



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

PSL Associates, LLC
North Point Village, Assisted Living & Memory Care
1110 E Westview Ct
Spokane, WA 99218

RE: North Point Village, Assisted Living & Memory Care License # 2479

Dear Administrator:

This letter addresses Compliance Determination(s) 41587 (Completion Date 05/21/2024) and 39289 (Completion Date 04/04/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/21/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2484

The Department staff who did the on-site verification:
Carla Rose, NCI Community Licensor

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

Sincerely,

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies License #: 2479 Compliance Determination # 39289
Plan of Correction North Point Village, Assisted Living & Memory Care Completion Date
Page 1 of 3 Licensee: PSL Associates, LLC 04/04/2024

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

The department completed data collection for an unannounced on-site follow-up on 04/03/2024 and 04/03/2024 of:

North Point Village, Assisted Living & Memory Care
1110 E Westview Ct
Spokane, WA 99218

This document references the following SOD dated: 04/04/2024

The following sample was selected for review during the unannounced on-site visit: 6 of 101 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Carla Rose, NCI Community Licensor
Patty Ford, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1, Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


Residential Care Services

04/09/2024

Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

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Joe Porter

Administrator (or Representative)

4/15/2024

Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff received tuberculosis testing within three days of employment for 3 of 3 staff (Staff AA, BB, and CC). This failed practice placed residents at risk of exposure to tuberculosis.

Findings included...

Review of Staff AA's, Care Partner, personnel file showed they were hired on 03/20/2024. Staff AA's personnel file showed that it contained documentation of a first step tuberculosis (TB, a communicable respiratory disease) test, placed on 03/20/2024. Further review of the personnel file showed that the TB test was never read (determination of negative or positive results).

In an interview on 04/03/2024 at 12:15 PM, Staff P, Business Office Manager, confirmed that Staff AA did not have their first step TB test read. Staff P stated that the facility no longer did TB testing on-site and had started referring employees to an outside testing facility. Staff P stated they sent a list of staff to the department heads who were to follow up with their staff to verify that their TB testing had been completed. Staff P stated that their new process of using an outside vendor for TB testing was not working.

In an interview on 04/03/2024 at 12:35 PM, Staff Y, Dining Services Director, stated that they did get a list of staff in their department who were sent for TB testing. Staff Y further stated that they did not have a system in place to follow up with those staff to ensure their tests were completed.

In an interview on 04/03/2024 at 3:55 PM, Staff A, Executive Director, stated that they needed to work on their process to ensure new staff had completed their TB tests.

Review of the most recent staff list showed that Staff BB, Care Partner, was hired on

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03/21/2024 and Staff CC, Care Partner, was hired on 03/26/2024.

Review of an email from Staff A, received on 04/04/2024, showed that Staff BB and Staff CC did not get their first step TB tests.

This is an uncorrected deficiency previously cited on 01/30/2024 and a recurring deficiency previously cited on 12/05/2023 for subsection (1).

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 5/17/24

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



Administrator (or Representative)

4/11/24

Date

02.08.2024 08:16:06

State of Washington

3/



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 2479	Compliance Determination #36119
Plan of Correction	North Point Village, Assisted Living & Memory Care	Completion Date
Page 1 of 9	Licensee: PSL Associates, LLC	01/30/2024

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

The department completed data collection for an unannounced on-site follow-up on 01/29/2024 and 01/30/2024 of:

North Point Village, Assisted Living & Memory Care
1110 E Westview Ct
Spokane, WA 99218

This document references the following SOD dated: 01/30/2024

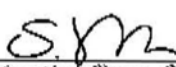
The following sample was selected for review during the unannounced on-site visit: 5 of 89 current residents and 9 former residents.

The department staff that inspected the Assisted Living Facility:

Carla Rose, NCI Community Licensor
Antonietta Lettieri-Parkin, Long Term Care Surveyor
Patty Ford, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1, Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report


Residential Care Services

02/07/2024
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 2479	Compliance Determination # 36119
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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 01/29/2024 and 01/30/2024 of:

North Point Village, Assisted Living & Memory Care
1110 E Westview Ct
Spokane, WA 99218

This document references the following SOD dated: 01/30/2024

The following sample was selected for review during the unannounced on-site visit: 5 of 89 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Carla Rose, NCI Community Licensor
Antonietta Lettieri-Parkin, Long Term Care Surveyor
Patty Ford, LTC Surveyor

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

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

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Administrator (or Representative)

2/10/24

Date

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;
- (2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff employed in dining services had a current food worker card for 3 of 3 staff (Staff S, T, and U) sampled for food sanitation. This failure placed residents at risk of foodborne illnesses.

Findings included...**<Staff S>**

Review of the undated staff list showed Staff S, Dining Services Partner, was hired on 10/17/2023.

Review of Staff S's undated personnel file showed they did not have a food worker card.

Review of the dietary schedule showed Staff S worked on the following dates: 01/16/2024, 01/17/2024, 01/18/2024, 01/19/2024, 01/20/2024, 01/23/2024, and 01/25/2024.

<Staff T>

Review of the undated staff list showed Staff T, Dining Services Partner, was hired on 12/02/2023.

Review of Staff T's undated personnel file showed they did not have a food worker card.

Review of the dietary schedule showed Staff T worked on the following dates: 01/14/2024, 01/15/2024, 01/17/2024, 01/20/2024, 01/21/2024, and 01/24/2024.

Administrator (or Representative)

Date

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;
- (2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff employed in dining services had a current food worker card for 3 of 3 staff (Staff S, T, and U) sampled for food sanitation. This failure placed residents at risk of foodborne illnesses.

Findings included...

<Staff S>

Review of the undated staff list showed Staff S, Dining Services Partner, was hired on 10/17/2023.

Review of Staff S's undated personnel file showed they did not have a food worker card.

Review of the dietary schedule showed Staff S worked on the following dates: 01/16/2024, 01/17/2024, 01/18/2024, 01/19/2024, 01/20/2024, 01/23/2024, and 01/25/2024.

<Staff T>

Review of the undated staff list showed Staff T, Dining Services Partner, was hired on 12/02/2023.

Review of Staff T's undated personnel file showed they did not have a food worker card.

Review of the dietary schedule showed Staff T worked on the following dates: 01/14/2024, 01/15/2024, 01/17/2024, 01/20/2024, 01/21/2024, and 01/24/2024.

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<Staff U>

Review of the undated staff list showed Staff U, Dining Services Partner, was hired on 01/09/2024.

Review of Staff U's undated personnel file showed they did not have a food worker card.

Review of the dietary schedule showed Staff U worked on the following dates: 01/16/2024, 01/16/2024, 01/17/2024, 01/18/2024, 01/19/2024, 01/22/2024, 01/23/2024, 01/24/2024, 01/25/2024, and 01/26/2024.

In an interview on 01/29/2024 at 12:00 PM, Staff Y, Dining Services Director, stated that Staff U had recently started working at the facility and had not obtained their food worker card.

In an interview on 01/29/2024 at 3:37 PM, Staff Y confirmed that Staff S and Staff T did not have their food worker cards.

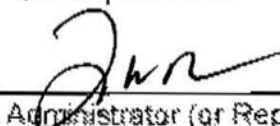
In an interview on 01/29/2024 at 4:13 PM, Staff A, Executive Director, confirmed that Staff S and Staff T had worked in dining services in the last two weeks. Staff A stated they needed to change their process to ensure that new employees get their food worker cards.

This is an uncorrected deficiency previously cited on 12/05/2023 for subsection (2).

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 3/15/24.

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



Administrator (or Representative)

2/10/24
Date

WAC 388-78A-2880 Changing use of rooms. Prior to using a room for a purpose other than what was approved by construction review services, the assisted living facility must:

(1) Notify construction review services.

<Staff U>

Review of the undated staff list showed Staff U, Dining Services Partner, was hired on 01/09/2024.

Review of Staff U's undated personnel file showed they did not have a food worker card.

Review of the dietary schedule showed Staff U worked on the following dates: 01/15/2024, 01/16/2024, 01/17/2024, 01/18/2024, 01/19/2024, 01/22/2024, 01/23/2024, 01/24/2024, 01/25/2024, and 01/26/2024.

In an interview on 01/29/2024 at 12:00 PM, Staff Y, Dining Services Director, stated that Staff U had recently started working at the facility and had not obtained their food worker card.

In an interview on 01/29/2024 at 3:37 PM, Staff Y confirmed that Staff S and Staff T did not have their food worker cards.

In an interview on 01/29/2024 at 4:13 PM, Staff A, Executive Director, confirmed that Staff S and Staff T had worked in dining services in the last two weeks. Staff A stated they needed to change their process to ensure that new employees get their food worker cards.

This is an uncorrected deficiency previously cited on 12/05/2023 for subsection (2).

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date)_____. In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
_____	_____
Administrator (or Representative)	Date

WAC 388-78A-2880 Changing use of rooms. Prior to using a room for a purpose other than what was approved by construction review services, the assisted living facility must:

(1) Notify construction review services:

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- (a) In writing;
- (b) Thirty days or more before the intended change in use;
- (c) Describe the current and proposed use of the room; and
- (d) Provide all additional documentation as requested by construction review services;
- (2) Obtain the written approval of construction review services for the new use of the room, and
- (3) Ensure the facility functional program and room list are updated to reflect the change.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to notify construction review services in advance, obtain approval, and ensure the room list was updated to reflect a change in the use of 1 of 1 room (staff break room). This failure placed residents residing in building B at risk of injury due to a potentially unsafe living environment.

Findings included...

Review of the facility's room list, dated 11/14/2023, showed room G in building B (memory care building) was designated as a studio apartment approved for one licensed bed.

Observation on 01/29/2024 at 10:30 AM, of room G in building B showed the following:

- Staff H, Maintenance Director, entered the room without a key.
- Room G was not locked and was accessible to residents.
- The light did not work.
- Personal hygiene items were stored, including liquid soap, hand sanitizer, shampoo, conditioner.
- A metal bed frame up against the wall in pieces and unsecured.
- A refrigerator with a lime, a red lunch bag, and two white grocery bags located in the freezer compartment of the refrigerator.

- (a) In writing;
- (b) Thirty days or more before the intended change in use;
- (c) Describe the current and proposed use of the room; and
- (d) Provide all additional documentation as requested by construction review services;
- (2) Obtain the written approval of construction review services for the new use of the room; and
- (3) Ensure the facility functional program and room list are updated to reflect the change.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to notify construction review services in advance, obtain approval, and ensure the room list was updated to reflect a change in the use of 1 of 1 room (staff break room). This failure placed residents residing in building B at risk of injury due to a potentially unsafe living environment.

Findings included...

Review of the facility's room list, dated 11/14/2023, showed room G in building B (memory care building) was designated as a studio apartment approved for one licensed bed.

Observation on 01/29/2024 at 10:30 AM, of room G in building B showed the following:

- Staff H, Maintenance Director, entered the room without a key.
- Room G was not locked and was accessible to residents.
- The light did not work.
- Personal hygiene items were stored, including liquid soap, hand sanitizer, shampoo, conditioner.
- A metal bed frame up against the wall in pieces and unsecured.
- A refrigerator with a lime, a red lunch bag, and two white grocery bags located in the freezer compartment of the refrigerator.

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In an interview on 01/29/2024 at 10:33 AM, Staff H stated they did not have an update on the status of the room.

In an interview on 01/29/2024 at 4:13 PM, Staff A, Executive Director, stated they had no documentation regarding the change in the use of room G and planned on placing the room "back in inventory" to become a resident room again.

In an interview on 01/30/2024 at 8:30 AM, Staff A stated they hadn't heard back from their corporate office about placing the room back into inventory.

This is an uncorrected deficiency previously cited on 12/05/2023 and a recurring deficiency previously cited on 08/18/2021 for subsections (1)(a)(b)(c)(d).

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 3/15/24.

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


Administrator (or Representative)

2/10/24
Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(S) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to complete a full assessment within 14 days of admission for 1 of 2 residents (Resident 16) who had recently admitted to the facility and safety assessments for 3 of 3 residents (Residents 14, 16, and 19) with medical devices. These failures placed residents at risk of unmet care.

In an interview on 01/29/2024 at 10:33 AM, Staff H stated they did not have an update on the status of the room.

In an interview on 01/29/2024 at 4:13 PM, Staff A, Executive Director, stated they had no documentation regarding the change in the use of room G and planned on placing the room "back in inventory" to become a resident room again.

In an interview on 01/30/2024 at 8:30 AM, Staff A stated they hadn't heard back from their corporate office about placing the room back into inventory.

This is an uncorrected deficiency previously cited on 12/05/2023 and a recurring deficiency previously cited on 06/18/2021 for subsections (1)(a)(b)(c)(d).

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to complete a full assessment within 14 days of admission for 1 of 2 residents (Resident 16) who had recently admitted to the facility and safety assessments for 3 of 3 residents (Residents 14, 16, and 19) with medical devices. These failures placed residents at risk of unmet care

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needs due to not having a full assessment and of harm from the use of medical devices that had not been assessed to safely use.

Findings included...

<Resident 14>

Review of the facility's undated characteristic roster showed Resident 14 was admitted to the facility on [REDACTED] 2023.

Observation on 01/29/2024 at 2:20 PM, showed Resident 14 had a bed side rail installed on one side of their bed and a bed trapeze.

Review of the Bed Side Rails (BSR), Enabler & Transfer Pole Assessment/Evaluation form, dated 01/29/2024 (the date the document was requested), showed Staff H, Maintenance Director, had assessed the BSR and trapeze for proper installation. Further review showed that Resident 14's ability to safely use the BSR and trapeze had not been assessed.

Review of the Functional Evaluation (the facility's titled assessment), dated 01/01/2024, showed no documentation of Resident 14's use of medical devices or their ability to safely use the devices.

In an interview on 01/30/2024 at 10:10 AM, Staff G, Regional Health and Wellness Specialist, stated the form they utilized for the assessment of Resident 14's medical devices, was the same form used for all residents' medical devices. Staff G confirmed the form did not include an assessment of Resident 14's ability to safely use their BSR and trapeze. Staff G further stated that Resident 14 had been using a bed trapeze since they were admitted to the facility. Staff G stated they were unsure when the BSR was installed on Resident 14's bed.

<Resident 16>

Review of the facility's undated characteristics roster showed Resident 16 was admitted to the facility on [REDACTED] 2024.

Observation on 01/29/2024 at 1:50 PM, showed Resident 16 had a bed cane on the side of their bed. In an interview at that time, Resident 16 stated the bed cane had been on their bed since they moved into the facility.

Review of Resident 16's Functional Evaluation, dated [REDACTED] 2024, showed no documentation of Resident 16's use of a medical device or their ability to safely use the

needs due to not having a full assessment and of harm from the use of medical devices that had not been assessed to safely use.

Findings included...

<Resident 14>

Review of the facility's undated characteristic roster showed Resident 14 was admitted to the facility on [REDACTED]/2023.

Observation on 01/29/2024 at 2:20 PM, showed Resident 14 had a bed side rail installed on one side of their bed and a bed trapeze.

Review of the Bed Side Rails (BSR), Enabler & Transfer Pole Assessment/Evaluation form, dated 01/29/2024 (the date the document was requested), showed Staff H, Maintenance Director, had assessed the BSR and trapeze for proper installation. Further review showed that Resident 14's ability to safely use the BSR and trapeze had not been assessed.

Review of the Functional Evaluation (the facility's titled assessment), dated 01/01/2024, showed no documentation of Resident 14's use of medical devices or their ability to safely use the devices.

In an interview on 01/30/2024 at 10:10 AM, Staff G, Regional Health and Wellness Specialist, stated the form they utilized for the assessment of Resident 14's medical devices, was the same form used for all residents' medical devices. Staff G confirmed the form did not include an assessment of Resident 14's ability to safely use their BSR and trapeze. Staff G further stated that Resident 14 had been using a bed trapeze since they were admitted to the facility. Staff G stated they were unsure when the BSR was installed on Resident 14's bed.

<Resident 16>

Review of the facility's undated characteristics roster showed Resident 16 was admitted to the facility on [REDACTED]/2024.

Observation on 01/29/2024 at 1:50 PM, showed Resident 16 had a bed cane on the side of their bed. In an interview at that time, Resident 16 stated the bed cane had been on their bed since they moved into the facility.

Review of Resident 16's Functional Evaluation, dated [REDACTED]/2024, showed no documentation of Resident 16's use of a medical device or their ability to safely use the

02.08.2024 08:16:06

State of Washington

9/

Statement of Deficiencies	License #: 2479	Compliance Determination # 36119
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device.

In an interview on 01/29/2024 at 4:00 PM, Staff G confirmed the Functional Evaluation, dated [REDACTED] 2024, was Resident 18's preadmission assessment. Staff G stated they did not complete an assessment within 14 days of admission and was unaware of Resident 18's medical device.

In an interview on 01/30/2024 at 8:30 AM, Staff A, Executive Director, stated they were unable find a 14-day assessment or medical device safety assessment for Resident 18.

<Resident 18>

Review of the facility's undated characteristics roster showed Resident 18 moved into the facility on [REDACTED] 2023 and was placed in one of the facility's memory care building.

Observation on 01/30/2024 at 10:15 AM, showed Resident 18 had a bed cane attached to one side of their bed.

Review of Resident 18's Functional Evaluations, dated [REDACTED] 2023 and 01/08/2024, showed no documentation of Resident 18's use of a medical device or their ability to safely use the device.

In an interview on 01/30/2024 at 10:23 AM, Staff Z, Caregiver, stated that Resident 18 had the bed cane on their bed for a few months.

In an interview on 01/30/2024 at 10:10 AM, Staff G stated they were unaware that Resident 18 had a bed cane on their bed when asked if an assessment was done for that medical device.

This is an uncorrected deficiency previously cited on 12/05/2023.

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 3/15/24.

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

device.

In an interview on 01/29/2024 at 4:00 PM, Staff G confirmed the Functional Evaluation, dated [REDACTED]/2024, was Resident 16's preadmission assessment. Staff G stated they did not complete an assessment within 14 days of admission and was unaware of Resident 16's medical device.

In an interview on 01/30/2024 at 8:30 AM, Staff A, Executive Director, stated they were unable find a 14-day assessment or medical device safety assessment for Resident 16.

<Resident 19>

Review of the facility's undated characteristics roster showed Resident 19 moved into the facility on [REDACTED]/2023 and was placed in one of the facility's memory care building.

Observation on 01/30/2024 at 10:15 AM, showed Resident 19 had a bed cane attached to one side of their bed.

Review of Resident 19's Functional Evaluations, dated [REDACTED]/2023 and 01/08/2024, showed no documentation of Resident 19's use of a medical device or their ability to safely use the device.

In an interview on 01/30/2024 at 10:23 AM, Staff Z, Caregiver, stated that Resident 19 had the bed cane on their bed for a few months.

In an interview on 01/30/2024 at 10:10 AM, Staff G stated they were unaware that Resident 19 had a bed cane on their bed when asked if an assessment was done for that medical device.

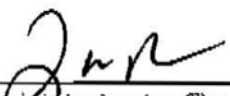
This is an uncorrected deficiency previously cited on 12/05/2023.

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date)_____.

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

Statement of Deficiencies	License #: 2479	Compliance Determination #36119
Plan of Correction	North Point Village, Assisted Living & Memory Care	Completion Date
Page 8 of 9	Licensee: PSL Associates, LLC	01/30/2024


Administrator (or Representative)2/10/24
Date

WAC 355-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff received tuberculosis testing within three days of employment for 3 of 3 staff (Staff U, V, and W). This failed practice placed residents at risk of tuberculosis exposure.

Findings included...

Review of Staff U's, Dining Services Partner, undated personnel file showed they were hired on 01/09/2024. Further review showed Staff U's file did not contain any documentation of a tuberculosis (TB, communicable respiratory disease) skin test.

Review of Staff V's, Care Partner, undated personnel file showed they were hired on 12/05/2023. Staff V's personnel file did not contain any documentation of a TB skin test.

Review of Staff W's, Med Aide, undated personnel file showed they were hired on 01/21/2024. Further review showed Staff W's file did not contain any documentation of a TB skin test.

In an interview on 01/29/2024 at 11:10 AM, Staff Q, Business Office Manager, stated that Staff U, Staff V, and Staff W did not have TB skin tests completed as the facility ran out of the TB solution needed to perform the tests.

This is an uncorrected deficiency previously cited on 12/05/2023 for subsection (1).

Plan/Attestation Statement

_____ Administrator (or Representative)	_____ Date
--	---------------

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff received tuberculosis testing within three days of employment for 3 of 3 staff (Staff U, V, and W). This failed practice placed residents at risk of tuberculosis exposure.

Findings included...

Review of Staff U's, Dining Services Partner, undated personnel file showed they were hired on 01/09/2024. Further review showed Staff U's file did not contain any documentation of a tuberculosis (TB, communicable respiratory disease) skin test.

Review of Staff V's, Care Partner, undated personnel file showed they were hired on 12/05/2023. Staff V's personnel file did not contain any documentation of a TB skin test.

Review of Staff W's, Med Aide, undated personnel file showed they were hired on 01/21/2024. Further review showed Staff W's file did not contain any documentation of a TB skin test.

In an interview on 01/29/2024 at 11:10 AM, Staff Q, Business Office Manager, stated that Staff U, Staff V, and Staff W did not have TB skin tests completed as the facility ran out of the TB solution needed to perform the tests.

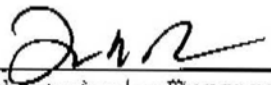
This is an uncorrected deficiency previously cited on 12/05/2023 for subsection (1).

Plan/Attestation Statement

Statement of Deficiencies	License #: 2479	Compliance Determination # 36119
Plan of Correction	North Point Village, Assisted Living & Memory Care	Completion Date
Page 9 of 9	Licensee: PSL Associates, LLC	01/30/2024

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 3/15/24.

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



Administrator (or Representative)

2/10/24

Date

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Administrator (or Representative)

Date



Residential Care Services Investigation Summary Report

Provider/Facility: North Point Village, Assisted **Provider Type:** Assisted Living Facility
Living & Memory Care

License/Cert.#: 2479

Intake ID: 104750

Compliance Determination #: 32296

Region/Unit #: RCS Region 1 / Unit B

Investigator: Carla Rose

Investigation Date(s): 11/14/2023 through 12/05/2023

Complainant Contact Date(s):

Allegation(s):

Diversion

Investigation Methods:

Sample:	Total residents: 92 Resident sample size: 11 Closed records sample size: 2
Observations:	Residents Staff Medication room Narcotic medication storage
Interviews:	Floor staff Nursing manager Representatives Residents
Record Reviews:	Narcotic medication log book Medication policy Named resident MAR Named resident progress notes Investigation

Investigation Summary:

Syringes of morphine were lost after they were delivered to the facility. The facility reported to the department and law enforcement, and completed an internal investigation which included a review of their medication policy. The facility determined that the process for checking in narcotic medication needed to be changed from one designated staff checking delivered narcotics to two staff. This report was investigated during a full inspection. The facility received a consultation under WAC 388-78A-2260 for Storing, Securing, and Accounting for medications.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



Residential Care Services Investigation Summary Report

Provider/Facility: North Point Village, Assisted **Provider Type:** Assisted Living Facility
Living & Memory Care

License/Cert.#: 2479

Intake ID: 102688

Compliance Determination #: 32296

Region/Unit #: RCS Region 1 / Unit B

Investigator: Carla Rose

Investigation Date(s): 11/14/2023 through 12/05/2023

Complainant Contact Date(s): 11/21/2023

Allegation(s):

1. Housekeeping services not provided per disclosure.
 2. Misappropriation of resident incontinent products supplied by family.
 3. Monitoring residents condition.
-

Investigation Methods:

Sample:	Total residents: 92 Resident sample size: 11 Closed records sample size: 2
Observations:	Named Resident Sampled Residents Staff to Resident interactions. Resident Rooms & Cleanliness Cleanliness of resident common areas Resident activities in memory care Resident dining services in memory care
Interviews:	Named Resident Representative Named Resident Case Manager Caregivers Med Tech's Sampled Residents Sampled Resident Representative Health and Wellness Nurse Resident Care Coordinator
Record Reviews:	Named Resident NSA Named Resident Assessment, MARS, Care notes. Sampled Resident Records Disclosure of Services Characteristics Roster

Investigation Summary:

1. The facility common areas, interior and exterior of building were observed unclean and unsanitary. Citation issued for lack of housekeeping services to resident common

areas inside and outside of facility WAC 388-78A-3090 (1)(a)(b) written on 12/01/2023.

2. The named resident's represented had no concerns about the resident's briefs being used for other residents. Staff interviewed stated they did not use the named resident's briefs for other residents. No failed practice identified.

3. Sampled residents were not monitored or evaluated for changes in condition. Failed practice was identified and citation for WAC 388-78A-2120 (1)(3)(a)(b)(4) written on 12/01/2023.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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

PSL Associates, LLC
North Point Village, Assisted Living & Memory Care
1110 E Westview Ct
Spokane, WA 99218

RE: North Point Village, Assisted Living & Memory Care # 2479

Dear Administrator:

This document references the following complaint numbers 104750, 103864, 102688, 106798, 106038.

The Department completed a full inspection of your Assisted Living Facility on 12/05/2023 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:

Stephanie Jenks, Field Manager

Residential Care Services
Region 1, Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-3000 Ventilation. The assisted living facility must meet the ventilation requirements of the mechanical code as adopted and amended by the Washington state building council; and

(1) Ventilate rooms to:

(a) Prevent excessive odors or moisture; and

The facility failed to have ventilation in 9 common bathrooms and shower rooms to prevent condensation and odors. This failure resulted in strong and unpleasant odors in resident bathrooms and a dark substance in resident shower rooms, placing residents at risk of discomfort and illness.

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:

(d) In a locked compartment that is accessible only to designated responsible staff persons; and

Controlled medications that were delivered, checked in and secured by one staff, were unaccounted for. Prior to this incident, the facility only required one staff member to count, verify, log, and lock up deliveries of controlled medications. After the incident, the facility changed their practice to require two designated staff to count, verify, log, and lock up controlled medications delivered to the facility.

WAC 388-78A-2710 Disclosure of services.

(2) The assisted living facility must provide the services disclosed.

The facility's Disclosure of Services stated the facility will "typically" have a registered nurse and a licensed practical nurse on site as well as a registered nurse on call. Review of the

12/05/2023

Page 3 of 3

current Disclosure of Services showed that it did reflect the actual nursing hours provided. The Executive Director stated they will be changing the disclosure of services to reflect less nursing hours.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

- Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
 - o What specific deficiency or deficiencies you disagree with;
 - o Why you disagree with each deficiency; and
 - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
 - o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (509)993-7821.

Sincerely,



(RA signing for FM while on leave)

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

Enclosure



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies License #: 2479 Compliance Determination # 32296
Plan of Correction North Point Village, Assisted Living & Memory Care Completion Date
Page 4 of 42 Licensee: PSL Associates, LLC 12/05/2023

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 11/14/2023, 11/15/2023, 11/16/2023, 11/17/2023, 11/20/2023, 11/21/2023 and 11/22/2023 of:
North Point Village, Assisted Living & Memory Care
1110 E Westview Ct
Spokane, WA 99218

This document references the following complaint numbers: 104750, 103864, 102688, 106798, 106038.

The following sample was selected for review during the unannounced on-site visit: 11 of 92 current residents and 2 former residents.

The department staff that inspected the Assisted Living Facility:

Carla Rose, NCI Community Licensors
Antonietta Lettieri-Parkin, Long Term Care Surveyor
Veronica Jackson, Assisted Living Facility Licensors
Mark Sedhom, Assisted Living Facility Licensors
Patty Ford, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1, Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 2479	Compliance Determination # 32296
Plan of Correction	North Point Village, Assisted Living & Memory Care	Completion Date
Page 4 of 42	Licensee: PSL Associates, LLC	12/05/2023

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Spokane Valley, WA 99212

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Statement of Deficiencies License #: 2479 Compliance Determination # 32296
Plan of Correction North Point Village, Assisted Living & Memory Care Completion Date
Page 5 of 42 Licensee: PSL Associates, LLC 12/05/2023

J Salquist

Residential Care Services

12/14/2023

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.

J n R

Administrator (or Representative)

12/18/2023

Date

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

- (1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;
- (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 staff evaluated resident skin injuries and took appropriate action for 2 of 11 sampled residents (Residents 2 and 3). This failure contributed to ongoing skin injuries for Resident 2, a decreased quality of life for Resident 3 and placed the residents at risk of ongoing skin breakdown.

Findings included...

<Resident 2>

Review of Resident 2's Negotiated Service Plan (NSP, the facility's titled negotiated service agreement), dated 07/06/2023, showed they were diagnosed with [REDACTED]. Further review showed that staff were to monitor Resident 2's skin and "notify the Health and Wellness Director with any red, open, or other skin abnormalities."

Review of Resident 2's September 2023 and October 2023 progress notes showed entries

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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Statement of Deficiencies	License #: 2479	Compliance Determination # 32296
Plan of Correction	North Point Village, Assisted Living & Memory Care	Completion Date
Page 6 of 42	Licensee: PSL Associates, LLC	12/05/2023

for the following concerns:

-09/23/2023 at 7:04 AM, Staff E, Assisted Living Med Aide, documented, "resident called for a med tech to come look at a wound on [their] left forearm... I called [facility nurse], rewrapped the area with gauze and gauze pad to absorb the bleeding."

09/23/2023 at 6:01 PM, Staff Q, Assisted Living Med Aide, documented, "I noticed blood on [their] shirt... I observed a skin tear on the inside of [their] left arm, I took photos and sent them to [facility nurse], got resident wound cleaned up and bandaged."

09/25/2023 at 1:54 AM, Staff R, Assisted Living Med Aide, documented, "resident complained to this writer that [their] right foot was hurting, second toe appears to be red and swollen, [facility nurse] notified."

09/25/2023 at 4:46 PM, Staff F, Assisted Living Med Aide, documented, "rewrapped residents' arm... res [resident] said it didn't look like [their] arm was healing at all. I explained that it will take a while for it to heal as bad as it is."

10/14/2023 at 5:39 AM, Staff E documented, "Resident was observed... holding a paper towel to [their] right lower leg with red on the paper towel which was clearly blood. [They] stated I caught my leg on the chair and pinched it... I am unable to stop the bleeding... This writer noticed what appeared to be a small cut or scrape that was bleeding, I text [facility nurse] to apprise [them] of the situation and bandaged the area."

In an interview on 11/20/2023 at 10:15 AM, Staff G, Regional Health and Wellness Specialist, stated that caregivers and med aides were to notify nursing when there were concerns about skin or reddened areas. Staff G stated that nursing staff would then need to assess the area, write a progress note, and create an alert chart (system used by caregivers and nurses to monitor resident health concerns).

Review of Resident 2's September 2023, October 2023 and November 2023 progress notes showed no documentation to show that the residents wounds/skin tears were evaluated or interventions to prevent further skin injury.

<Resident 3>

Review of Resident 3's NSP, dated 07/29/2023, showed a history of [REDACTED]. The NSP showed that med techs were responsible for monitoring the resident's skin weekly and as needed. The NSP further showed that med techs were to notify the Health and Wellness Director for any increased warmth, redness to bilateral lower extremities (both legs), or weeping edema to bilateral lower extremities.

for the following concerns:

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Review of Resident 2's September 2023, October 2023 and November 2023 progress notes showed no documentation to show that the residents wounds/skin tears were evaluated or interventions to prevent further skin injury.

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Statement of Deficiencies	License #: 2479	Compliance Determination # 32296
Plan of Correction	North Point Village, Assisted Living & Memory Care	Completion Date
Page 7 of 42	Licensee: PSL Associates, LLC	12/05/2023

Review of Resident 3's October 2023 and November 2023 progress notes showed two entries with concerns regarding Resident 3's skin. The entries were as follows:

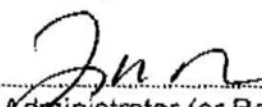
10/03/2023 at 3:01 PM, Staff F documented, "Res [resident] has some redness to [their] left leg and wanted to see a nurse about this. It was warm to touch."

10/04/2023 at 1:07 PM, Staff F wrote "Res [resident] is upset [they] asked for a nurse to come up and look at [their] legs yesterday and no one did. I asked [facility nurse] to go look when I [saw them] in [their] office."

Further review of Resident 3's October 2023 and November 2023 progress notes showed no documentation to show that the resident's skin was evaluated or interventions to prevent further skin injury.

In an interview on 11/16/2023 at 10:45 AM, Resident 3 stated that staff did not check their skin weekly. During the interview, Collateral Contact 1 (CC1), who was present at the time, stated they (themselves) were the one who checked Resident 3's skin weekly and have had to call nursing in the past to tell them to monitor areas of concern.

This is a recurring deficiency previously cited on 01/04/2023 for subsections (3) (a) (4), 06/18/2021 for subsections (3) (a) (4), and 04/19/2021 for subsections (3) (a) (4).

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) <u>1/7/2024</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>12/16/23</u> Date

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

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

(iii) Corridors, as well as common and outdoor areas accessible to residents.

Review of Resident 3's October 2023 and November 2023 progress notes showed two entries with concerns regarding Resident 3's skin. The entries were as follows:

10/03/2023 at 3:01 PM, Staff F documented, "Res [resident] has some redness to [their] left leg and wanted to see a nurse about this. It was warm to touch."

10/04/2023 at 1:07 PM, Staff F wrote "Res [resident] is upset [they] asked for a nurse to come up and look at [their] legs yesterday and no one did. I asked [facility nurse] to go look when I [saw them] in [their] office."

Further review of Resident 3's October 2023 and November 2023 progress notes showed no documentation to show that the resident's skin was evaluated or interventions to prevent further skin injury.

In an interview on 11/16/2023 at 10:45 AM, Resident 3 stated that staff did not check their skin weekly. During the interview, Collateral Contact 1 (CC1), who was present at the time, stated they (themselves) were the one who checked Resident 3's skin weekly and have had to call nursing in the past to tell them to monitor areas of concern.

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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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

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

(iii) Corridors, as well as common and outdoor areas accessible to residents.

Statement of Deficiencies	License #: 2479	Compliance Determination # 32296
Plan of Correction	North Point Village, Assisted Living & Memory Care	Completion Date
Page 8 of 42	Licensee: PSL Associates, LLC	12/05/2023

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to provide a way for residents and staff to call for assistance from 4 of 4 outdoor areas of the facility. This failure placed residents at risk of not receiving potential emergency assistance when outdoors and on facility property.

Findings included...

Observation on 11/17/2023 at 1:10 PM, during outside environmental tour, showed no communication system or means to summon staff in the fenced courtyard of the facility's building C.

In an interview on 11/17/2023 at 1:15 PM, Staff B, Memory Care Coordinator, stated they were unsure as to why there was no call system in the courtyard. Staff B further stated buildings A and B were the same, having no communication system in the fenced in courtyards.

Observation on 11/17/2023 at 1:20 PM showed no communication system or means to summon staff in the fenced in courtyards of building A or B.

Observation on 11/17/2023 at 1:25 PM, showed no communication system or means to summon staff in the open courtyard between the main building and buildings A, B, and C.

This is a recurring deficiency previously cited on 06/18/2021 for subsections (1)(a)(iii) and 04/19/2021 for subsections (1).

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 1/7/2024.

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

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to provide a way for residents and staff to call for assistance from 4 of 4 outdoor areas of the facility. This failure placed residents at risk of not receiving potential emergency assistance when outdoors and on facility property.

Findings included...

Observation on 11/17/2023 at 1:10 PM, during outside environmental tour, showed no communication system or means to summon staff in the fenced courtyard of the facility's building C.

In an interview on 11/17/2023 at 1:15 PM, Staff B, Memory Care Coordinator, stated they were unsure as to why there was no call system in the courtyard. Staff B further stated buildings A and B were the same, having no communication system in the fenced in courtyards.

Observation on 11/17/2023 at 1:20 PM showed no communication system or means to summon staff in the fenced in courtyards of building A or B.

Observation on 11/17/2023 at 1:25 PM, showed no communication system or means to summon staff in the open courtyard between the main building and buildings A, B, and C.

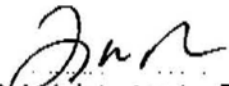
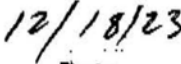
This is a recurring deficiency previously cited on 06/18/2021 for subsections (1)(a)(iii) and 04/19/2021 for subsections (1).

Plan/Attestation Statement

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 Administrator (or Representative)	 Date
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WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

- (a) Provide a safe, sanitary and well-maintained environment for residents;
- (b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;
- (c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure that the interior and exterior of the facility and grounds were safe, sanitary, and well maintained. This failure placed residents at risk of illness, injury and decreased quality of life.

Findings included...

During the environmental tour on 11/14/2023, from 9:10 AM to 11:30 AM, and from 12:30 PM to 3:00 PM, accompanied by Staff H, Maintenance Director, the following was observed:

<Main assisted living facility>

-First floor housekeeping closet sink was plugged with debris, lint, and a hard grey substance.

-Upon entering the first-floor south side laundry room, the department licensors and Staff H were informed by a resident that an ironing board was placed in front of the wall heater vent. The resident stated, "it almost burned."

-The drain water cabinet in that laundry room was unlocked an open. In an interview at that time, Staff H stated the door to the cabinet should have been locked.

-The washer and dryer in that laundry room had lint, a used fabric softener sheet, and debris behind the machines.

_____ Administrator (or Representative)	_____ Date
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This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure that the interior and exterior of the facility and grounds were safe, sanitary, and well maintained. This failure placed residents at risk of illness, injury and decreased quality of life.

Findings included...

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<Main assisted living facility>

-First floor housekeeping closet sink was plugged with debris, lint, and a hard grey substance.

-Upon entering the first-floor south side laundry room, the department licensors and Staff H were informed by a resident that an ironing board was placed in front of the wall heater vent. The resident stated, "it almost burned."

-The drain water cabinet in that laundry room was unlocked and open. In an interview at that time, Staff H stated the door to the cabinet should have been locked.

-The washer and dryer in that laundry room had lint, a used fabric softener sheet, and debris behind the machines.

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- A stairway to the second floor had a wet vacuum, a walker and a wheelchair stored by the stairway/staircase (potential fall risks).
- The mechanical room door was blocked by boxes marked with a delivery date of 11/11/2023.
- Broken tile was observed on the ceiling next to the stairway and kitchen entrance. In an interview at that time, Staff H stated the tile needed to be replaced.
- A second stairway/staircase to the second floor had obstacles that included a carpet cleaner, walker and wheelchair.
- The carpet in the south side stairway up to the second floor was stained with a dark substance.
- The second-floor south side laundry room had an empty kitty litter plastic jug and a broken-down adult undergarment box stored in the room. The floor was covered with stains and dust clumps.
- The carpet in the central stairway down to the first floor was covered in dirt and debris. In an interview at that time, Staff H stated the entire facility required a vacuum.
- The second-floor mechanical room panels were blocked by a cart with painting supplies and a carpet cleaner.
- The second-floor, northwest side laundry room had debris, a fabric softener sheet, and a universal wall adapter behind the washer and dryer.
- The stairway up to the third floor on the northwest side of the building had stained carpets and debris on the floor.
- The third-floor northwest side laundry room had dust and debris behind the washer and dryer.
- The northwest side stairway to the fourth floor had paper, dust, and debris on the carpet.
- The fourth-floor south side laundry room had dust, debris, and a drinking cup behind the washer and dryer. The floor had dirt stains and dust clumps. A panel behind the machines was observed to be detached from the wall and on the floor.

-A stairway to the second floor had a wet vacuum, a walker and a wheelchair stored by the stairway/staircase (potential fall risks).

-The mechanical room door was blocked by boxes marked with a delivery date of 11/11/2023.

-Broken tile was observed on the ceiling next to the stairway and kitchen entrance. In an interview at that time, Staff H stated the tile needed to be replaced.

-A second stairway/staircase to the second floor had obstacles that included a carpet cleaner, walker and wheelchair.

-The carpet in the south side stairway up to the second floor was stained with a dark substance.

-The second-floor south side laundry room had an empty kitty litter plastic jug and a broken-down adult undergarment box stored in the room. The floor was covered with stains and dust clumps.

-The carpet in the central stairway down to the first floor was covered in dirt and debris. In an interview at that time, Staff H stated the entire facility required a vacuum.

-The second-floor mechanical room panels were blocked by a cart with painting supplies and a carpet cleaner.

-The second-floor, northwest side laundry room had debris, a fabric softener sheet, and a universal wall adapter behind the washer and dryer.

-The stairway up to the third floor on the northwest side of the building had stained carpets and debris on the floor.

-The third-floor northwest side laundry room had dust and debris behind the washer and dryer.

-The northwest side stairway to the fourth floor had paper, dust, and debris on the carpet.

-The fourth-floor south side laundry room had dust, debris, and a drinking cup behind the washer and dryer. The floor had dirt stains and dust clumps. A panel behind the machines was observed to be detached from the wall and on the floor.

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State of Washington

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-Observation on 11/15/2023 at 11:55 AM, showed the first-floor bathroom of the main assisted living building, had dirt and debris along the inside perimeter of the walls and the toilet had dried urine on the seat.

<Exterior/grounds>

-Pieces of paper receipts, a chip bag, and a paper cup were observed on the ground in the front of the facility.

-Styrofoam debris was on the ground, on the side of the dumpster.

-Two discarded refrigerators, a shopping cart, and a broken freezer were stored behind a shed by the smoking area.

-A discarded air conditioner unit and cabinets were stored by the dumpster.

-Four windows on the back of the main assisted living building were missing shutters.

-Four discarded pillows were observed outside the porch area of a resident's living unit.

-Seven pieces of garbage were observed outside building C including a chip bag and paper trash.

-An outlet/electrical unit on the exterior of building C was pulled out two inches from the building with exposed wires.

<Building C>

-Lint, dust, debris, and a pillowcase were observed behind the dryer in the laundry room.

In an interview on 11/14/2023 at 12:25 PM, Resident 15 stated that food is left on the floor of the large resident dining room for "four or five days" before it is cleaned up by housekeeping.

Observation on 11/20/2023 at 9:40 AM, showed the large resident dining room floor had food particles scattered over the carpet.

-Observation on 11/15/2023 at 11:55 AM, showed the first-floor bathroom of the main assisted living building, had dirt and debris along the inside perimeter of the walls and the toilet had dried urine on the seat.

<Exterior/grounds>

-Pieces of paper receipts, a chip bag, and a paper cup were observed on the ground in the front of the facility.

-Styrofoam debris was on the ground, on the side of the dumpster.

-Two discarded refrigerators, a shopping cart, and a broken freezer were stored behind a shed by the smoking area.

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Observation on 11/20/2023 at 9:40 AM, showed the large resident dining room floor had food particles scattered over the carpet.

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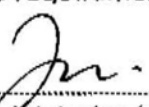
Observation on 11/15/2023 at 12:10 PM, prior to lunch being served, showed the dining room floor of building B was sticky.

In an interview on 11/17/2023 at 1:35 PM, Resident 4 stated housekeeping does not wet mop when cleaning their floor. Resident 4 further stated that housekeeping will only clean the shower if they are asked to.

In an interview on 11/21/2023 at 4:50 PM, Collateral Contact 2 (CC2), stated they have asked staff for a broom and dustpan to sweep their family member's room due to the floor being dirty. CC2 further stated they have swept the resident's floor themselves.

In an interview on 11/27/2023 at 4:27 PM, Collateral Contact 4 (CC4) stated that Resident 10's trash was not taken out regularly. CC4 further stated that staff were not cleaning the resident's room.

This is a recurring deficiency previously cited on 06/18/2021 for subsections (1)(a)(b).

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) <u>11/7/2024</u>. In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>12/18/23</u> Date

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;
- (2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to maintain on-site food service in compliance with Washington State Retail Food Code related to hand hygiene/glove use, cross contamination of ready to eat foods, cleanliness of food storage and food preparation areas, and food handler cards. This failure placed residents at risk of

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Plan/Attestation Statement

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

Administrator (or Representative)

Date

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

Findings included...

<Cross contamination>

Per WAC 246-215-02310, Hands and arms—When to wash: Food employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation.

- After handling soiled equipment and utensils.
- During food preparation, as often as necessary to prevent cross contamination.
- When switching between working with raw and ready to eat foods.
- After engaging in other activities that contaminate the hands or gloves.

Observation on 11/14/2023 at 11:50 AM, showed Staff J, Cook, prepared lunch for the residents. During the observation, Staff J handled utensils, freezer door handles, raw foods and then ready to eat foods. Staff J performed the following food preparation with the same gloved hands:

- Picked up a lid from the grill and then a utensil and removed buns from the grill.
- Picked up another utensil and spread mayonnaise onto the bun.
- Reached into a container and removed pickles with the same gloved hands.
- Picked up another utensil and removed fries from the fryer.
- Removed slices of cheese with the same gloved hands and placed on bread, then put the extra slice of cheese back into the container.
- Opened the freezer door, removed a raw hamburger patty and placed the patty on the grill.

food borne illnesses.

Findings included...

<Cross contamination>

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-Picked up a lid from the grill and then a utensil and removed buns from the grill.

-Picked up another utensil and spread mayonnaise onto the bun.

-Reached into a container and removed pickles with the same gloved hands.

-Picked up another utensil and removed fries from the fryer.

-Removed slices of cheese with the same gloved hands and placed on bread, then put the extra slice of cheese back into the container.

-Opened the freezer door, removed a raw hamburger patty and placed the patty on the grill.

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- With the same gloved hands removed two slices of bread from the bag.
 - Picked up a spatula and removed a grilled cheese sandwich.
 - Picked up the bread and then a utensil and spread mayonnaise on the bread. With the same gloved hands, reached into containers and removed pickles, lettuce, and tomatoes for the sandwich.
 - Reached into a bucket of sanitizer, removed a rag, wrung out the rag, wiped the counter, returned the rag to the bucket, then picked up the sandwich to cut it in half.
 - Picked up a spatula and flipped a burger on the grill.
 - Removed hamburger buns from a bag.
 - Staff J then removed their gloves and washed their hands.
- Observation on 11/15/2023 at 11:20 AM, showed Staff J prepared tacos for the resident lunches. Staff J performed the following food preparation with the same gloved hands:
- Opened a box and removed packages of hard taco shells.
 - Opened the walk-in refrigerator and removed a package of tortillas.
 - Placed oven mitts on over their gloved hands and removed a large stock pot from the stove.
 - Poured soup into a container and returned the pot to the stove.
 - Removed the oven mitts but kept the same gloves on.
 - Picked up lettuce and placed it into zip lock bags.
 - Removed soft tortilla shells, picked up a utensil and placed cooked meat onto the tortilla.
 - Removed shredded cheese and lettuce and placed it on the tortilla.

- With the same gloved hands removed two slices of bread from the bag.
- Picked up a spatula and removed a grilled cheese sandwich.
- Picked up the bread and then a utensil and spread mayonnaise on the bread. With the same gloved hands, reached into containers and removed pickles, lettuce, and tomatoes for the sandwich.
- Reached into a bucket of sanitizer, removed a rag, wrung out the rag, wiped the counter, returned the rag to the bucket, then picked up the sandwich to cut it in half.
- Picked up a spatula and flipped a burger on the grill.
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- Removed the oven mitts but kept the same gloves on.
- Picked up lettuce and placed it into zip lock bags.
- Removed soft tortilla shells, picked up a utensil and placed cooked meat onto the tortilla.
- Removed shredded cheese and lettuce and placed it on the tortilla.

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-Staff J then removed their gloves and washed their hands.

In an interview on 11/15/2023 at 11:45 AM, the department licensor asked Staff J about the training they received regarding safe food handling and prevention of cross contamination. Staff J stated they received "some" training as they had food handling experience at a previous employer. Staff J stated they worked with new employees and provided most of the hands-on training to new employees. Staff J then confirmed that the facility provided online training through Relias and stated "admittedly, we're all behind on it".

Observation on 11/12/2023 at 12:12 PM, showed Staff O, Memory Care Partner, in building A, prepared tacos. With gloved hands, Staff O touched the cabinet door handles and an opened package of hard taco shells. With the same gloved hands, placed a hard taco shell on the plate. Staff O then changed their gloves without washing their hands.

Observation on 11/15/2023 at 12:25 PM, showed Staff D, Memory Care Med Aide, in building B, prepared tacos. With gloved hands, Staff D touched the cabinet door handles and the binder with the food temperature log. With the same gloved hands, Staff D picked up hard taco shells and crunched them up to make a taco salad.

<Cleanliness>

Per WAC 246-215-0460: Equipment, food-contact surfaces, nonfood-contact surfaces, and utensils:

- Equipment, food contact surfaces, and utensils must be clean to sight and touch.
- Food contact surfaces of cooking equipment must be kept free of encrusted grease deposits and other soil accumulations.
- Non-food contact surfaces of equipment must be kept free of an accumulation of dust, dirt, food residue, and other debris.

Observation on 11/14/2023 at 9:00 AM, during the tour of the kitchen, showed the microwave, stove top cooking area, three ovens, and floors were covered with dirt, food particles and encrusted grease deposits.

Further observation of the kitchen on 11/14/2023, showed the following:

- The walk-in refrigerator had a brown liquid substance splattered on two walls and several

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

-Staff J then removed their gloves and washed their hands.

In an interview on 11/15/2023 at 11:45 AM, the department licensor asked Staff J about the training they received regarding safe food handling and prevention of cross contamination. Staff J stated they received "some" training as they had food handling experience at a previous employer. Staff J stated they worked with new employees and provided most of the hands-on training to new employees. Staff J then confirmed that the facility provided online training through Relias and stated "admittedly, we're all behind on it".

Observation on 11/12/2023 at 12:12 PM, showed Staff O, Memory Care Partner, in building A, prepared tacos. With gloved hands, Staff O touched the cabinet door handles and an opened package of hard taco shells. With the same gloved hands, placed a hard taco shell on the plate. Staff O then changed their gloves without washing their hands.

Observation on 11/15/2023 at 12:25 PM, showed Staff D, Memory Care Med Aide, in building B, prepared tacos. With gloved hands, Staff D touched the cabinet door handles and the binder with the food temperature log. With the same gloved hands, Staff D picked up hard taco shells and crunched them up to make a taco salad.

<Cleanliness>

Per WAC 246-215-0460: Equipment, food-contact surfaces, nonfood-contact surfaces, and utensils:

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pieces of fruit on the floor.

-The dry storage area had flour and oats spilled on the floor.

-Three utility carts, used to transport unprepared food and trays of clean dishes, were sticky and covered with food debris.

-The chest freezer had ice-cream dripping down the inside and food debris along all the edges of the freezer.

-The door handles to the walk-in refrigerator and freezers were sticky.

-Two food blenders were observed to have food debris and dried/caked foods on them.

In an interview on 11/14/2023 at 10:30 AM, Staff J stated the kitchen staff did not have a cleaning schedule. Staff J stated the "ovens are due for a cleaning".

In an interview on 11/15/2023 at 10:35 AM, Staff I, Cook, stated the kitchen staff used to have a cleaning schedule, the last manager took them down, and they have not had one since.

<Food Handler cards>

Per WAC 246-215-02120, Food worker cards. The permit holder and person in charge shall ensure that all food employees are in compliance with the provisions of chapter 69.06 RCW and chapter 246-217 WAC for obtaining and renewing valid food worker cards.

In an interview on 11/15/2023 at 10:35 AM, Staff I stated they were the evening cook.

Review of Staff I's food handler card showed it expired on 02/18/2023.

In an interview on 11/21/2023 at 9:30 AM, Staff P, Business Office Manager, confirmed that Staff I's food handler card expired on 02/18/2023.

This is a recurring deficiency previously cited on 06/18/2021 for subsection (1).

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-The dry storage area had flour and oats spilled on the floor.

-Three utility carts, used to transport unprepared food and trays of clean dishes, were sticky and covered with food debris.

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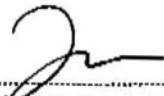
This is a recurring deficiency previously cited on 06/18/2021 for subsection (1).

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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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 1/7/2024.

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


Administrator (or Representative)

12/18/24
Date

WAC 388-78A-2880 Changing use of rooms. Prior to using a room for a purpose other than what was approved by construction review services, the assisted living facility must:

- (1) Notify construction review services:
 - (a) In writing;
 - (b) Thirty days or more before the intended change in use;
 - (c) Describe the current and proposed use of the room; and
 - (d) Provide all additional documentation as requested by construction review services;
- (2) Obtain the written approval of construction review services for the new use of the room; and
- (3) Ensure the facility functional program and room list are updated to reflect the change.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to notify construction review services in advance, obtain approval, and ensure the room list was updated to reflect a change in the use of 1 of 1 room (staff break room). This failure placed residents residing in building B at risk of injury due to a potentially unsafe living environment.

Findings included...

Review of the facility's room list, dated 05/11/2021, showed room G in building B (memory care building) was designated as a studio apartment approved for one licensed bed.

Observation on 11/14/2023 at 2:15 PM, of room G in building B showed the following:

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date

WAC 388-78A-2880 Changing use of rooms. Prior to using a room for a purpose other than what was approved by construction review services, the assisted living facility must:

- (1) Notify construction review services:
 - (a) In writing;
 - (b) Thirty days or more before the intended change in use;
 - (c) Describe the current and proposed use of the room; and
 - (d) Provide all additional documentation as requested by construction review services;
- (2) Obtain the written approval of construction review services for the new use of the room; and
- (3) Ensure the facility functional program and room list are updated to reflect the change.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to notify construction review services in advance, obtain approval, and ensure the room list was updated to reflect a change in the use of 1 of 1 room (staff break room). This failure placed residents residing in building B at risk of injury due to a potentially unsafe living environment.

Findings included...

Review of the facility's room list, dated 05/11/2021, showed room G in building B (memory care building) was designated as a studio apartment approved for one licensed bed.

Observation on 11/14/2023 at 2:15 PM, of room G in building B showed the following:

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-Staff entered the room.

-The door was unsecured, as the coded lock did not work.

-The light did not work.

-Personal hygiene items were stored, including shampoo, shaving cream, and body powder.

-A refrigerator with staff food.

In an interview on 11/14/2023 at 2:17 PM, Staff H, Maintenance Director, stated the facility changed the resident apartment into a staff break room, a year prior.

Observation on 11/15/23 at 11:15 AM showed room G in building B was not locked and was accessible to residents.

In an interview on 11/15/2023 at 12:10 PM, Staff A, Executive Director, stated they had no documentation regarding the change in the use of room G.

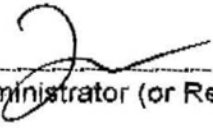
In an interview on 11/15/2023 at 4:00 PM, Staff A stated they had no construction review service (CRS) documentation of approval for the room change.

This is a recurring deficiency previously cited on 06/18/2021 for subsection (1)(a)(b)(c)(d).

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 1/2/24.

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


Administrator (or Representative)

12/18/23
Date

-Staff entered the room.

-The door was unsecured, as the coded lock did not work.

-The light did not work.

-Personal hygiene items were stored, including shampoo, shaving cream, and body powder.

-A refrigerator with staff food.

In an interview on 11/14/2023 at 2:17 PM, Staff H, Maintenance Director, stated the facility changed the resident apartment into a staff break room, a year prior.

Observation on 11/15/23 at 11:15 AM showed room G in building B was not locked and was accessible to residents.

In an interview on 11/15/2023 at 12:10 PM, Staff A, Executive Director, stated they had no documentation regarding the change in the use of room G.

In an interview on 11/15/2023 at 4:00 PM, Staff A stated they had no construction review service (CRS) documentation of approval for the room change.

This is a recurring deficiency previously cited on 06/18/2021 for subsection (1)(a)(b)(c)(d).

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date

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WAC 388-78A-2450 Staff.

- (1) Each assisted living facility must provide sufficient, trained staff persons to:
- (a) Furnish the services and care needed by each resident consistent with his or her negotiated service agreement;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to provide sufficient staff to meet resident care needs for 4 of 9 sampled residents (Residents 1, 2, 3, and 4). This failure resulted in difficulty breathing for Resident 1 and long wait times for staff assistance, and placed residents at risk of health complications, unmet care needs and risk of injury.

Findings included...

During the resident group meeting on 11/14/2023 at 2:30 PM, Resident 14 stated that it often took "30 minutes to an hour" for caregivers to respond to the resident's call light.

<Resident 1>

Review of Resident 1's Negotiated Service Plan (NSP, the facilities titled negotiated service agreement), dated 07/14/2023, showed Resident 1 was diagnosed with [REDACTED]. Further review showed that Resident 1 required facility assistance with medications, assistance to and from meals, and assistance with toileting.

In an interview on 11/20/2023 at 10:30 AM, Resident 1 stated they had frequently waited 30 minutes to over an hour, after pressing their pendant, for staff to respond to their request to use their rescue inhaler for shortness of breath. Resident 1 further stated that they had to wait a long time for staff assistance for escorts to and from the dining room and when needing assistance in the bathroom.

Review of the Facility's October 2023 Response Time Report for Resident 1, showed the staff facility's response time to the resident's call light was 30 minutes or longer on the following dates/times:

10/02 at 8:32 AM - 32 min.
10/02 at 12:15 PM - 31 min.
10/02 at 1:26 PM - 31 min.
10/02 at 5:22 PM - 30 min.
10/03 at 6:38 AM - 37 min.
10/03 at 8:00 AM - 32 min.
10/04 at 6:13 AM - 30 min.
10/04 at 7:34 AM - 34 min.

WAC 388-78A-2450 Staff.

(1) Each assisted living facility must provide sufficient, trained staff persons to:

(a) Furnish the services and care needed by each resident consistent with his or her negotiated service agreement;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to provide sufficient staff to meet resident care needs for 4 of 9 sampled residents (Residents 1, 2, 3, and 4). This failure resulted in difficulty breathing for Resident 1 and long wait times for staff assistance, and placed residents at risk of health complications, unmet care needs and risk of injury.

Findings included...

During the resident group meeting on 11/14/2023 at 2:30 PM, Resident 14 stated that it often took "30 minutes to an hour" for caregivers to respond to the resident's call light.

<Resident 1>

Review of Resident 1's Negotiated Service Plan (NSP, the facilities titled negotiated service agreement), dated 07/14/2023, showed Resident 1 was diagnosed with [REDACTED]. Further review showed that Resident 1 required facility assistance with medications, assistance to and from meals, and assistance with toileting.

In an interview on 11/20/2023 at 10:30 AM, Resident 1 stated they had frequently waited 30 minutes to over an hour, after pressing their pendant, for staff to respond to their request to use their rescue inhaler for shortness of breath. Resident 1 further stated that they had to wait a long time for staff assistance for escorts to and from the dining room and when needing assistance in the bathroom.

Review of the Facility's October 2023 Response Time Report for Resident 1, showed the staff facility's response time to the resident's call light was 30 minutes or longer on the following dates/times:

10/02 at 8:32 AM - 32 min.
10/02 at 12:15 PM - 31 min.
10/02 at 1:26 PM - 31 min.
10/02 at 5:22 PM - 30 min.
10/03 at 6:38 AM - 37 min.
10/03 at 8:00 AM - 32 min.
10/04 at 6:13 AM - 30 min.
10/04 at 7:34 AM - 34 min.

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10/05 at 8:09 AM - 32 min.
 10/05 at 7:51 PM - 38 min.
 10/06 at 12:50 AM - 50 min.
 10/07 at 10:29 AM - 54 min.
 10/09 at 2:07 AM - 32 min.
 10/09 at 6:47 AM - 44 min.
 10/09 at 12:50 PM - 45 min.
 10/10 at 1:11PM - 33 min.
 10/10 at 5:25 AM - 50 min.
 10/10 at 6:46 AM - 33 min.
 10/10 at 8:18 AM - 41 min.
 10/11 at 8:27 AM - 37 min.
 10/11 at 7:59 PM - 33 min.
 10/12 at 8:33 PM - 46 min.
 10/13 at 8:19 AM - 30 min.
 10/13 at 8:13 PM - 38 min.
 10/16 at 6:57 AM - 43 min.
 10/16 at 12:02 PM - 1 hour 23 min.
 10/17 at 7:10 AM - 34 min.
 10/17 at 8:41 AM - 37 min.
 10/18 at 5:02 AM - 52 min.
 10/18 at 8:22 AM - 36 min.
 10/18 at 10:59 AM - 33 min.
 10/18 at 9:18 AM - 35 min.
 10/19 at 8:57 AM - 50 min.
 10/19 at 8:24 AM - 41 min.
 10/20 at 1:56 AM - 34 min.
 10/20 at 8:15 AM - 30 min.
 10/20 at 12:15 PM - 42 min.
 10/21 at 7:22 PM - 1 hour 3 min.
 10/22 at 5:53 AM - 34 min.
 10/22 at 8:13 AM - 55 min.
 10/22 at 10:32 AM - 47 min.
 10/22 at 12:06 PM - 33 min.
 10/24 at 12:56 PM - 49 min.
 10/25 at 1:33 PM - 36 min.
 10/25 at 5:13 PM - 36 min.
 10/27 at 3:23 AM - 56 min.
 10/27 at 6:41 AM - 49 min.
 10/27 at 8:32 AM - 33 min.
 10/29 at 6:56 AM - 44 min.
 10/29 at 8:52 AM - 42 min.
 10/30 at 8:10 AM - 1 hour 2 min.
 10/31 at 12:11 PM - 40 min.

<Resident 2>

Review of Resident 2's NSP, dated 07/06/2023, showed the resident required assistance with transfers from their wheelchair, toileting, dressing, bathing, and escorts to meals and activities.

10/05 at 8:09 AM - 32 min.
10/05 at 7:51 PM - 38 min.
10/06 at 12:50 AM - 50 min.
10/07 at 10:29 AM - 54 min.
10/09 at 2:07 AM - 32 min.
10/09 at 6:47 AM - 44 min.
10/09 at 12:50 PM - 45 min.
10/10 at 1:11PM - 33 min.
10/10 at 5:25 AM - 50 min.
10/10 at 6:46 AM - 33 min.
10/10 at 8:18 AM - 41 min.
10/11 at 8:27 AM - 37 min.
10/11 at 7:59 PM - 33 min.
10/12 at 8:33 PM - 46 min.
10/13 at 8:19 AM - 30 min.
10/13 at 8:13 PM - 38 min.
10/16 at 6:57 AM - 43 min.
10/16 at 12:02 PM - 1 hour 23 min.
10/17 at 7:10 AM - 34 min.
10/17 at 8:41 AM - 37 min.
10/18 at 5:02 AM - 52 min.
10/18 at 8:22 AM - 36 min.
10/18 at 10:59 AM - 33 min.
10/18 at 9:18 AM - 35 min.
10/19 at 6:57 AM - 50 min.
10/19 at 8:24 AM - 41 min.
10/20 at 1:56 AM - 34 min.
10/20 at 8:15 AM - 30 min.
10/20 at 12:15 PM - 42 min.
10/21 at 7:22 PM - 1 hour 3 min.
10/22 at 5:53 AM - 34 min.
10/22 at 8:13 AM - 55 min.
10/22 at 10:32 AM - 47 min.
10/22 at 12:06 PM - 33 min.
10/24 at 12:56 PM - 49 min.
10/25 at 1:33 PM - 36 min.
10/25 at 5:13 PM - 36 min.
10/27 at 3:23 AM - 56 min.
10/27 at 6:41 AM - 49 min.
10/27 at 8:32 AM - 33 min.
10/29 at 6:56 AM - 44 min.
10/29 at 8:52 AM - 42 min.
10/30 at 8:10 AM - 1 hour 2 min.
10/31 at 12:11 PM - 40 min.

<Resident 2>

Review of Resident 2's NSP, dated 07/06/2023, showed the resident required assistance with transfers from their wheelchair, toileting, dressing, bathing, and escorts to meals and activities.

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In an interview on 11/17/2023 at 1:52 PM, Resident 2 stated that call light responses were often longer than 30 minutes.

<Resident 3>

Review of Resident 3's NSP, dated 07/29/2023, showed the resident used a walker for mobility in their room and required a wheelchair for mobility outside of their room. Further review showed that the resident required facility assistance with medications and escorts to meals and activities.

In an interview on 11/16/2023 at 10:45 AM, Resident 3 stated they frequently had to wait at least 30 minutes for the care staff to respond to their call light. Resident 3 further stated they often had to wait over one hour for staff assistance for escorts to the dining room.

In an interview on 11/16/2023 at 10:45 AM, Collateral Contact 1 (CC1) stated they had observed long response times to Resident 3's call light. CC1 stated the response time had been up to an hour.

Review of the Facility's October 2023 Response Time Report for Resident 3, showed the staff facility's response time to the resident's call light was 30 minutes or longer on the following dates/times:

10/04 at 9:15 AM ~ 31 min.
10/05 at 7:24 AM ~ 31 min.
10/07 at 12:50 AM ~ 50 min.
10/09 at 7:18 AM ~ 31 min.
10/09 at 4:55 PM ~ 33 min.
10/11 at 8:45 AM ~ 35 min.
10/13 at 8:48 AM ~ 30 min.
10/14 at 7:09 AM ~ 35 min.
10/14 at 12:15 PM ~ 33 min.
10/15 at 8:35 AM ~ 48 min.
10/17 at 9:38 AM ~ 45 min.
10/20 at 7:10 AM ~ 39 min.
10/20 at 8:34 AM ~ 55 min.
10/21 at 5:24 PM ~ 33 min.
10/23 at 7:23 AM ~ 55 min.
10/24 at 7:36 AM ~ 41 min.
10/27 at 7:19 AM ~ 52 min.
10/27 at 9:30 AM ~ 42 min.
10/29 at 9:04 AM ~ 31 min.

<Resident 4>

In an interview on 11/17/2023 at 1:52 PM, Resident 2 stated that call light responses were often longer than 30 minutes.

<Resident 3>

Review of Resident 3's NSP, dated 07/29/2023, showed the resident used a walker for mobility in their room and required a wheelchair for mobility outside of their room. Further review showed that the resident required facility assistance with medications and escorts to meals and activities.

In an interview on 11/16/2023 at 10:45 AM, Resident 3 stated they frequently had to wait at least 30 minutes for the care staff to respond to their call light. Resident 3 further stated they often had to wait over one hour for staff assistance for escorts to the dining room.

In an interview on 11/16/2023 at 10:45 AM, Collateral Contact 1 (CC1) stated they had observed long response times to Resident 3's call light. CC1 stated the response time had been up to an hour.

Review of the Facility's October 2023 Response Time Report for Resident 3, showed the staff facility's response time to the resident's call light was 30 minutes or longer on the following dates/times:

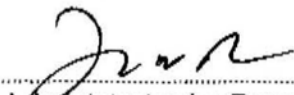
10/04 at 9:15 AM – 31 min.
10/05 at 7:24 AM – 31 min.
10/07 at 12:50 AM – 50 min.
10/09 at 7:18 AM – 31 min.
10/09 at 4:55 PM – 33 min.
10/11 at 8:45 AM – 35 min.
10/13 at 8:48 AM – 30 min.
10/14 at 7:09 AM – 35 min.
10/14 at 12:15 PM – 33 min.
10/15 at 8:35 AM – 48 min.
10/17 at 9:38 AM – 45 min.
10/20 at 7:10 AM – 39 min.
10/20 at 8:34 AM – 55 min.
10/21 at 5:24 PM - 33 min.
10/23 at 7:23 AM – 55 min.
10/24 at 7:36 AM – 41 min.
10/27 at 7:19 AM – 52 min.
10/27 at 9:30 AM – 42 min.
10/29 at 9:04 AM – 31 min.

<Resident 4>

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Review of Resident 4's NSP, dated 10/14/2023, showed Resident 4 required assistance with transfers during resident care.

In an interview on 11/21/2023 at 1:25 PM, Resident 4 stated they frequently waited 20-30 minutes for assistance when they pressed their call pendant.

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) <u>1/2/24</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>12/18/23</u> Date

WAC 388-78A-2640 Reporting significant change in a resident's condition.

- (1) The assisted living facility must consult with the resident's representative, the resident's physician, and other individual(s) designated by the resident as soon as possible whenever:
- (a) There is a significant change in the resident's condition;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to contact the physician when a resident's blood sugar was greater than 400 for 1 of 11 residents (Resident 6) who had a significant change of condition. This failure placed the resident at risk of a medical emergency due to untreated high blood sugar.

Review of Resident 6's Negotiated Service Plan (NSP, the facility's titled negotiated service agreement), dated 05/08/2023, showed they were diagnosed with [REDACTED]. Further review showed that Resident 6 received assistance with blood sugar (BS) testing and insulin (an injectable medication used to lower blood sugar) administration.

Review of Resident 4's NSP, dated 10/14/2023, showed Resident 4 required assistance with transfers during resident care.

In an interview on 11/21/2023 at 1:25 PM, Resident 4 stated they frequently waited 20-30 minutes for assistance when they pressed their call pendant.

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date

WAC 388-78A-2640 Reporting significant change in a resident's condition.

(1) The assisted living facility must consult with the resident's representative, the resident's physician, and other individual(s) designated by the resident as soon as possible whenever:

(a) There is a significant change in the resident's condition;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to contact the physician when a resident's blood sugar was greater than 400 for 1 of 11 residents (Resident 6) who had a significant change of condition. This failure placed the resident at risk of a medical emergency due to untreated high blood sugar.

Review of Resident 6's Negotiated Service Plan (NSP, the facility's titled negotiated service agreement), dated 05/08/2023, showed they were diagnosed with [REDACTED]. Further review showed that Resident 6 received assistance with blood sugar (BS) testing and insulin (an injectable medication used to lower blood sugar) administration.

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In an interview on 11/17/2023 at 1:10 PM, Staff G, Regional Health and Wellness Specialist, stated when Resident 6's BS was greater than 400, the physician should have been notified. Staff G further stated, staff should write a progress note when the physician is notified. Staff G confirmed there were times when the physician was not notified when Resident 6's BS was above 400.

Review of Resident 6's medication administration records (MAR) for September 2023, October 2023 and November 2023, showed that Resident 6 had blood sugars above 400. Further review of the MARs showed no documentation to indicate that Resident 6's physician had been notified on the following dates:

09/02 at 11:00 AM, BS 436
09/04 at 07:00 AM, BS 409
09/11 at 07:00 AM, BS 486 and at 11:00 AM, BS 496
09/17 at 11:00 AM, BS 467
09/29 at 07:00 AM, BS 476
09/30 at 11:00 AM, BS 451
10/07 at 08:00 PM, BS 411
10/21 at 11:00 AM, BS 407
10/27 at 07:00 AM, BS 430
11/13 at 11:00 AM, BS 409
11/14 at 07:00 AM, BS 444

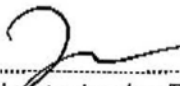
Review of Resident 6's progress notes for September 2023, October 2023, and November 2023, showed no documentation to indicate that Resident 6's health care provider was notified when the resident's blood sugars were greater than 400 on the dates listed above.

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on

(Date) 1/7/24

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


Administrator (or Representative)

12/18/24
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:

In an interview on 11/17/2023 at 1:10 PM, Staff G, Regional Health and Wellness Specialist, stated when Resident 6's BS was greater than 400, the physician should have been notified. Staff G further stated, staff should write a progress note when the physician is notified. Staff G confirmed there were times when the physician was not notified when Resident 6's BS was above 400.

Review of Resident 6's medication administration records (MAR) for September 2023, October 2023 and November 2023, showed that Resident 6 had blood sugars above 400. Further review of the MARs showed no documentation to indicate that Resident 6's physician had been notified on the following dates:

09/02 at 11:00 AM, BS 436
 09/04 at 07:00 AM, BS 409
 09/11 at 07:00 AM, BS 466 and at 11:00 AM, BS 496
 09/17 at 11:00 AM, BS 467
 09/29 at 07:00 AM, BS 476
 09/30 at 11:00 AM, BS 451
 10/07 at 08:00 PM, BS 411
 10/21 at 11:00 AM, BS 407
 10/27 at 07:00 AM, BS 430
 11/13 at 11:00 AM, BS 409
 11/14 at 07:00 AM, BS 444

Review of Resident 6's progress notes for September 2023, October 2023, and November 2023, showed no documentation to indicate that Resident 6's health care provider was notified when the resident's blood sugars were greater than 400 on the dates listed above.

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date)_____.

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

 Administrator (or Representative)

 Date

WAC 388-78A-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;

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

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 for 4 of 11 residents (Residents 3, 4, 10, and 13) sampled for negotiated services agreements. This failure placed residents at risk of unmet care needs and for services that were not agreed upon.

Findings included...

<Resident 3>

Review of Resident 3's Negotiated Service Plan (NSP, the facilities titled negotiated service agreement), dated 07/29/2023, showed the plan was not signed by the resident or their representative, to indicate agreement to the plan.

In an interview on 11/16/2023 at 10:45 AM, Resident 3 stated the facility had not discussed their annual NSP with them since moving in on [REDACTED]/2018.

In an interview on 11/16/2023 at 10:45 AM, Collateral Contact 1 (CC1) stated the facility did not discuss the NSP, dated 07/29/2023, with them.

<Resident 4>

Review of Resident 4's NSP, dated 10/14/2023, showed the plan was not signed by the resident or their representative, to indicate agreement to the plan.

In an interview on 11/17/2023 at 1:30 PM, Resident 4 stated that the facility did not request a signature after the resident's NSP had been updated and changed recently to reflect a higher level of care cost.

<Resident 10>

Review of Resident 10's NSP, dated 10/17/2023, showed the plan was not signed by the resident or their representative, to indicate agreement to the plan.

<Resident 13>

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

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 for 4 of 11 residents (Residents 3, 4, 10, and 13) sampled for negotiated services agreements. This failure placed residents at risk of unmet care needs and for services that were not agreed upon.

Findings included...

<Resident 3>

Review of Resident 3's Negotiated Service Plan (NSP, the facilities titled negotiated service agreement), dated 07/29/2023, showed the plan was not signed by the resident or their representative, to indicate agreement to the plan.

In an interview on 11/16/2023 at 10:45 AM, Resident 3 stated the facility had not discussed their annual NSP with them since moving in on [REDACTED]/2018.

In an interview on 11/16/2023 at 10:45 AM, Collateral Contact 1 (CC1) stated the facility did not discuss the NSP, dated 07/29/2023, with them.

<Resident 4>

Review of Resident 4's NSP, dated 10/14/2023, showed the plan was not signed by the resident or their representative, to indicate agreement to the plan.

In an interview on 11/17/2023 at 1:30 PM, Resident 4 stated that the facility did not request a signature after the resident's NSP had been updated and changed recently to reflect a higher level of care cost.

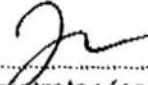
<Resident 10>

Review of Resident 10's NSP, dated 10/17/2023, showed the plan was not signed by the resident or their representative, to indicate agreement to the plan.

<Resident 13>

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Review of Resident 13's NSP, dated 05/19/2023, showed the plan was not signed by the resident or their representative, to indicate agreement to the plan.

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) <u>1/7/24</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>12/11/24</u> Date

WAC 388-78A-2290 Family assistance with medications and treatments.

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

- (a) By name, the family member who will provide the medication or treatment assistance or administration;
- (b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;
- (c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain a written plan for family assistance with obtaining medications and diabetic supplies for 1 of 11 sampled residents (Resident 1). This failure resulted in missed medication and placed Resident 1 at risk of non-availability of medications and diabetic supplies.

Findings included...

Review of Resident 1's Negotiated Service Plan (NSP, the facilities titled negotiated service agreement), dated 07/14/2023, showed that the facility provided medication assistance to

Review of Resident 13's NSP, dated 05/19/2023, showed the plan was not signed by the resident or their representative, to indicate agreement to the plan.

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date)_____. In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
_____ Administrator (or Representative)	_____ Date

WAC 388-78A-2290 Family assistance with medications and treatments.

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

- (a) By name, the family member who will provide the medication or treatment assistance or administration;
- (b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;
- (c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain a written plan for family assistance with obtaining medications and diabetic supplies for 1 of 11 sampled residents (Resident 1). This failure resulted in missed medication and placed Resident 1 at risk of non-availability of medications and diabetic supplies.

Findings included...

Review of Resident 1's Negotiated Service Plan (NSP, the facilities titled negotiated service agreement), dated 07/14/2023, showed that the facility provided medication assistance to

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Resident 1 and obtained their medications from a local pharmacy. Further review showed Resident 1's family member obtained the resident's diabetic strips and inhalers.

Review of Resident 1's undated medical file showed it did not contain a written plan for the family to assist with medications.

In an interview on 11/17/2023 at 9:45 AM, Staff G, Regional Health and Wellness Specialist, stated the facility did not have a written plan for the family to assist with medications with instructions on how the facility could obtain the medication if the family member did not.

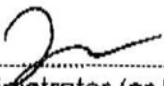
Review of Resident 1's November 2023 medication administration record (MAR), showed an order for the resident to use their inhaler (long-acting inhaler to treat Asthma: a long-term inflammatory disease of the airways of the lungs) two times a day.

Review of Resident 1's November 2023 MAR showed documentation on 11/08/2023 through 11/12/2023 that stated Resident 1's family member had not replaced Resident 1's inhaler yet. Further review showed documentation of eight missed administrations of the inhaler on those days.

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 1/2/24.

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


Administrator (or Representative)

12/18/24
Date

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

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a negotiated service agreement within 30 days of the resident moving into the facility for 1 of 11 sampled residents (Resident 7) sampled for service agreement planning. This failure placed the

Resident 1 and obtained their medications from a local pharmacy. Further review showed Resident 1's family member obtained the resident's diabetic strips and inhalers.

Review of Resident 1's undated medical file showed it did not contain a written plan for the family to assist with medications.

In an interview on 11/17/2023 at 9:45 AM, Staff G, Regional Health and Wellness Specialist, stated the facility did not have a written plan for the family to assist with medications with instructions on how the facility could obtain the medication if the family member did not.

Review of Resident 1's November 2023 medication administration record (MAR), showed an order for the resident to use their inhaler (long-acting inhaler to treat Asthma: a long-term inflammatory disease of the airways of the lungs) two times a day.

Review of Resident 1's November 2023 MAR showed documentation on 11/08/2023 through 11/12/2023 that stated Resident 1's family member had not replaced Resident 1's inhaler yet. Further review showed documentation of eight missed administrations of the inhaler on those days.

Plan/Attestation Statement

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Administrator (or Representative)

Date

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

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a negotiated service agreement within 30 days of the resident moving into the facility for 1 of 11 sampled residents (Resident 7) sampled for service agreement planning. This failure placed the

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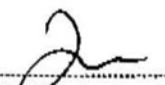
resident at risk of a lack of support regarding the resident's capabilities, preferences, health, safety, and services necessary to meet the resident's needs.

Findings included...

Review of Resident 7's undated progress notes showed the resident moved into the facility on [REDACTED]/2023.

Review of Resident 7's Negotiated Service Plan (NSP, the facility's titled negotiated service agreement) showed the plan was written and implemented on [REDACTED]/2023, the date of Resident 7's admission to the facility.

In an interview on 11/16/2023 at 2:20 PM, Staff G, Regional Health and Wellness Specialist, confirmed that Resident 7 moved into the facility on [REDACTED]/2023. Staff G stated that Resident 7 had one plan that served as both the initial service plan and the negotiated service agreement (NSA), and the facility had not completed an NSA within 30 days of Resident 7 moving into the 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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) <u>1/7/24</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 _____ Administrator (or Representative)	<u>12/18/24</u> _____ Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

- (b) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:
- (e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

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

resident at risk of a lack of support regarding the resident's capabilities, preferences, health, safety, and services necessary to meet the resident's needs.

Findings included...

Review of Resident 7's undated progress notes showed the resident moved into the facility on [REDACTED]/2023.

Review of Resident 7's Negotiated Service Plan (NSP, the facility's titled negotiated service agreement) showed the plan was written and implemented on [REDACTED]/2023, the date of Resident 7's admission to the facility.

In an interview on 11/16/2023 at 2:20 PM, Staff G, Regional Health and Wellness Specialist, confirmed that Resident 7 moved into the facility on [REDACTED]/2023. Staff G stated that Resident 7 had one plan that served as both the initial service plan and the negotiated service agreement (NSA), and the facility had not completed an NSA within 30 days of Resident 7 moving into the facility.

Plan/Attestation Statement

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Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

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This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to complete a full assessment within 14 days of admission and a safety assessment for the use of a medical device for 2 of 11 sampled residents (Resident 1 and 7). This failure placed residents at risk of unmet care needs due to not having a full assessment and risk of harm from use of a medical device that was not assessed to be used safely.

Findings included...**<Resident 1>**

Review of Resident 1's undated medical file showed a move in date of [REDACTED]/2023. Further review showed the first full assessment was completed on 10/29/2023, four months after admission.

In an interview on 11/22/2023 at 1:15 PM, Staff G, Regional Health and Wellness Specialist, stated they did not complete an assessment within 14 days of admission for Resident 1.

<Resident 7>

Review of Resident 7's Negotiated Service Plan (NSP, the facility's titled negotiated service agreement) showed the plan was written and implemented on [REDACTED]/2023, the date of Resident 7's admission to the facility.

Observation on 11/16/2023 at 11:30 AM, showed Resident 7 had bed rails on the sides and the head of their bed.

Review of Resident 7's undated medical file showed no documentation of an assessment to determine if the resident could safely use bed rails.

In an interview on 11/17/2023 at 1:29 PM, Staff G stated Resident 7 was not assessed to safely use their bed rails.

In an interview on 11/29/2023 at 8:42 AM, Collateral Contact 3 (CC3) stated they were unaware Resident 7 had bed rails on their bed.

Plan/Attestation Statement

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to complete a full assessment within 14 days of admission and a safety assessment for the use of a medical device for 2 of 11 sampled residents (Resident 1 and 7). This failure placed residents at risk of unmet care needs due to not having a full assessment and risk of harm from use of a medical device that was not assessed to be used safely.

Findings included...

<Resident 1>

Review of Resident 1's undated medical file showed a move in date of [REDACTED]/2023. Further review showed the first full assessment was completed on 10/29/2023, four months after admission.

In an interview on 11/22/2023 at 1:15 PM, Staff G, Regional Health and Wellness Specialist, stated they did not complete an assessment within 14 days of admission for Resident 1.

<Resident 7>

Review of Resident 7's Negotiated Service Plan (NSP, the facility's titled negotiated service agreement) showed the plan was written and implemented on [REDACTED]/2023, the date of Resident 7's admission to the facility.

Observation on 11/16/2023 at 11:30 AM, showed Resident 7 had bed rails on the sides and the head of their bed.

Review of Resident 7's undated medical file showed no documentation of an assessment to determine if the resident could safely use bed rails.

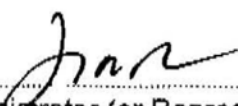
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I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 1/2/24.

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Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to complete an annual safety assessment for a medical device for 1 of 2 residents (Resident 4) sampled for safety assessments. This failure placed Resident 4 at risk of harm due to the uses of a medical device that was not assessed to be used safely.

Findings included...

Per WAC 388-78A-2090 (6)(e) Full Assessment Topics, a safety assessment must be completed for medical devices.

Review of Resident 4's Negotiated Service Plan (NSA, the facility's negotiated service agreement), dated [REDACTED]/2023, showed the resident was admitted on [REDACTED]/2022.

Observation on 11/17/2023 at 1:30 PM, showed Resident 4's bed had a triangular trapeze (device to assist in bed mobility) attached.

In an interview on 11/17/2023 at 1:35 PM, Resident 4 stated they used the bed trapeze to assist in position changes while laying down in bed.

Review of Resident 4's undated medical file showed no annual safety assessment for the bed trapeze.

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to complete an annual safety assessment for a medical device for 1 of 2 residents (Resident 4) sampled for safety assessments. This failure placed Resident 4 at risk of harm due to the uses of a medical device that was not assessed to be used safely.

Findings included...

Per WAC 388-78A-2090 (6)(e) Full Assessment Topics, a safety assessment must be completed for medical devices.

Review of Resident 4's Negotiated Service Plan (NSA, the facility's negotiated service agreement), dated [REDACTED]/2023, showed the resident was admitted on [REDACTED]/2022.

Observation on 11/17/2023 at 1:30 PM, showed Resident 4's bed had a triangular trapeze (device to assist in bed mobility) attached.

In an interview on 11/17/2023 at 1:35 PM, Resident 4 stated they used the bed trapeze to assist in position changes while laying down in bed.

Review of Resident 4's undated medical file showed no annual safety assessment for the bed trapeze.

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In an interview on 11/20/2023 at 10:15 AM, Staff G, Regional Health and Wellness Specialist, stated a safety assessment for the bed trapeze had not been completed.

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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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 1/7/24.

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


Administrator (or Representative)

12/18/23
Date

WAC 388-78A-2420 Record retention.

- (2) The assisted living facility may remove outdated information from the resident's active records that is no longer significant or relevant to the resident's current assessed service and care needs, and maintain it in an inactive record that must remain on the assisted living facility premises as long as the resident remains in the assisted living facility.
- (4) All active, inactive, and closed resident records must be available for review by department staff and other authorized persons.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that resident records were maintained and were available for review for 3 of 13 residents (Residents 1, 5, and 9) sampled for record retention. This failure resulted in unaccounted for resident records and placed facility staff, residents, and their representatives at risk of not having access to resident records.

Findings included...

In an interview on 11/16/2023 at 9:30 AM, Staff G, Regional Health and Wellness Specialist, and Staff A, Executive Director, stated that resident records that had been thinned (taken out of the chart) were in their records room. They further stated that the records were not organized and they were unable to locate several requested documents.

<Resident 1>

Review of Resident 1's undated medical file showed the resident was admitted on

In an interview on 11/20/2023 at 10:15 AM, Staff G, Regional Health and Wellness Specialist, stated a safety assessment for the bed trapeze had not been completed.

Plan/Attestation Statement	
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_____	_____
Administrator (or Representative)	Date

WAC 388-78A-2420 Record retention.

(2) The assisted living facility may remove outdated information from the resident's active records that is no longer significant or relevant to the resident's current assessed service and care needs, and maintain it in an inactive record that must remain on the assisted living facility premises as long as the resident remains in the assisted living facility.

(4) All active, inactive, and closed resident records must be available for review by department staff and other authorized persons.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that resident records were maintained and were available for review for 3 of 13 residents (Residents 1, 5, and 9) sampled for record retention. This failure resulted in unaccounted for resident records and placed facility staff, residents, and their representatives at risk of not having access to resident records.

Findings included...

In an interview on 11/16/2023 at 9:30 AM, Staff G, Regional Health and Wellness Specialist, and Staff A, Executive Director, stated that resident records that had been thinned (taken out of the chart) were in their records room. They further stated that the records were not organized and they were unable to locate several requested documents.

<Resident 1>

Review of Resident 1's undated medical file showed the resident was admitted on

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██████/2023. Further review of the file showed no documentation of a preadmission assessment.

In an interview on 11/16/2023 at 8:40 AM, Staff G stated that Resident 1 had a preadmission assessment completed, they "remembered doing it". Staff G further stated they looked and could not find it.

<Resident 5>

Review of Resident 5's Negotiated Service Plan (NSP, the facilities titled negotiated service agreement), dated 10/21/2023, showed it was not signed by the resident, their representative, or the facility representative.

In an interview on 11/17/2023 at 9:50 AM, Staff G stated that Resident 5's NSP was signed each year by their legal representative. Staff G stated they knew it had been signed because Resident 5's representative must present the signed documents to the courts for approval for billing. Staff G stated they could not find Residents 5's signed NSP in the records room.

<Resident 9>

Review of Resident 9's NSP, dated 08/13/2023, showed the plan did not contain signature(s) by the resident or their representative to indicate agreement to the plan.

In an interview on 11/15/2023 at 11:54 AM, Staff G stated that signed NSPs would be in the resident binders.

In an interview on 11/16/2023 at 2:20 PM, Staff G was asked about the lack of signature of agreement on the 08/13/2023 NSP. Staff G stated the NSP may have been "thinned" and was possibly in the facility's archives. A signed 08/13/2023 NSP was not provided to the department by the conclusion of the inspection.

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 1/7/24.

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In an interview on 11/16/2023 at 8:40 AM, Staff G stated that Resident 1 had a preadmission assessment completed, they “remembered doing it”. Staff G further stated they looked and could not find it.

<Resident 5>

Review of Resident 5's Negotiated Service Plan (NSP, the facilities titled negotiated service agreement), dated 10/21/2023, showed it was not signed by the resident, their representative, or the facility representative.

In an interview on 11/17/2023 at 9:50 AM, Staff G stated that Resident 5's NSP was signed each year by their legal representative. Staff G stated they knew it had been signed because Resident 5's representative must present the signed documents to the courts for approval for billing. Staff G stated they could not find Residents 5's signed NSP in the records room.

<Resident 9>

Review of Resident 9's NSP, dated 08/13/2023, showed the plan did not contain signature(s) by the resident or their representative to indicate agreement to the plan.

In an interview on 11/15/2023 at 11:54 AM, Staff G stated that signed NSPs would be in the resident binders.

In an interview on 11/16/2023 at 2:20 PM, Staff G was asked about the lack of signature of agreement on the 08/13/2023 NSP. Staff G stated the NSP may have been “thinned” and was possibly in the facility's archives. A signed 08/13/2023 NSP was not provided to the department by the conclusion of the inspection.

Plan/Attestation Statement

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Administrator (or Representative)

12/18/23
Date

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure water accessible and used by residents measured between 105 degrees and 120 degrees Fahrenheit. This failure placed residents at risk for discomfort, burns and injury.

Findings included...

During the environmental tour on 11/14/2023, from 9:10 AM to 11:30 AM, and from 12:30 PM to 3:00 PM, accompanied by Staff H, Maintenance Director, the following was observed:

<Main assisted living facility building>

9:58 AM 1st floor, south side laundry room sink water temperature measured 120.9 Fahrenheit (F).

10:05 AM 2nd floor, south side laundry room sink water temperature measured 122.0 F.

10:15 AM 2nd floor bathroom sink, near room 207, water temperature measured 123.6 F.

10:27 AM 2nd floor activity room sink water temperature measured 122.8 F.

10:45 AM 3rd floor restroom sink, near room 312, water temperature measured 123.6 F.

10:53 AM 3rd floor west side laundry room sink water temperature measured 121.1 F.

10:56 AM, 4th floor laundry room sink, near room 422, water temperature measured 121.2 F.

_____ Administrator (or Representative)	_____ Date
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WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure water accessible and used by residents measured between 105 degrees and 120 degrees Fahrenheit. This failure placed residents at risk for discomfort, burns and injury.

Findings included...

During the environmental tour on 11/14/2023, from 9:10 AM to 11:30 AM, and from 12:30 PM to 3:00 PM, accompanied by Staff H, Maintenance Director, the following was observed:

<Main assisted living facility building>

9:58 AM 1st floor, south side laundry room sink water temperature measured 120.9 Fahrenheit (F).

10:05 AM 2nd floor, south side laundry room sink water temperature measured 122.0 F.

10:15 AM 2nd floor bathroom sink, near room 207, water temperature measured 123.6 F.

10:27 AM 2nd floor activity room sink water temperature measured 122.8 F.

10:45 AM 3rd floor restroom sink, near room 312, water temperature measured 123.6 F.

10:53 AM 3rd floor west side laundry room sink water temperature measured 121.1 F.

10:56 AM, 4th floor laundry room sink, near room 422, water temperature measured 121.2 F.

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11:00 AM, 4th floor bathroom sink water temperature measured 123.6 F.

<Building A>

2:05 PM – Bathroom across from room K, water temperature read 134.2 F.

<Building B>

2:20 PM – Shower room across from room H, sink water temperature measured 103.6°F.

2:22 PM – Restroom near room J, sink water temperature measured 101.4 F.

<Building C>

2:43 PM – Shower room near room H, sink water temperature measured 122 F.

2:45 PM – Restroom across from room L, sink water temperature measured 121.6 F.

During the environmental inspection on 11/17/2023, from 11:22 AM to 11:46 AM, the following was observed:

<Main assisted living facility building>

11:22 AM 1st floor bathroom near the mailbox, sink water temperature measured 121.6 F.

11:26 AM 2nd floor laundry room (North side), sink water temperature measured 120.9 F.

11:31 AM 2nd floor activity room sink water temperature measured 120.1 F.

11:32 AM 2nd floor bathroom sink water temperature measured 124.5 F.

11:35 AM 2nd floor laundry room near room 220, sink water temperature measured 120.9 F.

11:40 AM 3rd floor bathroom by room 312, sink water temperature measured 124.8 F.

11:00 AM, 4th floor bathroom sink water temperature measured 123.6 F.

<Building A>

2:05 PM – Bathroom across from room K, water temperature read 134.2 F.

<Building B>

2:20 PM – Shower room across from room H, sink water temperature measured 103.6°F.

2:22 PM – Restroom near room J, sink water temperature measured 101. 4 F.

<Building C>

2:43 PM – Shower room near room H, sink water temperature measured 122 F.

2:45 PM – Restroom across from room L, sink water temperature measured 121.6 F.

During the environmental inspection on 11/17/2023, from 11:22 AM to 11:46 AM, the following was observed:

<Main assisted living facility building>

11:22 AM 1st floor bathroom near the mailbox, sink water temperature measured 121.6 F.

11:26 AM 2nd floor laundry room (North side), sink water temperature measured 120.9 F.

11:31 AM 2nd floor activity room sink water temperature measured 120.1 F.

11:32 AM 2nd floor bathroom sink water temperature measured 124.5 F.

11:35 AM 2nd floor laundry room near room 220, sink water temperature measured 120.9 F.

11:40 AM 3rd floor bathroom by room 312, sink water temperature measured 124.8 F.

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11:46 AM 4th floor bathroom near room 412, sink water temperature measured 124.5 F.

During the environmental inspection on 11/20/2023, from 9:09 AM to 10:28 AM, the following was observed in resident rooms:

Room 412: Kitchen sink water temperature measured 122.5 F.

Room 304: Kitchen sink water temperature measured 122.7 F. Bathroom sink temperature measured 123.6 F.

Room 311: Kitchen sink water temperature measured 124.1 F.

Room 212: Kitchen sink water temperature measured 125.4 F. Bathroom sink water temperature measured 125.2 F.

Room 207: Kitchen sink water temperature measured 124.3 F. Bathroom sink water temperature measured 123.8 F.

Room 104: Kitchen sink water temperature measured 123.0 F. Bathroom sink water temperature measured 124.1 F.

Room 108: Kitchen sink water temperature measured 123.9 F. Bathroom sink water temperature measured 125.4 F.

In an interview on 11/17/2023 at 11:55 AM, Staff H stated the plumber found an issue in the A, B, and C buildings.

Observation on 11/17/2023 at 1:45 PM, in room 305, after running hot water for 3 minutes, the sink temperature measured 87.0 F.

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 1/7/24.

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

11:46 AM 4th floor bathroom near room 412, sink water temperature measured 124.5 F.

During the environmental inspection on 11/20/2023, from 9:09 AM to 10:28 AM, the following was observed in resident rooms:

Room 412: Kitchen sink water temperature measured 122.5 F.

Room 304: Kitchen sink water temperature measured 122.7 F. Bathroom sink temperature measured 123.6 F.

Room 311: Kitchen sink water temperature measured 124.1 F.

Room 212: Kitchen sink water temperature measured 125.4 F. Bathroom sink water temperature measured 125.2 F.

Room 207: Kitchen sink water temperature measured 124.3 F. Bathroom sink water temperature measured 123.8 F.

Room 104: Kitchen sink water temperature measured 123.0 F. Bathroom sink water temperature measured 124.1 F.

Room 108: Kitchen sink water temperature measured 123.9 F. Bathroom sink water temperature measured 125.4 F.

In an interview on 11/17/2023 at 11:55 AM, Staff H stated the plumber found an issue in the A, B, and C buildings.

Observation on 11/17/2023 at 1:45 PM, in room 305, after running hot water for 3 minutes, the sink temperature measured 87.0 F.

Plan/Attestation Statement

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Administrator (or Representative)

12/18/23
Date

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a character, competence, and suitability review for 2 of 6 sampled staff (Staff A and F) with a non-disqualifying crime. This failure placed residents at risk of receiving care and services from potentially disqualified staff.

Review of Staff A's, Executive Director, undated personnel file showed they were hired on 08/21/2023. Review of Staff A's background check, dated 08/23/2023, showed their record contained information that required a character, competence, and suitability (CC&S) review by the facility. Further review showed Staff A's personnel file did not contain a CC&S review.

Review of Staff F's, Assisted Living Med Aide, undated personnel file showed they were hired on 01/28/2021. Review of Staff F's background check, dated 02/08/2023, showed their record contained information that required a CC&S review by the facility. Further review showed Staff F's personnel file did not contain a CC&S review.

In an interview on 11/21/2023 at 10:25 AM, Staff P, Business Office Manager, confirmed that Staff A and F required a CC&S review, but it had not been completed.

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 1/7/24.

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

_____ Administrator (or Representative)	_____ Date
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WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a character, competence, and suitability review for 2 of 6 sampled staff (Staff A and F) with a non-disqualifying crime. This failure placed residents at risk of receiving care and services from potentially disqualified staff.

Review of Staff A's, Executive Director, undated personnel file showed they were hired on 08/21/2023. Review of Staff A's background check, dated 08/23/2023, showed their record contained information that required a character, competence, and suitability (CC&S) review by the facility. Further review showed Staff A's personnel file did not contain a CC&S review.

Review of Staff F's, Assisted Living Med Aide, undated personnel file showed they were hired on 01/28/2021. Review of Staff F's background check, dated 02/08/2023, showed their record contained information that required a CC&S review by the facility. Further review showed Staff F's personnel file did not contain a CC&S review.

In an interview on 11/21/2023 at 10:25 AM, Staff P, Business Office Manager, confirmed that Staff A and F required a CC&S review, but it had not been completed.

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date)_____.

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

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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:

(A) Training required by chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain staff records for 5 of 6 sampled staff (Staff B, C, D, E, and F). This failure resulted in a lack of verification of staff records and placed residents at risk of receiving care and services by unqualified staff.

Findings included...

Review of the facility's Disclosure of Services, dated 03/2017, showed the facility provided care to residents with [REDACTED] and [REDACTED] diagnosis.

<Staff B>

Review of Staff B's, Memory Care Coordinator, personnel file showed no documentation of the mental health and dementia specialty training.

<Staff C>

Review of Staff C's, Housekeeper, personnel file showed no documentation of a facility orientation.

<Staff D>

Review of Staff D's, Memory Care Med Aide, personnel file showed no documentation of a facility orientation or a food handlers' card.

_____ Administrator (or Representative)	_____ Date
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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:

(A) Training required by chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain staff records for 5 of 6 sampled staff (Staff B, C, D, E, and F). This failure resulted in a lack of verification of staff records and placed residents at risk of receiving care and services by unqualified staff.

Findings included...

Review of the facility's Disclosure of Services, dated 03/2017, showed the facility provided care to residents with [REDACTED] and [REDACTED] diagnosis.

<Staff B>

Review of Staff B's, Memory Care Coordinator, personnel file showed no documentation of the mental health and dementia specialty training.

<Staff C>

Review of Staff C's, Housekeeper, personnel file showed no documentation of a facility orientation.

<Staff D>

Review of Staff D's, Memory Care Med Aide, personnel file showed no documentation of a facility orientation or a food handlers' card.

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Observation on 11/15/2023 at 12:25 PM, showed Staff D prepared lunches for the residents in building B.

<Staff E>

Review of Staff E's, Assisted Living Med Aide, personnel file showed no documentation of mental health specialty training.

<Staff F>

Review of Staff F's, Assisted Living Med Aide, personnel file showed no documentation of mental health and dementia specialty training.

In an interview on 11/21/2023 at 9:30AM, Staff P, Business Office Manager, stated that Staff C and D completed the facility orientation, but they could not locate the records.

In an interview on 11/21/2023 at 10:30 AM, Staff P stated that Staff F completed the specialty training, but they did not keep the record.

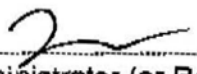
In an interview on 11/21/2023 at 11:50 AM, Staff P stated that Staff B was a re-hire, and they were unable to locate the copies of their mental health and dementia specialty trainings. Staff P stated the employee records archive room was disorganized and it was difficult to locate records for employees.

In an interview on 11/21/2023 at 11:55 AM, Staff G, Regional Health and Wellness Specialist, stated that Staff B had completed the specialty training at their previous employer, but they did not have a copy of the certificate.

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 1/2/24.

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


Administrator (or Representative)

12/18/24
Date

Observation on 11/15/2023 at 12:25 PM, showed Staff D prepared lunches for the residents in building B.

<Staff E>

Review of Staff E's, Assisted Living Med Aide, personnel file showed no documentation of mental health specialty training.

<Staff F>

Review of Staff F's, Assisted Living Med Aide, personnel file showed no documentation of mental health and dementia specialty training.

In an interview on 11/21/2023 at 9:30AM, Staff P, Business Office Manager, stated that Staff C and D completed the facility orientation, but they could not locate the records.

In an interview on 11/21/2023 at 10:30 AM, Staff P stated that Staff F completed the specialty training, but they did not keep the record.

In an interview on 11/21/2023 at 11:50 AM, Staff P stated that Staff B was a re-hire, and they were unable to locate the copies of their mental health and dementia specialty trainings. Staff P stated the employee records archive room was disorganized and it was difficult to locate records for employees.

In an interview on 11/21/2023 at 11:55 AM, Staff G, Regional Health and Wellness Specialist, stated that Staff B had completed the specialty training at their previous employer, but they did not have a copy of the certificate.

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

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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:

(a) Orientation and safety;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff completed the facility orientation training before caring for residents for 4 of 6 sampled staff (Staff A, B, E, and F). This failure placed residents at risk of receiving care and services from untrained personnel.

Findings included...

Per WAC 388-112A-0200, long term care workers are required to complete facility orientation training before having routine interactions with residents.

Review of Staff A's, Executive Director, personnel file showed they were hired on 08/21/2023. Further review of the file showed no documentation of a facility orientation .

Review of Staff B's, Memory Care Coordinator, personnel file showed they were hired on 01/17/2022. Further review of the file showed no documentation of a facility orientation.

Review of Staff E's, Assisted Living Med Aide, personnel file showed they were hired on 12/11/2020. Further review of the file showed no documentation of a facility orientation.

Review of Staff F's, Assisted Living Med Aide, personnel file showed they were hired on 01/28/2021. Further review of the file showed no documentation of a facility orientation.

In an interview on 11/21/2023 at 9:30 AM, Staff P, Business Office Manager, stated that Staff A did not complete the facility orientation.

In an interview on 11/21/2023 at 10:30 AM, Staff P stated that Staff F did not complete the facility orientation.

In an interview on 11/21/2023 at 11:50 AM, Staff P stated that Staff B and Staff E did not complete the facility orientation.

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:

(a) Orientation and safety;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff completed the facility orientation training before caring for residents for 4 of 6 sampled staff (Staff A, B, E, and F). This failure placed residents at risk of receiving care and services from untrained personnel.

Findings included...

Per WAC 388-112A-0200, long term care workers are required to complete facility orientation training before having routine interactions with residents.

Review of Staff A's, Executive Director, personnel file showed they were hired on 08/21/2023. Further review of the file showed no documentation of a facility orientation .

Review of Staff B's, Memory Care Coordinator, personnel file showed they were hired on 01/17/2022. Further review of the file showed no documentation of a facility orientation.

Review of Staff E's, Assisted Living Med Aide, personnel file showed they were hired on 12/11/2020. Further review of the file showed no documentation of a facility orientation.

Review of Staff F's, Assisted Living Med Aide, personnel file showed they were hired on 01/28/2021. Further review of the file showed no documentation of a facility orientation.

In an interview on 11/21/2023 at 9:30 AM, Staff P, Business Office Manager, stated that Staff A did not complete the facility orientation.

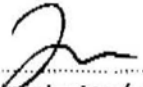
In an interview on 11/21/2023 at 10:30 AM, Staff P stated that Staff F did not complete the facility orientation.

In an interview on 11/21/2023 at 11:50 AM, Staff P stated that Staff B and Staff E did not complete the facility orientation.

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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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) ~~12/14/23~~ 1/7/24

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


Administrator (or Representative)

12/14/2023
Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff were tested for tuberculosis within three days of employment for 6 of 10 staff sampled for tuberculosis testing (Staff A, C, D, K, L, and N) and failed to ensure a second tuberculosis test was done within one to three weeks after the first test for 4 of 10 staff sampled for tuberculosis testing (Staff D, K, L, and N). This failure placed residents at risk of exposure to tuberculosis.

Findings included...

<Staff A>

Review of Staff A's, Executive Director, personnel file showed they were hired on 08/21/2023. Further review showed Staff A's initial TB skin test was placed on 09/26/2023, 35 days after they were hired.

<Staff C>

Review of Staff C's, Housekeeper, personnel file showed they were hired on 09/04/2023. Further review showed Staff C's first step TB test was placed on 09/26/2023, 22 days after they were hired.

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff were tested for tuberculosis within three days of employment for 6 of 10 staff sampled for tuberculosis testing (Staff A, C, D, K, L, and N) and failed to ensure a second tuberculosis test was done within one to three weeks after the first test for 4 of 10 staff sampled for tuberculosis testing (Staff D, K, L, and N) . This failure placed residents at risk of exposure to tuberculosis.

Findings included...

<Staff A>

Review of Staff A's, Executive Director, personnel file showed they were hired on 08/21/2023. Further review showed Staff A's initial TB skin test was placed on 09/26/2023, 35 days after they were hired.

<Staff C>

Review of Staff C's, Housekeeper, personnel file showed they were hired on 09/04/2023. Further review showed Staff C's first step TB test was placed on 09/26/2023, 22 days after they were hired.

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<Staff D>

Review of Staff D's, Memory Care Med Aide, personnel file showed they were hired on 09/13/2023. Further review showed Staff C's first step TB test was placed on 10/10/2023, 27 days after they were hired. The TB records showed that Staff D did not have a second TB skin test done.

<Staff K>

Review of the facility's undated staff list showed that Staff K, Memory Care Partner, was hired on 07/25/2023. Further review showed that Staff K's first step TB test was placed on 08/23/2023, 29 days after they were hired. The TB records showed that Staff K did not have a second TB skin test done.

<Staff L>

Review of the facility's undated staff list showed that Staff L, Memory Care Partner, was hired on 09/26/2022. Further review showed that Staff L's first step TB test was placed on 08/26/2023, 335 days after they were hired. The TB records showed that Staff L did not have a second TB skin test done.

<Staff N>

Review of the facility's undated staff list showed that Staff N, Memory Care Partner, was hired on 07/25/2023. Further review showed that Staff N's first step TB test was placed on 10/10/2023, 77 days after they were hired. The TB records showed that Staff N did not have a second TB skin test done.

In an interview on 11/21/2023, at 10:25 AM, Staff P, Business Office Manager, confirmed that Staff D, K, L, and N did not have a second TB test done. Staff P stated the previous nurse did not complete TB testing as they were supposed to.

Plan/Attestation Statement

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

<Staff D>

Review of Staff D's, Memory Care Med Aide, personnel file showed they were hired on 09/13/2023. Further review showed Staff C's first step TB test was placed on 10/10/2023, 27 days after they were hired. The TB records showed that Staff D did not have a second TB skin test done.

<Staff K>

Review of the facility's undated staff list showed that Staff K, Memory Care Partner, was hired on 07/25/2023. Further review showed that Staff K's first step TB test was placed on 08/23/2023, 29 days after they were hired. The TB records showed that Staff K did not have a second TB skin test done.

<Staff L>

Review of the facility's undated staff list showed that Staff L, Memory Care Partner, was hired on 09/26/2022. Further review showed that Staff L's first step TB test was placed on 08/26/2023, 335 days after they were hired. The TB records showed that Staff L did not have a second TB skin test done.

<Staff N>

Review of the facility's undated staff list showed that Staff N, Memory Care Partner, was hired on 07/25/2023. Further review showed that Staff N's first step TB test was placed on 10/10/2023, 77 days after they were hired. The TB records showed that Staff N did not have a second TB skin test done.

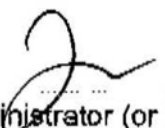
In an interview on 11/21/2023, at 10:25 AM, Staff P, Business Office Manager, confirmed that Staff D, K, L, and N did not have a second TB test done. Staff P stated the previous nurse did not complete TB testing as they were supposed to.

Plan/Attestation Statement

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

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had completed respirator fit testing prior to providing care and services to residents for 5 of 6 sampled staff (Staff B, C, D, E and F). This failure placed residents and staff at risk of respiratory infection should an outbreak occur.

Findings included...

Per WAC 296-842-15005 the facility must conduct fit testing before employees are assigned duties that may require the use of respirators.

Record review of a Department of Social and Health Services provider letter dated 09/14/2023, showed that employers in long term care settings were responsible to "follow regulations pertaining to respiratory protection".

<Staff B>

Review of Staff B's, Memory Care Coordinator, undated personnel file, showed no documentation of fit testing records.

Observation on 11/17/2023 at 1:15 PM showed Staff B in the memory care building.

<Staff C>

Review of Staff C's, Housekeeper, undated personnel file, showed no documentation of fit testing records.

<Staff D>

_____ Administrator (or Representative)	_____ Date
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WAC 388-78A-2730 Licensee's responsibilities.

- (1) The assisted living facility licensee is responsible for:
- (b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had completed respirator fit testing prior to providing care and services to residents for 5 of 6 sampled staff (Staff B, C, D, E and F). This failure placed residents and staff at risk of respiratory infection should an outbreak occur.

Findings included...

Per WAC 296-842-15005 the facility must conduct fit testing before employees are assigned duties that may require the use of respirators.

Record review of a Department of Social and Health Services provider letter dated 09/14/2023, showed that employers in long term care settings were responsible to "follow regulations pertaining to respiratory protection".

<Staff B>

Review of Staff B's, Memory Care Coordinator, undated personnel file, showed no documentation of fit testing records.

Observation on 11/17/2023 at 1:15 PM showed Staff B in the memory care building.

<Staff C>

Review of Staff C's, Housekeeper, undated personnel file, showed no documentation of fit testing records.

<Staff D>

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Review of Staff D's, Memory Care Med Aide, undated personnel file, showed no documentation of fit testing records.

<Staff E>

Review of Staff E's, Assisted Living Med Aide, undated personnel file, showed no documentation of fit testing records.

<Staff F>

Review of Staff F's, Assisted Living Med Aide, undated personnel file, showed no documentation of fit testing records.

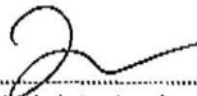
In an interview on 11/20/2023 at 11:15 AM, Staff F stated they were assigned to pass medications to residents in the main assisted living building that day. Staff F further stated that in the past they have been assigned to pass medications to residents in the memory care buildings as well.

In an interview on 11/21/2023 at 12:15 PM, Staff P, Business Office Manager, stated that it had been "quite a while" since fit testing had been done for employees. During this interview Staff G, Regional Health and Wellness Specialist, further stated the facility was not up to date with fit testing.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 1/2/24.

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


Administrator (or Representative)

12/18/23
Date

Review of Staff D's, Memory Care Med Aide, undated personnel file, showed no documentation of fit testing records.

<Staff E>

Review of Staff E's, Assisted Living Med Aide, undated personnel file, showed no documentation of fit testing records.

<Staff F>

Review of Staff F's, Assisted Living Med Aide, undated personnel file, showed no documentation of fit testing records.

In an interview on 11/20/2023 at 11:15 AM, Staff F stated they were assigned to pass medications to residents in the main assisted living building that day. Staff F further stated that in the past they have been assigned to pass medications to residents in the memory care buildings as well.

In an interview on 11/21/2023 at 12:15 PM, Staff P, Business Office Manager, stated that it had been "quite a while" since fit testing had been done for employees. During this interview Staff G, Regional Health and Wellness Specialist, further stated the facility was not up to date with fit testing.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date