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

Yakima Operations, LLC
Avamere at Englewood Heights
3710 Kern Way
Yakima, WA 98902

RE: Avamere at Englewood Heights License # 2460

Dear Administrator:

This letter addresses Compliance Determination(s) 25724 (Completion Date 06/22/2023) and 22934 (Completion Date 04/25/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/22/2023 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-2030-1, WAC 388-78A-2150-1, WAC 388-78A-2480-1, WAC 388-78A-2450-2-h, WAC 388-78A-2450-2-h-i, WAC 388-78A-2450-2-h-ii, WAC 388-78A-2450-2-h-iii, WAC 388-78A-2450-2-h-iv, WAC 388-78A-2450-2-h-v, WAC 388-78A-2450-2-h-vi, WAC 388-78A-2450-2-h-vii, WAC 388-78A-2305-1, WAC 388-78A-2660-1

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

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Gwin Kaercher

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Avamere at Englewood Heights
License/Cert.#: 2460
Compliance Determination #: 22934
Investigator: Tracy Ramirez
Provider Type: Assisted Living Facility
Intake ID: 78363
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 04/17/2023 through 04/25/2023
Complainant Contact Date(s): 04/17/2023, 04/26/2023

Allegation(s):

1. The facility did not explain the process for transferring and or help with the named resident's steps while they had received rehabilitation at a skilled nursing facility.
2. The facility had not allowed the named resident's responsible party to be present in a meeting to determine if the named resident would be able to return.
3. The facility had denied the named resident to return to the facility without seeing them.
4. The facility had charged the named resident while out of the facility.

Investigation Methods:

Sample:	Total residents: 50 Resident sample size: 7 Closed records sample size: 0
Observations:	The facility's common areas, resident rooms, resident to resident and staff to resident interactions were observed.
Interviews:	Facility staff, sampled residents, and others not associated with the facility.
Record Reviews:	Resident characteristic roster, resident records (face sheets, care plans, progress notes, medication administration records, temporary service plans (TSPs), physician faxes, hospital notes, outside providers notes, resident agreement, incident/investigations, billing statements) and the facility's resident handbook.

Investigation Summary:

1. The facility communicated with the named resident's responsible party via a documented telephone conversation.
2. The facility communicated directly with the skilled nursing facility (SNF) regarding residents' progress in their rehabilitation to determine if able to return to the facility.
3. The ALF had determined that they would not be able to meet the named resident's needs based off the SNF's therapy notes, progress notes.
4. The facility charged for care and services that the resident did not receive.

Failed practice identified WAC 388-78A-2660. Reference Statement of Deficiencies

(SOD) 04/25/2023.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Yakima Operations, LLC
Avamere at Englewood Heights
3710 Kern Way
Yakima, WA 98902

RE: Avamere at Englewood Heights # 2460

Dear Administrator:

This document references the following complaint numbers 78363, 77073.

The Department completed a full inspection of your Assisted Living Facility on 04/25/2023 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:

Gwin Kaercher, 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-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

The Assisted Living Facility failed to maintain regular immunizations for a pet in the facility.

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

The Assisted Living Facility failed to ensure an employee working as a food service worker maintained their food worker card.

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)208-5231.

Sincerely,

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

Enclosure

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 and complaint investigation on 04/17/2023, 04/18/2023, 04/19/2023, 04/20/2023 and 04/21/2023 of:

Avamere at Englewood Heights
3710 Kern Way
Yakima, WA 98902

This document references the following complaint numbers: 78363, 77073.

The following sample was selected for review during the unannounced on-site visit: 7 of 50 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Elaine Lopez, Licensor
Tracy Ramirez, Assisted Living Facility Licensor
Robin Rainville, Assisted Living Facility Licensor
Anna Cairns, ALF Long Term Care Surveyor

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.

Gwin Kaercher
Residential Care Services

05/04/2023
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.

Administrator (or Representative) 5-12-23 Date

WAC 388-78A-2030 Assisted living facility license required.

(1) An assisted living facility license is required to operate or maintain an assisted living facility as defined in chapter 18.20 RCW and this chapter.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to maintain and post a current ALF license for all 50 residents living in the home. This failed practice resulted in the residents to receive care and services from an unlicensed facility.

Findings included...

During an observation on 04/18/2023 at 1:24 PM showed no current license posted in the ALF. Review of the record showed that the facility's license had expired on 09/30/2022.

Record review of an invoice sent to the facility addressed to the administrator from DSHS Office of Financial Recovery showed payment to renew their license was due by 08/15/2022.

Record review of an email, dated 02/24/2023, sent from the ALF to the licensing department to inquire on all their Washington state facilities license status, due to their memory care facility's full inspection in February 2023 showed their license was not current. On 03/07/2023 the licensing department replied via email with the balance owed to renew their licenses.

On 04/20/2023 at 1:42 PM, Staff A, Administrator, provided a note that stated there was no copy to be found of a current license.

On 04/24/2023 at 11:25 AM interview with Staff A showed there was no process they had to ensure that their license was current and valid. Additionally, their corporate had not noticed it being expired until licensors recognized it during their full inspections.

On 04/21/2023 at 1:02 PM Staff A stated that their corporate team had informed them

that a check was sent to renew their license that day of licensors exit (04/21/2023).

The facility had an expired license for 203 days, as of licensors exit from the full inspection and there was no current license as of exiting.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Avamere at Englewood Heights is or will be in compliance with this law and / or regulation on (Date) 6.9.23 .

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

Administrator (or Representative) 5/2/23 Date

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 Assisted Living Facility (ALF) failed to ensure the Negotiated Service Agreement (NSA) was signed and dated by the resident and/or their representative for 3 of 7 Residents (4, 6, 7), who lived in the facility. This failed practice placed residents at risk of not having full disclosure of their care and services.

Findings included...

During the full inspection record review for Residents 4, 6, 7 showed that they did not have a signed NSA in their record annually as required.

- Resident 4's record showed their NSA was last reviewed and signed by the resident on 03/25/2022. Resident 4's record did not have an annual NSA that was updated for resident and/or their representative to review and sign.

On 04/21/2023 at 11:33 AM, Staff G, Registered Nurse (RN) and Director of Health Services, stated that they would work on updating resident 4's NSA. At 1:24 PM, Staff G,

RN, stated that per the facility policy, NSA's were supposed to be reviewed quarterly.

- Resident 6's record showed the last signed NSA by the resident was dated 12/12/2021.The record also showed a current NSA dated 05/31/2022 that did not have a signature by the resident.

On 04/18/2023 at 9:21 AM Staff H, Resident Care Coordinator, stated the last signed NSA the facility had on file was 12/14/2021.

- Resident 7's record showed the last signed NSA for resident 7 was signed and dated by their representative on 07/21/2021. The record also showed a current NSA dated 10/17/2022 that did not have a signature by the resident or their representative.

On 04/18/2023 at 3:00 PM Staff H stated there was no current signed 10/17/2022 NSA for Resident 7.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Avamere at Englewood Heights is or will be in compliance with this law and / or regulation on (Date) 6.9.23 .

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

Administrator (or Representative) 5.12.23 Date

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 interviews and record review, the Assisted Living Facility (ALF) failed to ensure a screening for Tuberculosis (TB) was completed within three days of hire for 4 of 4 staff (Staff A, B, C, D), who were hired within the last year. This failed practice placed residents at risk of potential exposure of a communicable disease.

Findings included...

Staff record review occurred on 04/20/2023 at 2:57 PM with Staff J, former Business Office Manager.

• Staff A was hired on 04/01/2022. Staff A's record showed there was not a screening for TB within three days of hire.

• Staff B was hired on 06/01/2022. Staff B's record showed there was not a screening for TB within three days of hire.

• Staff C was hired on 10/11/2022. Staff C's record showed there was not a screening for TB within three days of hire.

• Staff D was hired on 11/04/2022. Staff D's record showed there was not a screening for TB within three days of hire.

On 04/20/2023 at 3:50 PM, Staff J stated that they had performed an audit after their memory care facility's full inspection. Additionally, they found that the staff had no TB tests provided by the ALF.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Avamere at Englewood Heights is or will be in compliance with this law and / or regulation on (Date) 6.9.23 .

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

Administrator (or Representative) 5.12.23 Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

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

(i) Organization of the assisted living facility;

(ii) Physical assisted living facility layout;

(iii) Specific duties and responsibilities;

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

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

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 4 Staff (Staff A, B, D) received facility orientation, and failed to ensure 3 of 4 Staff (Staff A, C, D) received long-term care worker orientation and safety training. This failure placed all 50 residents at risk of being cared for by untrained staff.

Findings included...

Staff records review was conducted on 04/20/2023 at 2:57 PM with Staff J, the former Business Office Manager.

• The file for Staff A, Administrator, showed that they were hired at the ALF on 04/21/2022. Staff A's file did not contain documentation that they had received facility orientation. Staff A's file also did not contain documentation that they had received long-term care worker safety and orientation trainings.

• The file for Staff D, Cook, showed that they were hired at the ALF on 11/04/2022. Staff D's file did not contain documentation that they had received facility orientation. Staff D's file also did not contain documentation that they had received long-term care worker safety and orientation trainings.

• The file for Staff B, Caregiver, showed that they were hired at the ALF on 06/01/2022. Staff B's file did not contain documentation that they had received facility orientation.

• The file for Staff C, Caregiver, showed that they were hired at the ALF on 10/11/2022. Staff B's file did not contain documentation that they had received long-term care worker safety and orientation trainings.

On 04/20/2023 at 3:04 PM, Staff J stated that they did not know if Staff A had received the required trainings as Staff A was hired before Staff J was. Staff D was given only a partial facility orientation as not all managers had been present to complete the full training. Staff J also stated that the ALF did not have a qualified trainer to teach the long-term care worker safety and orientation trainings until August of 2022, and that they would have to get all staff caught up.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Avamere at Englewood Heights is or will be in compliance with this law and / or regulation on (Date) 6.9.23 .

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

Administrator (or Representative) — Date: 5.12.23

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

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure the hot water sanitation temperature for the dishwasher was at or above 180 degrees when operating the rinse sanitization cycle for 1 of 1 dishwasher in the kitchen. This failed practice placed all residents, visitors and staff who consumed food from the ALFs kitchen at risk of exposure to food borne illness.

Findings included...

Review of the Food and Drug Administration (FDA) Food Code 4-501-112 dated 03/01/2022 showed that mechanical ware washing equipment, hot water (high temperature) sanitization temperatures for or a stationary rack, single temperature machine needed to reach 165 degrees and/or for all other machines must reach 180 degrees.

Observations on 04/18/2023 at 1:20 PM during the kitchen observation walk-through, Staff K, Dishwasher, was observed operating the dishwasher for dishware, baking dishes, cups, silverware, beverage containers, and utensils from the noon meal. Staff K stated that they were the Dishwasher for the facility. Staff K was asked how the kitchen staff ensured sanitization of all dishes used to serve residents. Staff K stated the dishwasher rinse cycle runs at 180 degrees.

On 04/18/2023 at 1:30 PM Staff I, Diet Services Manager, reported that a contracted technician would be coming to replace the temperature gauge because the dishwasher temperature gauge was broken. Staff I stated they had tracked the dishwasher temperature by putting a thermometer in the dishrack for each meal and logged it in the dishwasher temperature binder.

Observations on 04/20/2023 at 11:18 AM Staff K was observed operating the dishwasher with all the breakfast dishes from the 8:00 AM meal. Staff K was requested to run the dishwasher using a test strip for temperature. The test strip showed the temperature to be 160 degrees. Staff K then used the thermometer to test the temperature and it read 150 degrees.

On 04/20/2023 at 11:25 AM Staff I was asked how long the dishwasher had not been reaching 180 degrees. Staff I reported that they ran the dishwasher on 4/19/2023, tested the temperature of the dishwasher, and it did not reach 180 degrees. They stated they had not started the three-sink method for sanitation. They stated Ecolab would be coming that day, 04/20/2023, to replace the temperature gauge and fuse that controlled the temperature of the dishwasher. The dishwasher temperature log was requested from Staff I.

On 04/20/2023 at 11: 30 AM review of the temperature log binder showed the dishwasher temperature had not reached 180 degrees, for the breakfast or lunch meal on 04/19/2023. The dishwasher temperature log binder showed that on 04/19/2023, the breakfast meal temperature was 178 degrees, the lunch meal temperature was 120 degrees.

On 04/20/2023 at 11:32 AM Staff I was asked what their plan was to ensure sanitization of all dishware, baking dishes, cups, silverware, beverage containers, and utensils that would be used to serve the residents. Staff I stated they would immediately start the three-sink method. The licensors observed Staff K, with assistance from Staff I, prepare the three-sink sanitation process. Staff K was observed doing the three-sink method.

Observations on 04/20/2023 at 2:10 PM of the kitchen dishwasher area, Ecolab technicians were observed replacing the temperature gauges and fuse. They stated that they would be repairing the dishwasher to reach 190 degrees for the sanitation rinse cycle. Staff I confirmed at 4:09 PM that the gauge and fuse had been replaced. Staff K was observed running the dishwasher and the sanitization rinse temperature reached 180 degrees using the test strip.

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) 5.12.23 Date

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure notification to the resident and or responsible party when 1 of 1 Resident (1) exceeded the ALF's care level and was transferred to a higher level of care. This failed practice caused the resident and their estate to be charged for care and services that they had not received.

Findings included...

Record review of the facility's Resident Handbook, undated, showed that in the event of a resident requiring higher level of care, the community will not charge for services if they [resident] are personally not residing in the facility for more than 24 hours due to the above circumstances.

Record review of March and April 2023 billing statements for Resident 1 showed they were charged for care and services while at a higher level of care/skilled nursing facility.

Interview on 04/24/2023 at 9:43 AM with Collateral Contact 1 (CC1), stated that they paid the March 2023 billing statement that included care and service charges. CC1 stated that they did not pay for April 2023 as they felt it was wrong that the facility had been charging for care and services while Resident 1 was at a facility for higher level of care.

On 04/20/2023 at 2:00 PM interview with Staff A, Administrator, acknowledged that Resident 1 had been charged for care and services when the resident exceeded the facility's level of care and was under the care at a skilled nursing 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, Avamere at Englewood Heights is or will be in compliance with this law and / or regulation on (Date) 6.9.23 .

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

Administrator (or Representative) — 5.12.23 Date