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

Callaway Gardens OpCo LLC
Callaway Gardens Alzheimers Special Care Center
5505 W Skagit Ct
Kennewick, WA 99336

RE: Callaway Gardens Alzheimers Special Care Center License # 2511

Dear Administrator:

This letter addresses Compliance Determination(s) 38242 (Completion Date 03/13/2024) and 35274 (Completion Date 01/19/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/13/2024 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-2466-1-a, WAC 388-78A-24701-1, WAC 246-980-050-1-a

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

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

Sincerely,

Gwin Kaercher

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

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

AMENDED
01/26/2024

Callaway Gardens OpCo LLC
Callaway Gardens Alzheimers Special Care Center
5505 W Skagit Ct
Kennewick, WA 99336

RE: Callaway Gardens Alzheimers Special Care Center # 2511

Dear Administrator:

This document references the following complaint numbers 110724, 113957.

The Department completed a full inspection of your Assisted Living Facility on 01/19/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Gwin Kaercher, Field Manager
Residential Care Services

Region 1, Unit G
1200 Alder Street
Union Gap, WA 98903

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

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

The Assisted Living Facility failed to ensure that a long-term care worker received a first aid and cardiopulmonary resuscitation training certificate.

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

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

The Assisted Living Facility failed to ensure that a staff member obtained their food worker card.

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

The Assisted Living Facility failed to ensure that a staff person had an initial tuberculosis skin test completed within three days of hire.

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

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

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

If You Have Any Questions:

• Please contact me at (509)208-5231.

Sincerely,

Gwin Kaercher

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

Enclosure

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

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

The department completed data collection for the unannounced on-site full inspection and complaint investigation on 01/16/2024, 01/17/2024 and 01/18/2024 of:
Callaway Gardens Alzheimers Special Care Center
5505 W Skagit Ct
Kennewick, WA 99336

This document references the following complaint numbers: 110724, 113957.

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

The department staff that inspected the Assisted Living Facility:

Robin Rainville, Assisted Living Facility Licensor
Anna Cairns, ALF Long Term Care Surveyor
Jessica Clapp, Assisted Living Facility Licensor
Sarah Clark, Community Complaint Investigator
Elaine Lopez, Licensor
Gwin Kaercher, Community Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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

Gwin Kaercher
Residential Care Services

01/26/2024
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.

Dana Rupp — Administrator (or Representative)

2.6.24 — Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a valid Washington state name and date of birth background check was submitted every two years as required for 3 of 3 staff (Staff A, E, F). This failure placed residents at risk of being cared for by disqualified staff.

Findings included...

Staff records were reviewed on 01/17/2024 at 1:45 PM with Staff A, Administrator. They stated that the Business Office Manager typically managed the staff records. They stated that the current Business Office Manager was in training and that Staff A was assisting with maintaining the records.

Review of Staff A's file showed that they were hired on 11/01/2009. Staff A's file showed that they had a Washington state name and date of birth background check result which expired on 07/22/2023. Staff A's file showed that another two-year background check was submitted on 12/26/2023, 156 days after the previous result had expired.

On 01/17/2023 at 1:57 PM, Staff A stated that they could not find a background check result in their file prior to the expired two-year background check.

Review of Staff E, Activity Director's, file showed that they were hired on 09/28/2021. Staff E's file showed that they had a Washington state name and date of birth background check result which expired on 08/17/2023. Staff E's file showed that there was not another Washington state name and date of birth background check submitted after the previous result had expired.

Review of Staff F, Medication Technician's, file showed that they were hired on 11/20/2018. Staff F's file showed that they had a Washington state name and date of birth background check result which expired on 06/22/2023. Staff F's file showed that there was not another Washington state name and date of birth background check submitted after the previous result had expired.

On 01/17/2023 at 2:51 PM, Staff A stated that the two-year background checks had not been done for Staff E and F as required.

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, Callaway Gardens Alzheimers Special Care Center is or will be in compliance with this law and / or regulation on (Date) 3.4.24.

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

Dawn Rupp — Administrator (or Representative)

2.6.24 — 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 Assisted Living Facility (ALF) failed to complete a review to determine if staff with non-disqualifying background check results had the Character, Competence, and Suitability (CCS) to work with the vulnerable adults who resided at the facility, for 2 of 2 staff (Staff A, B). This failure placed residents at risk for harm from being cared for by staff members who were potentially not appropriate to work with vulnerable adults.

Findings included...

Staff records were reviewed on 01/17/2024 at 1:45 PM with Staff A, Administrator. They stated that the Business Office Manager (BOM) managed the staff records. They stated that the current BOM was in training and that Staff A was assisting with maintaining the records.

Review of the file for Staff A showed that they were hired as the Administrator on 11/09/2009. Their file included a Washington state name and date of birth background check result dated 12/26/2023 which showed that a CCS review was required. Staff A's file did not show that a CCS review was made when their background check result was received.

Review of the file for Staff B, Caregiver, showed that they were hired on 08/16/2022. Their file included a Washington state name and date of birth background check result on 08/17/2022 which showed that a CCS review was required. Staff B's file did not show that a CCS review was made when their background check result was received.

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, Callaway Gardens Alzheimers Special Care Center is or will be in compliance with this law and / or regulation on (Date) 3.4.24.

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

Laura Rupp — Administrator (or Representative)

2.6.24 — Date

WAC 246-980-050 How long does a nonexempt long-term care worker have to complete the home care aide training and certification requirements?

(1) Training:

(a) A long-term care worker must successfully complete all training required by RCW 74.39A.074 (1) within one hundred twenty calendar days of the date of hire as a long-term care worker.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure that staff who were hired as a Long-Term Care Worker (LTCW) completed all basic training, for 1 of 2 staff (Staff E). This failure placed residents at risk of being cared for by untrained staff.

Findings included...

Review of Revised Code of Washington (RCW) 74.39A.074 showed that long term care workers must complete 70 hours of basic training related to core competencies.

Review of an extension to the rules filed on 08/30/2023 by The Department of Health, titled, "WSR 23-18-052," showed that the department extended the training deadlines for LTCW hired between 8/17/2019 - 01/31/2024. The extension showed that a LTCW hired as 0f 09/28/2021 needed to complete the 70-hour basic core competency training by 10/31/2023.

On 01/17/2024 at 12:02 PM, Staff E, Activity Director, was observed to provide hands-on feeding assistance (a task which required proper training) to a resident in the dining room.

Staff records were reviewed on 01/17/2024 at 1:45 PM with Staff A, Administrator. They stated that the Business Office Manager typically managed the staff records. They stated that the current Business Office Manager was in training and that Staff A was assisting with maintaining the records.

Review of Staff E's file showed that they were hired on 09/28/2021. Staff E's file showed that they did not have a certificate to show that they had completed the required 70 hours of core competency trainings.

On 01/17/2024 at 3:37 PM, Staff E stated that they were still working on getting the required trainings done.

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, Callaway Gardens Alzheimers Special Care Center is or will be in compliance with this law and / or regulation on (Date) 3.4.24.

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

Laura Riggs — Administrator (or Representative)

2.6.24 — Date