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 Memory Care
3706 Kern Way
Yakima, WA 98902

RE: Avamere at Englewood Heights Memory Care License # 2462

Dear Administrator:

This letter addresses Compliance Determination(s) 27526 (Completion Date 08/08/2023) and 24911 (Completion Date 06/06/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/08/2023 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-2480-1

The Department staff who did the on-site verification:
Robin Rainville, 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

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

Statement of Deficiencies	License #: 2462	Compliance Determination # 24911
Plan of Correction	Avamere at Englewood Heights Memory Care	Completion Date
Page 1 of 3	Licensee: Yakima Operations, LLC	06/06/2023

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site follow-up on 06/05/2023 and 06/05/2023 of:
Avamere at Englewood Heights Memory Care
3706 Kern Way
Yakima, WA 98902

This document references the following SOD dated: 06/06/2023

The following sample was selected for review during the unannounced on-site visit: 0 of 20 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Tracy Ramirez, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit Z
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.

Michelle Closner
Residential Care Services

06/09/2023
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)

6.22.23
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 2 of 3 Staff (Resident C, & D), who were hired during the ALF's plan of correction dates. This failed practice placed residents at risk of potential exposure of a communicable disease.

Findings included...

Staff C, Medication Technician, was hired on 05/31/2023. Staff records showed there was not any screening for TB.

Staff D, Caregiver, was hired on 05/30/2023. Staff records showed there was a screening for TB initiated on 06/01/2023 but the results were not read to show if it was positive or negative.

On 06/05/2023 at 4:10 PM, Staff A stated that they thought that TB screening/testing could be completed once the new hire began working on the floor and not their official hire date.

This is an uncorrected deficiency previously cited on 02/27/2023.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Avamere at Englewood Heights Memory Care is or will be in compliance with this law and / or regulation on (Date) 7.6.23 .

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

Administrator (or Representative)

6.22.23
Date

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

03/02/2023

CERTIFIED MAIL

7022 1670 0001 2603 7561

Yakima Operations, LLC
Avamere at Englewood Heights Memory Care
3706 Kern Way
Yakima, WA 98902

RE: Avamere at Englewood Heights Memory Care # 2462

Dear Administrator:

This document references the following complaint numbers 71257.

The Department completed a full inspection of your Assisted Living Facility on 02/27/2023 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-2320 Intermittent nursing services systems.

(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;

The Assisted Living Facility (ALF) failed to initiate and complete nursing delegation for residents who required delegated tasks.

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

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

RECEIVED
MAR 14 2023
BY: .....

Statement of Deficiencies	License #: 2462	Compliance Determination # 20263
Plan of Correction	Avamere at Englewood Heights Memory Care	Completion Date
Page 4 of 8	Licensee: Yakima Operations, LLC	02/27/2023

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection and complaint investigation on 02/21/2023 and 02/24/2023 of:
Avamere at Englewood Heights Memory Care
3706 Kern Way
Yakima, WA 98902

This document references the following complaint numbers: 71257.

The following sample was selected for review during the unannounced on-site visit: 8 of 19 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sabra Bodratti, LTC ALF Licensor
Elaine Lopez, Licensor
Tracy Ramirez, Assisted Living Facility Licensor
Melissa Milanez, Community Complaint Investigator

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

03/02/2023
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)

3.14.23
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 3 of 6 Staff (Staff A, B, G), who were hired in the last ten months. This failed practice placed residents at risk of potential exposure of a communicable disease.

Findings included...

Staff record review occurred on 02/23/2022 at 11:00 AM with Staff C, Business Office Manager.

Staff A, Resident Care Coordinator (RCC), was hired on 07/05/2022. Staff A's record showed there was not a screening for TB within three days of hire.

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

Staff G, Caregiver, was hired on 08/15/2022. Staff E's record showed there was not a screening for TB within three days of hire.

On 02/23/2023 at 11:07 AM, Staff C stated that the former Facility Nurse had been doing the tests until she left in spring of 2022, and that no TB tests had been provided by the ALF since then.

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 Memory Care is or will be in compliance with this law and / or regulation on (Date) 4.7.23 .

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

Administrator (or Representative) — Date: 3.14.23

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

(1) The assisted living facility must:

(c) Ensure all menus:

(i) Are written at least one week in advance and delivered to residents' rooms or posted where residents can see them, except as specified in (f) of this subsection;

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

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to have a menu posted and failed to provide a variety of food choices for 2 of 2 Units (East and West). This failed practice placed residents at risk of decreased variety of food choices.

Findings included...

On 02/21/2023 at 10:20 AM, Staff A, Resident Care Coordinator (RCC), stated that mealtimes in the units were at 8:00 AM, Noon, and 5:00 PM.

The West unit's noon meal serve out was observed on 02/23/2023 from 11:36 AM to 12:30 PM. On the wall near the kitchen's serve out window for the meal was an empty black frame. Staff D, Medication Technician (MT), was asked if the black frame was for the daily menu. Staff D stated that it was for the daily menu and that they get the menu from the main kitchen and was not sure why one was not posted. Staff D was asked what was for lunch. Staff D replied, "I don't know" and stated that the meals came over from the main kitchen.

The East unit's noon meal serve out was observed on 02/23/2023 from 12:00 PM to 12:40 PM. On 02/21/2023 at 12:11 PM, the licensor asked Staff E, MT, where the menu was

posted. Staff E stated that they had not seen one posted.

During an interview 02/23/2023 at 12:50 PM, Staff A stated that currently the facility did not offer two entrees' choices for the residents in the two units.

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 Memory Care is or will be in compliance with this law and / or regulation on (Date) 4.1.23 .

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

Administrator (or Representative) — Date: 3.14.23

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(i) On-duty staff persons' responsibilities;

(ii) Provisions for summoning emergency assistance;

(iii) Coordination with first responders regarding plans for evacuating residents from area or building;

(iv) Alternative resident accommodations;

(v) Provisions for essential resident needs, supplies and equipment including water, food, and medications; and

(vi) Emergency communication plan.

This requirement was not met as evidenced by:

Based on record review, the Assisted Living Facility (ALF) failed to ensure a disaster plan containing the necessary elements for residential care during an emergency in 2 of 2 Units (East and West). This failure place all the residents of the ALF at risk for harm in the event of an emergency at the facility.

Findings included...

On 02/23/2023 at 10:00 AM, review of the ALF's disaster plan showed that required information was not present for:

- Emergency responsibilities for staff members.
- Directions for staff to summon emergency assistance.
- Coordination with first responders for evacuation of residents.
- Provision for alternative resident accommodations.
- An emergency communication plan for facility staff.
- Provisions for essential resident needs: supplies, equipment, water, food, medications.

On 02/23/2023 at 1:35 PM, Staff B, Administrator, stated that they had a disaster plan they had brought with them from a former facility, but that they had not yet tailored it to meet the needs of this 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 Memory Care is or will be in compliance with this law and / or regulation on (Date) 4.7.23 .

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

Administrator (or Representative) — 3.14.23 Date