own rooms at all times without staff assistance.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure residents had independent access to their rooms without needing staff assistance, for 1 of 7 residents (Resident 2). This failure resulted in a violation of the residents' rights to have free access to their personal space and belongings.

Findings included...

Observation on 07/25/2024 at 11:06 AM showed that Resident 2's apartment door was locked on the outside.

In an interview on 07/25/2024 at 11:09 AM, Collateral Contact 2 (CC2), representative for Resident 2, stated that the resident's apartment door locked automatically and that they did not have keys to unlock the door. CC2 stated that they had to have staff unlock the door for them when they wanted to go into Resident 2's apartment.

In an interview on 07/26/2024 at 9:20 AM, Staff E, Director of Nursing/Registered Nurse, stated that the residents' doors were left unlocked unless requested by family to lock them. Staff E stated that there should be a note in a resident's chart if they preferred the doors to be locked or not.

In an interview on 07/26/2024 at 10:10 AM, Staff E stated that if a resident's family informs the facility of a preference to have the resident's doors locked or not it would be documented on the negotiated service agreement (NSA). Staff E stated that the family would be given door keys upon move in.

In an interview on 07/26/2024 at 10:14 AM, Staff A, Assistant Administrator, stated that care staff had a habit of automatically locking doors due to wandering residents and if family requests it, then they would keep a resident's door unlocked. Staff A stated that it was a common practice to lock apartment doors in a memory care setting.

In an interview on 07/26/2024 at 10:51 AM, Staff L, Medication Technician, stated that it had become "easier" to lock residents' doors, and that residents would need to let them know when they wanted to go into their rooms.

Resident 2's NSA, dated 02/15/2024, did not include documentation of the resident's preference to have their door locked.

Plan/Attestation Statement

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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, Ciel Senior Living of the Tri-Cities Memory Care is or will be in compliance with this law and / or regulation on (Date) 8/30/2024.

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

Administrator (or Representative) — Date: 8/2/2024

WAC 388-78A-2680 Electronic monitoring equipment Audio monitoring and video monitoring.

(2) The assisted living facility may video monitor and video record activities in the facility or on the premises, without an audio component, only in the following areas:

(a) Entrances, exits, and elevators as long as the cameras are:

(i) Focused only on the entrance or exit doorways; and

(ii) Not focused on areas where residents gather.

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure video monitoring did not occur in a common area where residents could gather for 1 of 4 common gathering areas (outdoor courtyard). This failure placed residents at risk of having their right to privacy violated.

Findings included ...

Observation on 07/23/2024 at 2:18 PM showed that there were two cameras facing the outdoor courtyard on the north side of the building where residents could gather.

In an interview 07/23/2024 at 2:21 PM Staff A, Assistant Administrator, stated that the cameras were operable and that they and three other staff members had access to view the video feed.

In an interview on 07/23/2024 at 2:22 PM Staff H, Maintenance Director, stated that they were not aware that cameras could not be in areas where residents gathered.

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, Ciel Senior Living of the Tri-Cities Memory Care is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Administrator (or Representative) Date

WAC 388-78A-2680 Electronic monitoring equipment Audio monitoring and video monitoring.

(2) The assisted living facility may video monitor and video record activities in the facility or on the premises, without an audio component, only in the following areas:

(a) Entrances, exits, and elevators as long as the cameras are:

(i) Focused only on the entrance or exit doorways; and

(ii) Not focused on areas where residents gather.

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure video monitoring did not occur in a common area where residents could gather for 1 of 4 common gathering areas (outdoor courtyard). This failure placed residents at risk of having their right to privacy violated.

Findings included ...

Observation on 07/23/2024 at 2:18 PM showed that there were two cameras facing the outdoor courtyard on the north side of the building where residents could gather.

In an interview 07/23/2024 at 2:21 PM Staff A, Assistant Administrator, stated that the cameras were operable and that they and three other staff members had access to view the video feed.

In an interview on 07/23/2024 at 2:22 PM Staff H, Maintenance Director, stated that they were not aware that cameras could not be in areas where residents gathered.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2448	Compliance Determination # 44536
Plan of Correction	Ciel Senior Living of the Tri-Cities Memory Care	Completion Date
Page 12 of 12	Licensee: BFG Kennewick Master Tenant LLC	07/26/2024

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, Ciel Senior Living of the Tri-Cities Memory Care is or will be in compliance with this law and / or regulation on (Date) 8/30/2024.

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

Administrator (or Representative) — 8/2/2024 Date

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, Ciel Senior Living of the Tri-Cities Memory Care is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Administrator (or Representative) Date

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

BFG Kennewick Master Tenant LLC
Ciel Senior Living of the Tri-Cities Memory Care
575 N Young St
Kennewick, WA 99336

RE: Ciel Senior Living of the Tri-Cities Memory Care # 2448

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 07/26/2024 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 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-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

The Assisted Living Facility failed to ensure a written plan for family assistance with medication was developed that included the required elements. The facility developed a written plan during the licensing inspection.

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:

(ii) Approved by a dietitian; and

(iii) Reviewed and updated as necessary or at least every five years.

The Assisted Living Facility failed to ensure they offered prescribed diets and failed to maintain a diet manual that was reviewed at least every five years by a registered dietician. The facility management had a plan to ensure residents were offered prescribed diets and had a plan to ensure the diet manual was reviewed.

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

The Assisted Living Facility failed to ensure staff were alerted when residents used their communication system to summon staff. The staff would only be alerted to a resident calling for assistance if staff were near the small display screen in the hallway. The facility planned to replace their communication system.

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

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

The Assisted Living Facility (ALF) failed to ensure floors and dining chairs were clean and well-maintained throughout the home. The ALF had a plan for getting quotes to replace the flooring and for the chairs.

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)993-7821.

Sincerely,

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

Enclosure