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

Spokane Operations, LLC
Avamere at South Hill
3708 E 57th Ave
Spokane, WA 99223

RE: Avamere at South Hill License # 2461

Dear Administrator:

This letter addresses Compliance Determination(s) 57424 (Completion Date 04/03/2025) and 54253 (Completion Date 02/06/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/03/2025 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-2240, WAC 388-78A-2230-1-c-ii, WAC 388-78A-2120-3, WAC 388-78A-2120-3-a, WAC 388-78A-2120-3-b, WAC 388-78A-2120-4, WAC 388-78A-2130-3-a, WAC 388-78A-2150-3, WAC 388-78A-2150-2, WAC 388-78A-2150-1, WAC 388-78A-2150, WAC 388-78A-2400-6, WAC 388-78A-2400-2, WAC 388-78A-2450-3-d-i-C, WAC 388-78A-2450-3-d-i-D, WAC 388-78A-2474-2-e

The Department staff who did the on-site verification:
Patricia Eddy, Community Licensor
Brian Zbylski, ALF Licensor

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

Sincerely,

Stephanie Jenks, Community Field Manager
Region 1, Unit B

Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Avamere at South Hill
Provider Type: Assisted Living Facility
License/Cert.#: 2461
Compliance Determination #: 54253
Intake ID: 162364
Investigator: Brian Zbylski
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 01/28/2025 through 02/06/2025
Complainant Contact Date(s): 01/16/2025, 02/05/2025

Allegation(s):

1. A named resident was being chemically restrained by a named Medication Technician.
2. There were medication errors.

Investigation Methods:

Sample:	Total residents: 66 Resident sample size: 9 Closed records sample size: 1
Observations:	Resident and staff interactions. Resident appearance. Resident care.
Interviews:	Named resident. Sample residents. Licensed Nurse. Executive Director. Med Techs and Care staff.
Record Reviews:	Resident records. Medication Administration Records. Facility medication policy. Incident reports. Staff records including certification and training.

Investigation Summary:

1. Medication administration records were reviewed and did not show excessive or inappropriate use of sedative medications. Residents were interviewed and did not express concerns related to the inappropriate use of medications. Deficient practice not identified.
2. Medication errors were identified during a review of the facility's medication system. Deficient practice identified. A citation was issued relating to Washington Administrative Code (WAC) 388-78A-2210 Medication Services.

Conclusion / Action:

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

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8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License # 2461	Compliance Determination # 54253
Plan of Correction	Avamere at South Hill	Completion Date
Page 1 of 22	Licensee: Spokane Operations, LLC	02/06/2025

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 01/28/2025, 01/29/2025, 01/30/2025, 01/31/2025 and 02/04/2025 of:

Avamere at South Hill
3708 E 57th Ave
Spokane, WA 99223

This document references the following complaint numbers: 182364, 183357, 183541, 183538.

The following sample was selected for review during the unannounced on-site visit: 9 of 66 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Brian Zbylski, ALF Licensor
Tethra Wales, Assisted Living Facility Licensor
Joy Piggras, LTC Surveyor
Patricia Eddy, Community 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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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Statement of Deficiencies	License #: 2461	Compliance Determination #54253
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Page 2 of 22	Licensee: Spokane Operations, LLC	02/06/2025

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

02/13/2025
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.

Shoni Kuehl Undercoffler
Administrator or Representative)

2/18/2025
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 observation, interview and records review the facility failed to ensure that systems were implemented that promoted safe medication services and residents received medications as prescribed for 2 of 9 residents (Residents 6 and 8). This failure resulted in residents not receiving multiple medications as prescribed and placed the residents at risk of mental and physical health complications.

Findings included...

<Medications as prescribed>

Resident 6

Review of Resident 6's service plan (facility's negotiated service agreement-NSA) dated

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 _____ 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) _____ Date _____

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(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 observation, interview and records review the facility failed to ensure that systems were implemented that promoted safe medication services and residents received medications as prescribed for 2 of 9 residents (Residents 6 and 9). This failure resulted in residents not receiving multiple medications as prescribed and placed the residents at risk of mental and physical health complications.

Findings included…

<Medications as prescribed>

Resident 6

Review of Resident 6's service plan (facility's negotiated service agreement-NSA) dated

01/24/2025, showed diagnoses of [redacted], and [redacted]. Further review showed that Resident 6 had a history of mental health treatment.

Review of Resident 6's Assisted Living Level of Care and Service Plan (facility's care assessment), dated 12/02/2025 showed that Resident 6 was to receive medication assistance and that medications would be ordered from the pharmacy in a timely manner.

In an interview on 01/30/2025 at 3:29 PM, Staff G, Director of Health Services/Registered Nurse, stated that all residents signed an agreement upon admission allowing the facility to obtain medications from the facility's contracted pharmacy in the event the facility was unable to obtain the medications from a resident's primary pharmacy in a timely manner.

Review of the Pharmacy Customer Agreement, dated 12/02/2024, showed that Resident 6 consented to using the facility's contracted pharmacy as their secondary pharmacy.

Trazadone

Review of Resident 6's December 2024 and January 2025 Medication Administration Records (MAR) showed an order for trazodone (used to treat depression and insomnia) to be given once daily. Further review showed that the medication was listed as a known prescription when the resident was admitted to the facility on [redacted]/2024 but was not administered to the resident until [redacted]/2025, a total of 41 days later.

In an interview on 01/30/2025 at 9:05 AM, Staff G confirmed that Resident 6 had not received their trazadone from [redacted]/2024 through [redacted]/2025. Staff G further stated that the facility was aware of Resident 6's order for trazadone when they were admitted but the resident did not have any when they moved in. Staff G stated that they were not aware that the resident had gone without the trazadone for an extended period until the resident and their spouse brought it up to them several weeks later. Staff G further stated that they did not have any documentation of communications between the facility and a pharmacy regarding the trazadone.

In an interview on 01/30/2025 at 2:07 PM, Resident 6 stated that their first month at the facility was "terrible," and they had trouble sleeping. The resident stated they had not received their trazadone despite asking several times, only getting it once they asked, "strong[ly] enough."

Rivaroxaban

Review of Resident 6's December 2024 and January 2025 MAR showed an order for rivaroxaban (blood thinner to prevent heart attack or stroke) to be given once daily. Further review showed that it was not administered from 01/09/2025 - 01/23/2025, and 01/27/2025 - 01/28/2025, a total of 17 missed doses (the resident was in the hospital from 01/24/2025 - 01/26/2025).

In an interview on 01/30/2025 at 9:05 AM, Staff G stated that they recently became aware that Resident 6 went without the rivaroxaban from 01/09/2025 through 01/28/2025.

In an interview on 01/30/2025 at 3:29 PM, Staff G stated that Resident 6's rivaroxaban was not ordered from the facility's contracted pharmacy because they were never notified that the medication was not on site.

Resident 9

Review of Resident 9's face sheet showed an admission date of [redacted]/2020 and a diagnosis of [redacted].

Review of Resident 9's November and December 2024 MARs showed an order for Zinc Oxide (barrier cream to promote skin integrity) applied to their buttocks and coccyx twice daily, with a discontinue date of 12/22/2024.

Further review of the MARs showed that on the following dates Resident 9 did not receive the Zinc Oxide:

11/02/2024 - PM: out of the facility with no documentation to offer administration later

11/03/2024 -AM: out of the facility with no documentation to offer administration later

11/10/2024 -PM: refused, no documentation

11/12/2024 -AM: no documentation

11/14/2024 -AM: refused, no documentation

11/14/2024 -PM: out of the facility with no documentation to offer administration later

11/17/2024 -PM: refused, no documentation

11/18/2024 -PM: not administered, documented, “healed”

11/19/2024-AM: not administered, documented, “healed”

11/20/2024 -AM: no documentation

11/21/2024 -AM: not administered, documented, “healed”

11/22/2024 -AM: not administered, documented, “resident prefers to do it themself”

11/24/2024 -AM: not administered, documented, “healed”

11/25/2024 -AM: not administered, documented, “healed”

11/25/2024 -PM: not administered, documented, “healed”

11/26/2024 -AM: not administered, documented, “healed”

11/27/2024 -AM: not administered, documented, “healed”

12/02/2024 -AM: not administered, documented, “healed”

12/02/2024 -PM not administered, documented, “healed”

12/03/2024 -AM not administered, documented, “healed”

12/03/2024 -PM not administered, documented, “healed”

12/04/2024 -AM not administered, documented, “healed”

12/05/2024 -AM not administered, documented, “healed”

12/06/2024 -AM no documentation

12/07/2024-12/13/2024 Resident was out of the facility for an unrelated hospitalization.

12/14/2024 -AM resident has wound on buttocks

12/15/2024 -AM not administered, documented, “healed”

12/15/2024 -PM not administered, documented, “healed”

12/16/2024 -AM no documentation

12/16/2024 -PM not administered, documented, “healed”

12/17/2024 -AM no documentation

12/17/2024 -PM not administered, documented, “healed”

12/18/2024 -AM documented “cannot locate, was ordered”

12/18/2024 -PM no documentation

12/19/2024 -AM no documentation

12/19/2024 -PM not administered, documented, “healed”

12/20/2024 -AM not administered, “Home Health nurse coming today [for wound]”

12/20/2024 -PM not administered, documented, “healed”

12/21/2024 -AM no administered, documented as “resident says they don’t need it today”

12/21/2024 -PM not administered, documented, “healed”

Resident 9 did not receive the medication as ordered, a total of 39 times in 46 days.

In an interview on 01/29/2024 at 2:40 PM, Staff B, medication technician (Med Tech), stated that if a resident has a wound that “home heath takes care of it.”

In an interview on 01/31/2025 at 11:05 AM, Resident 9 stated they had a wound on their backside that healed but had recently recurred.

An observation on 01/31/2025 at 11:05 AM, showed Resident 9 had a gauze dressing on their lower back.

<Medication Parameters>

Review of Resident 6’s December 2024 and January 2025 MAR showed an order that had a start date of 12/07/2024 for metolazone (a diuretic used to rid the body of excess water) to be administered every other day when the resident’s daily weight exceeded 280 pounds (lbs). Further review showed that the medication was not administered on the following dates:

12/07/2024 Weight 297 lbs.

12/09/2024 Weight 291 lbs.

12/11/2024 Weight 289 lbs.

12/16/2024 Weight 282.3 lbs.

12/25/2024 Weight 282.4 lbs.

01/11/2025 Weight 280.2 lbs.

In an interview on 01/30/2025 at 9:05 AM, Staff G stated that they were not aware that staff had not given Resident 6 their metolazone on the above dates.

In an interview on 01/30/2025 at 2:07 PM, Resident 6 stated that while in the hospital recently, they were treated with antibiotic medication for cellulitis (infection) in their leg. The resident contributed the infection to increased swelling in their leg due to not receiving their metolazone.

<Medication Documentation Errors>

Statement of Deficiencies	License #: 2451	Compliance Determination # 54253
Plan of Correction	Avamere at South Hill	Completion Date
Page 8 of 22	Licensee: Spokane Operations, LLC	02/06/2025

Review of Resident 6's December 2024 and January 2025 MARs showed an order for rivaroxaban. Further review showed that the rivaroxaban was documented inaccurately as "administered" on01/17/2025, 01/21/2025, and 01/23/2025, during the period that the medication was not available.

Review of Resident 6's January 2025 MAR showed an order for trazadone. Further review showed that the trazadone was documented inaccurately as "administered" on12/04/2024, during the period that the medication was not available.

In an interview on 02/04/2025 at 1:09 PM, Staff F, Resident Care Coordinator, stated that the rivaroxaban and trazadone had not been administered on the dates noted above and identified the chartings as documentation errors. Staff F stated the medications had not been available for administration on those dates.

In an interview on 01/30/2025 at 9:05 AM, Staff G stated that they had not completed medication audits.

In an interview on 01/31/2025 at 9:07 AM, Staff A, Executive Director, stated that the facility staff had not completed medication audits.

This is a recurring deficiency previously cited on 09/16/2022.

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 South Hill is or will be in compliance with this law and / or regulation on (Date) 03/23/2025.

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

Sherri Bjerke Underhoffer 2/18/2025
Administrator (or Representative) Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Review of Resident 6's December 2024 and January 2025 MARs showed an order for rivaroxaban. Further review showed that the rivaroxaban was documented inaccurately as "administered" on01/17/2025, 01/21/2025, and 01/23/2025, during the period that the medication was not available.

Review of Resident 6's January 2025 MAR showed an order for trazadone. Further review showed that the trazadone was documented inaccurately as "administered" on12/04/2024, during the period that the medication was not available.

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In an interview on 01/30/2025 at 9:05 AM, Staff G stated that they had not completed medication audits.

In an interview on 01/31/2025 at 9:07 AM, Staff A, Executive Director, stated that the facility staff had not completed medication audits.

This is a recurring deficiency previously cited on 09/16/2022.

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based upon interview and record review, the facility failed to ensure prescribed medications were obtained in a timely manner for 1 of 9 residents (Resident 6).This failed practice resulted in Resident 6 experiencing decreased quality of life and placed them at increased risk of mental and physical health complications due to medications not being available.

Review of the facility's undated policy "Medication Administration Standards & Policies" showed that if a medication is not available the EMAR (Electronic Medication Administration Record) must reflect documentation of what action was taken regarding the missed doses of medication, and that the provider was notified. Further review showed that communication with the provider and documentation should be completed each day the resident did not receive the medication.

In an interview on 01/30/2025 at 3:29 PM, Staff G, Director of Health Services/Registered Nurse, stated that all residents signed an agreement upon admission allowing the facility to obtain medications from the facility's contracted pharmacy in the event the facility was unable to obtain the medications from a resident's primary pharmacy in a timely manner.

Review of the Pharmacy Customer Agreement, dated 12/02/2024, showed that Resident 6 consented to using the facility's contracted pharmacy as their secondary pharmacy.

Record review of Resident 6's service plan (facility's negotiated service agreement-NSA) dated 01/24/2025 showed diagnoses of [redacted]. Further review showed that Resident 6 had a history of mental health treatment.

Review of Resident 6's Assisted Living Level of Care and Service Plan (facility's care assessment), dated 12/02/2025 showed that Resident 6 was to receive medication assistance and that medications would be ordered from the pharmacy in a timely manner.

< Trazadone >

Review of Resident 6's December 2024 and January 2025 Medication Administration Records (MAR) showed an order for trazodone (used to treat depression and insomnia) to be given once daily. Further review showed that the medication was not administered between12/02/2024 through 01/11/2025, a total of 41 days.

Review of Resident 6's December 2024 and January 2025 progress notes showed no documentation of communication between the facility and the pharmacy or provider.

In an interview on 01/30/2025 at 9:05 AM, Staff G, Director of Health Services/Registered Nurse, confirmed that Resident 6 did not receive their trazadone from 12/02/2024 through 01/11/2025. Staff G further stated that they did not have any documentation of their efforts to obtain the medication from the pharmacy or communications between the facility and Resident 6's provider to alert them that the resident had missed multiple doses of their trazadone.

In an interview on 01/30/2025 at 2:07 PM, Resident 6 stated that their first month at the facility was "terrible," and they had trouble sleeping. The resident stated they were not receiving their trazadone despite asking several times, only getting it once they asked, "strong[ly] enough."

< Rivaroxaban >

Review of Resident 6's December 2024 and January 2025 MARs showed an order for rivaroxaban (blood thinner to prevent heart attack or stroke) to be given once daily. Further review showed that it was not administered from 01/09/2025 - 01/23/2025, and 01/27/2025 - 01/26/2025, a total of 17 doses (the resident was out of the facility from 01/24/2025 - 01/26/2025).

Review of Resident 6's January 2025 progress notes showed no documentation of communication between the facility and the pharmacy or provider.

In an interview on 01/30/2025 at 9:05 AM, Staff G confirmed that Resident 6 went without their rivaroxaban from 01/09/2025 through 01/26/2025 because it was not available. Staff G further stated that they did not have any documentation of their efforts to obtain the medication from the pharmacy or with Resident 6's provider to alert them that the resident had missed multiple doses of their rivaroxaban.

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 South Hill is or will be in compliance with this law and / or regulation on (Date) 03/23/2025.

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

Sherri Lynn Underwood
Administrator (or Representative)

2/18/2025
Date

In an interview on 01/30/2025 at 9:05 AM, Staff G, Director of Health Services/Registered Nurse, confirmed that Resident 6 did not receive their trazadone from 12/02/2024 through 01/11/2025. Staff G further stated that they did not have any documentation of their efforts to obtain the medication from the pharmacy or communications between the facility and Resident 6's provider to alert them that the resident had missed multiple doses of their trazadone.

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< Rivaroxaban >

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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-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to notify the prescribing provider when a resident refused their medication for 1 of 9 residents (Resident 8). This failure resulted in the providers not being made aware that the resident was not receiving their medication as prescribed and placed the resident at risk of mental health complications.

Findings included…

Review of Resident 8's undated service plan (facility's negotiated service agreement-NSA) showed a diagnosis of [redacted] and that the resident required assistance with medication administration.

Review of Resident 8's November 2024, December 2024, and January 2025 Medication Administration Record (MAR) showed an order for Ritalin (central nervous system stimulant) to be given three times a day, related to the resident's [redacted] diagnosis. Further review showed that the resident refused the medication on 11/23/2024 (1 dose), 11/24/2024 (1 dose), 11/25/2024 (2 doses), 11/26/2024 (2 doses), 11/27/2024 (2 doses), 11/28/2024 (2 doses), 11/29/2024 (1 dose), 11/30/2024 (1 dose), 12/01/2024 (1 dose), 12/03/2024 (2 doses), 12/04/2024 (1 dose), 12/05/2024 (2 doses), 12/06/2024 (1 dose), 12/07/2024 (1 dose), 12/08/2024 (1 dose), 12/09/2024 (2 doses), 12/10/2024 (1 dose), 12/11/2024 (1 dose), 12/12/2024 (1 dose), 12/14/2024 (1 dose), 12/15/2024 (1 dose), 12/16/2024 (1 dose), 12/17/2024 (1 dose), 12/18/2024 (1 dose), 12/19/2024 (1 dose), 12/20/2024 (1 dose), 12/21/2024 (1 dose), 12/22/2024 (1 dose), 12/24/2024 (1 dose), 12/25/2024 (2 doses), 12/26/2024 (2 doses), 12/27/2024 (1 dose), 12/28/2024 (1 dose), 12/29/2024 (2 doses), 12/30/2024 (2 doses), 12/31/2024 (1 dose), 01/01/2025 (1 dose), 01/02/2025 (1 dose), 01/03/2025 (1 dose), 01/04/2025 (1 dose), 01/05/2025 (1 dose), 01/06/2025 (1 dose), 01/07/2025 (1 dose), 01/08/2025 (1 dose), 01/09/2025 (1 dose), 01/13/2025 (1 dose), 01/15/2025 (1 dose), 01/16/2025 (1 dose), 01/17/2025 (1 dose), 01/18/2025 (1 dose), 01/19/2025 (1 dose), 01/21/2025 (1 dose), 01/22/2025 (1 dose), 01/23/2025 (1 dose), and 01/25/2025 (1 dose), for a total of 66 doses.

Review of Resident 8's November 2024, December 2024, and January 2025 progress notes showed no documentation of communication with the provider about the resident's refusals

In an interview on 01/31/2025 at 11:40 AM, Staff G, Director of Health Services/Registered Nurse, stated that there had been no communication with Resident 8's provider regarding their refusals.

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 South Hill is or will be in compliance with this law and / or regulation on (Date) 03/23/2025

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

Sherri Kyes Undercoffler — Administrator (or Representative)

2/18/2025 — Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section; and

(b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that daily blood pressures were documented, and parameters were followed per provider orders, for 1 of 2 residents (Resident 9). These failures placed Resident 9 at risk of health complications due to high blood pressure.

Findings included...

Review of Resident 9's face sheet showed that they admitted on [redacted]'2020 and had a diagnosis of [redacted].

Review of Resident 8's November 2024, December 2024, and January 2025 progress notes showed no documentation of communication with the provider about the resident's refusals.

In an interview on 01/31/2025 at 11:40 AM, Staff G, Director of Health Services/Registered Nurse, stated that there had been no communication with Resident 8's provider regarding their refusals.

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 South Hill 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-2120 Monitoring residents' well-being. The assisted living facility must:

(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section; and

(b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that daily blood pressures were documented, and parameters were followed per provider orders, for 1 of 2 residents (Resident 9). These failures placed Resident 9 at risk of health complications due to high blood pressure.

Findings included…

Review of Resident 9's face sheet showed that they admitted on [redacted]/2020 and had a diagnosis of [redacted].

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Review of Resident 9's service plan (facility's negotiated service agreement-NSA) dated 12/26/2024, showed that the resident needed assistance with taking blood pressures (BP) for medication parameters.

Review of the November 2024, December 2024 and January 2025 Medical Administration Records (MAR) showed an order for amlodipine (medication for high blood pressure) to be administered daily. The order directed staff to not give the medication if the resident's BP was less than 90/60, and to notify the provider if it was less than 90/50 or above 160/100.

Review of the November 2024 MAR showed no documentation that BP's had been taken to determine if the medication needed to be held, or that the provider should be notified.

Review of the December 2024 MAR showed five days with no documentation that BP's had been taken to determine if the medication needed to be held. Further review showed 10 days where the systolic blood pressure (SBP, top number) was over 160 and no documentation that the provider had been notified.

Review of the January 2025 MAR showed 18 days where the SBP ranged from 160-200, and no documentation that the provider had been notified.

In an interview on 01/31/2025 at 11:05 AM, Staff G, Director of Health Services/Registered Nurse, stated they had no documentation that the provider had been contacted and was unsure as to why the parameters were not followed.

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 South Hill is or will be in compliance with this law and / or regulation on (Date) 03/23/2025.

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

Sherri Kuehl Undercoffler — Administrator (or Representative)

2/18/2025 — Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

Review of Resident 9's service plan (facility's negotiated service agreement-NSA) dated 12/26/2024, showed that the resident needed assistance with taking blood pressures (BP) for medication parameters.

Review of the November 2024, December 2024 and January 2025 Medical Administration Records (MAR) showed an order for amlodipine (medication for high blood pressure) to be administered daily. The order directed staff to not give the medication if the resident's BP was less than 90/60, and to notify the provider if it was less than 90/50 or above 160/100.

Review of the November 2024 MAR showed no documentation that BP's had been taken to determine if the medication needed to be held, or that the provider should be notified.

Review of the December 2024 MAR showed five days with no documentation that BP's had been taken to determine if the medication needed to be held. Further review showed 10 days where the systolic blood pressure (SBP, top number) was over 160 and no documentation that the provider had been notified.

Review of the January 2025 MAR showed 18 days where the SBP ranged from 160-200, and no documentation that the provider had been notified.

In an interview on 01/31/2025 at 11:05 AM, Staff G, Director of Health Services/Registered Nurse, stated they had no documentation that the provider had been contacted and was unsure as to why the parameters were not followed.

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 South Hill 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-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to update negotiated service agreements following changes in mental and emotional health for 1 of 9 residents (Resident 1) and skin conditions for 2 of 9 residents (Resident 5 and 9). This failure placed the residents at risk of unmet mental, emotional, and physical needs.

Findings included…

<Resident 1>

Review of Resident 1's face sheet showed an admission date of [redacted]/2019 and had a diagnosis of [redacted].

Review of a Progress Note dated 12/12/2024 stated that Resident 1 made statements of suicidal ideation.

Review of an incident report dated 12/12/2024, stated that Resident 1 was in the lobby yelling and was highly agitated. Staff redirected the resident to their room where they stated, "Shoot me or I will shoot myself" with no signs of decreased agitation. Further review showed that emergency services were called, and Resident 1 was transported to the hospital for an evaluation.

Review of an after-visit summary from the hospital, dated 12/12/2024, showed that Resident 1 was evaluated for suicidal ideation and received a diagnosis of [redacted].

Review of the service plan (facility's negotiated service agreement-NSA) dated 12/13/2024, one day after the incident, showed no updated diagnoses of [redacted], or signs and symptoms of suicidal ideation. No interventions were documented as to how staff were to monitor or support the resident for suicidal ideation.

In an interview on 01/30/2024 at 9:14 AM, Staff G, Director of Health Services/Registered Nurse, confirmed there were no updates related to suicidal ideation added to the NSA.

<Resident 5>

Review of Resident 5's face sheet showed an admission date of [redacted]/2023 and did not show diagnoses of [redacted].

Review of a Progress Note dated 12/08/2024 by Staff J, medication technician (Med Tech), stated that a caregiver notified them that Resident 5 had a bright red rash with bumps localized to the low back genital area. The resident informed staff not to touch it as they were in a current herpes outbreak.

Review of a Progress Note dated 01/03/2025, by Staff J, showed that Resident 5 had a large outbreak of redness and irritation on their private area.

Review of Resident 5's NSA dated 11/20/2024, showed that staff were to notify the Med Tech if rashes or redness occurred on the skin. Further review showed no update to the NSA upon the resident's change in skin condition.

In an interview on 01/30/2024 at 9:14 AM, Staff G, stated that Resident 5 had a diagnosis of [redacted], confirmed by their provider "months ago." Staff G further stated they were not sure why it was not on the NSA with precautions for staff to take during an outbreak.

<Resident 9>

Review of Resident 9's face sheet showed an admission date of [redacted]/2020 and a diagnosis of [redacted].

Review of Resident 9's November and December 2024 MARs showed an order for Zinc Oxide (barrier cream to promote skin integrity) applied to their buttocks and coccyx twice daily, with a discontinue date of 12/22/2024.

Review of a Progress Note on 12/14/2024 by Staff H, Med Tech, stated that Resident 9 had a bandaged wound on their buttocks.

Review of Resident 9's NSA, dated 12/26/2024 that staff would notify the Med Tech on duty of rashes, redness or any other areas of concern. Further review showed the NSA did not reflect home health wound care services, or wound care responsibilities and interventions for facility staff to follow.

In an interview on 01/29/2024 at 2:40 PM, Staff B, Med Tech, stated that if a resident

has a wound that "home heath takes care of it."

In an interview on 01/31/2025 at 11:05 AM, Resident 9 stated they had a wound on their backside that healed but had recently recurred.

An observation on 01/31/2025 at 11:05 AM, showed Resident 9 had a gauze dressing on their lower back.

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 South Hill is or will be in compliance with this law and / or regulation on (Date) 03/23/2025

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

Sherri Guerrero Undercoffler — Administrator (or Representative)

2/18/2025 — 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;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

(3) Any public or private case manager for the resident, if available.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that Negotiated Service Agreements were signed by the resident or the resident's representative, a facility representative, and the Department of Social and Health Services case manager for 6 of 9 residents (Residents 1, 2, 3, 4, 6, 8). This failure placed residents at risk of unmet care needs due to not signing and agreeing to their own plan of care.

Findings included...

<Resident 1>

has a wound that “home heath takes care of it.”

In an interview on 01/31/2025 at 11:05 AM, Resident 9 stated they had a wound on their backside that healed but had recently recurred.

An observation on 01/31/2025 at 11:05 AM, showed Resident 9 had a gauze dressing on their lower back.

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 South Hill 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-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;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

(3) Any public or private case manager for the resident, if available.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that Negotiated Service Agreements were signed by the resident or the resident’s representative, a facility representative, and the Department of Social and Health Services case manager for 6 of 9 residents (Residents 1, 2, 3, 4, 6, 8). This failure placed residents at risk of unmet care needs due to not signing and agreeing to their own plan of care.

Findings included...

<Resident 1>

Review of Resident 1's face sheet showed that the resident admitted to the facility on [redacted]/2019.

Review of Resident 1's service plan (facility's negotiated service agreement-NSA), dated 12/13/2024, showed the plan was not signed by the resident or their representative to indicate agreement to the plan.

<Resident 2>

Review of Resident 2's face sheet showed that the resident admitted to the facility on [redacted]/2023.

Review of Resident 2's NSA, dated 12/12/2024, showed the plan was not signed by the resident or their representative to indicate agreement to the plan.

<Resident 3>

Review of Resident 3's face sheet showed that the resident admitted to the facility on [redacted]/2020.

Review of Resident 3's NSA, dated 11/14/2024, showed the plan was not signed by the resident or their representative to indicate agreement to the plan.

<Resident 4>

Review of Resident 4's face sheet showed that the resident admitted to the facility on [redacted]/2024.

Review of Resident 4's NSA, dated 10/30/2024, showed the plan was not signed by the resident or their representative or a facility representative to indicate agreement to the plan.

<Resident 6>

Review of Resident 6's face sheet showed that the resident admitted to the facility on [redacted]/2024.

Review of Resident 6's NSA, updated 01/24/2025, showed the plan was not signed by

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the resident or their representative, a facility representative, or their department case manager to indicate agreement to the plan.

<Resident 8>

Review of Resident 8's face sheet showed that the resident admitted to the facility on 10/28/2024.

Review of Resident 8's NSA, updated 11/14/2024, showed the plan was not signed by the resident, their representative, or a facility representative.

In an interview on 01/28/2025 at 4:03 PM, Staff A, Executive Director, stated that the facility did not obtain signatures on the residents' NSAs until "the last month or so."

Review of updated NSA's for Residents 3 and 8 showed they were signed by the residents on 01/29/2025, one day after the facility was notified by the department that the NSA's did not contain signatures.

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 South Hill is or will be in compliance with this law and / or regulation on (Date) 03/23/2025

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

Sherri Kyell Undercoffler — Administrator (or Representative)

2/18/2025 — Date

WAC 388-78A-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.124 RCW.

(6) Maintain ownership and control of resident records, except that resident records may be transferred to a subsequent person licensed by the department to operate the assisted living facility.

This requirement was not met as evidenced by:

the resident or their representative, a facility representative, or their department case manager to indicate agreement to the plan.

<Resident 8>

Review of Resident 8's face sheet showed that the resident admitted to the facility on [redacted]/2024.

Review of Resident 8's NSA, updated 11/14/2024, showed the plan was not signed by the resident, their representative, or a facility representative.

In an interview on 01/28/2025 at 4:03 PM, Staff A, Executive Director, stated that the facility did not obtain signatures on the residents' NSAs until "the last month or so."

Review of updated NSA's for Residents 3 and 8 showed they were signed by the residents on 01/29/2025, one day after the facility was notified by the department that the NSA's did not contain signatures.

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 South Hill 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-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

(6) Maintain ownership and control of resident records, except that resident records may be transferred to a subsequent person licensed by the department to operate the assisted living facility.

This requirement was not met as evidenced by:

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Based on observation and interview, the facility failed to maintain control of residents' physical records. This failure resulted in 69 boxes of current and former residents' records being left in an unsecured area and accessible to residents, staff and visitors.

In an observation on 01/29/2025 at 11:20 AM, the department observed boxes of files stacked in the stairwell between rooms [redacted] and [redacted]. Further observation showed that the box labels included "Nurse Delegation", "Long term Insurance Claims", "Deceased Residents", "Discharged Residents", "2016-2018 Resident Files", "Pharmacy Receipts", and "Resident Thinned Charts 2016-2018", and that the boxes contained documents with residents' identifying information. Observation showed that the boxes were located behind an unlocked interior door to the stairwell and next to an exterior door.

In an interview on 01/29/2025 at 11:30 AM, Staff A, Executive Director, stated that the records had been in that location for the past 5 days. Staff A further stated that facility was processing the records for storage or destruction.

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 South Hill is or will be in compliance with this law and / or regulation on (Date) 03/23/2025

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

Sherri Kuell Undercoffler 2/18/2025
Administrator (or Representative) Date

WAC 388-78A-2450 Staff.

(3) The assisted living facility must:

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

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

(C) Cardiopulmonary resuscitation,

(D) First aid, and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure staff completed facility orientation for 3 of 4 sampled staff (Staff B, C, and D) and completed

Based on observation and interview, the facility failed to maintain control of residents' physical records. This failure resulted in 69 boxes of current and former residents' records being left in an unsecured area and accessible to residents, staff and visitors.

In an observation on 01/29/2025 at 11:20 AM, the department observed boxes of files stacked in the stairwell between rooms [redacted] and [redacted]. Further observation showed that the box labels included "Nurse Delegation", "Long term Insurance Claims", "Deceased Residents", "Discharged Residents", "2016-2018 Resident Files", "Pharmacy Receipts", and "Resident Thinned Charts 2016-2018", and that the boxes contained documents with residents' identifying information. Observation showed that the boxes were located behind an unlocked interior door to the stairwell and next to an exterior door.

In an interview on 01/29/2025 at 11:30 AM, Staff A, Executive Director, stated that the records had been in that location for the past 5 days. Staff A further stated that facility was processing the records for storage or destruction.

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 South Hill 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-2450 Staff.

(3) The assisted living facility must:

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

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

(C) Cardiopulmonary resuscitation;

(D) First aid; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure staff completed facility orientation for 3 of 4 sampled staff (Staff B, C, and D) and completed

cardiopulmonary resuscitation (CPR) and first aid training for 1 of 6 staff (Staff E). This failure resulted in residents receiving care from staff who had not completed their required trainings.

Findings included...

<Facility Orientation>

Staff B

Review of personnel records for Staff B, medication technician (Med Tech), showed a hire date of 09/20/2023 and did not show that Staff B had completed facility orientation upon hire.

Observation on 01/29/2025 at 2:40 PM, showed Staff B was working as the Med Tech on shift.

Staff C

Review of personnel records for Staff C, Caregiver, showed a hire date of 06/06/2024 and did not show that Staff C had completed facility orientation upon hire.

Staff D

Review of personnel records for Staff D, Life Enrichment Director, showed a hire date of 02/16/2024 and did not show that Staff D had completed facility orientation upon hire.

<CPR and First Aid>

Staff E

Review of personnel records for Staff E, Caregiver, showed a hire date of 10/14/2022 and did not show that Staff E had completed CPR and first aid training.

In an interview on 01/31/2025 at 10:30 AM, Staff I, Business Office Manager, stated that the facility did not have records to indicate that Staff B, C, and D completed facility orientation and that Staff E had completed CPR and first aid training.

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 South Hill is or will be in compliance with this law and / or regulation on (Date) 03/23/2025.

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

Sherri Kuell Undercoffler — Administrator (or Representative)

2/18/2025 — Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure completion of continuing education requirements by their birthday each year for 1 of 4 sampled staff (Staff B). This resulted in residents receiving care from staff who had not completed their required trainings.

Findings included...

<Staff B>

Review of personnel records for Staff B, medication technician (Med Tech), showed a hire date of 09/20/2023 and did not show that Staff B had completed any annual continuing education requirements.

Observation on 01/29/2025 at 2:40 PM, showed Staff B was working as the Med Tech on shift.

In an interview on 01/31/2025 at 10:30 AM, Staff I, Business Office Manager, stated that the facility did not have the records to show Staff B completed any annual continuing education.

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 South Hill 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-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure completion of continuing education requirements by their birthday each year for 1 of 4 sampled staff (Staff B). This resulted in residents receiving care from staff who had not completed their required trainings.

Findings included...

<Staff B>

Review of personnel records for Staff B, medication technician (Med Tech), showed a hire date of 09/20/2023 and did not show that Staff B had completed any annual continuing education requirements.

Observation on 01/29/2025 at 2:40 PM, showed Staff B was working as the Med Tech on shift.

In an interview on 01/31/2025 at 10:30 AM, Staff I, Business Office Manager, stated that the facility did not have the records to show Staff B completed any annual continuing education.

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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, Avamere at South Hill is or will be in compliance with this law and / or regulation on (Date) 03/23/2025

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

Sherri Lynn Undercoffler — Administrator (or Representative)

2/18/2025 — Date

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 South Hill 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