STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

AMENDED

Woodland Village Operations LLC
Woodland Village
2020 A St SE Ste 101
Auburn, WA 98002

RE: Woodland Village License # 2512

Dear Administrator:

This letter addresses Compliance Determination(s) 41745 (Completion Date 05/23/2024) and 38517 (Completion Date 03/21/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/23/2024 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 246-215-04555-1-a, WAC 388-78A-2950-6, WAC 388-78A-2140-1-d, WAC 388-78A-2150-1, WAC 388-78A-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2130-2, WAC 388-78A-2620-2-a, WAC 388-78A-2620-2-b

The Department staff who did the on-site verification:
Anissa Bearden, Licensor
Celeste Vashey, ALF LTC Licensor

If you have any questions, please contact me at (360)397-9556.

Sincerely,

pp

Jody Just, Field Manager
Region 3, Unit Z
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 on 03/19/2024 and 03/21/2024 of:
Woodland Village
2100 SW Woodland Circle
Chehalis, WA 98532

The following sample was selected for review during the unannounced on-site visit: 9 of 45 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Jason Rose

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit Z
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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

03/22/2024
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.

Administrator (or Representative)

March 28th, 2024
Date

WAC 246-215-04555 Equipment Mechanical warewashing equipment, hot water sanitization temperatures (FDA Food Code 4-501.112).

(1) Except as specified in subsection (2) of this section, in a mechanical operation, the temperature of the fresh hot water sanitizing rinse as it enters the manifold may not be more than 194 F (90 C) or less than:

(a) For a stationary rack, single temperature machine, 165 F (74 C); or

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure the facility's dishwasher sanitized and rinsed dirty dishes at or above the required 165 degrees Fahrenheit(F). This failure placed 45 of 45 residents at risk for potential exposure to foodborne illnesses.

Findings included...

During an unannounced licensing inspection on 03/21/2024 at 10:45 AM, the department completed the inspection of the facility's kitchen.

During the inspection the department observed the facility's dishwasher temperature log for March 2024. Review of the temperature log showed 8 breakfast entries, 6 lunch entries, and 7 dinner entries with temperatures below 165 degrees F.

At 11:30 AM, during an interview, Staff A, Executive director, confirmed that they were aware of the low temperatures for the dishwasher and that they had a contracted company out to service the dishwasher on three different occasions.

At 11:55 AM, during an interview, Staff G, Maintenance Assistant, stated that they did not know the dishwasher temperature requirements and confirmed that the contracted company that the facility used was going to be out there to service the dishwasher later that day.

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, Woodland Village is or will be in compliance with this law and / or regulation on (Date) 05/05/2024 .

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

Administrator (or Representative) [signature] Date 03/28/2024

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, interview, and record review, the facility failed to ensure the facility's hot water temperature did not go below 105 or above 120 degrees Fahrenheit (F). This failure placed 45 of 45 residents at risk for potential skin burns.

Findings included...

During an unannounced licensing inspection on 03/19/2024 at 10:40 AM, the department was given a tour of the facility.

At 10:52 AM, the department tested the sink in the memory care common bathroom and recorded a water temperature of 126 degrees F.

At 11:55 AM, the department tested the sink in the assisted living second floor common bathroom and recorded a water temperature of 122 degrees F.

On 03/21/2024 at 11:55 AM, during an interview with Staff G, Maintenance Assistant, stated that they checked the facility's water temperatures once a month.

Review of the monthly water temperature logs dated, 01/18/2024, 02/18/2024, and 03/17/2024 showed water temperatures above 120 degrees F in multiple locations of the facility.

In an exit interview on 03/21/2024 at 12:30 PM, Staff A, Executive Director, acknowledged that the facility's water temperatures had been warmer than 120 degrees 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, Woodland Village is or will be in compliance with this law and / or regulation on (Date) 05/05/2024 .

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

Administrator (or Representative) — Date: 03/28/2024

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in the resident's Negotiated Service Agreements (NSA) the plan to provide necessary health support services from outside providers and specific resident identified care and service needs for 6 of 9 sampled residents (Resident 2, 3, 4, 5, 7, and 8). Failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

During an unannounced licensing inspection on 03/19/2024 at 1:00 PM, the department received the requested resident documents.

Resident 2 (R2)
At 10:30 AM, R2's records showed that R2 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Review of the facility's resident characteristic roster showed the R2 was receiving home health services.

Review of R2's progress notes dated between 12/01/2023 and 03/19/2024 showed that R2 was receiving home health physical therapy services.

Review of R2's NSA dated 01/08/2024 showed no documentation of R2 receiving home health physical therapy services.

Resident 3 (R3)
At 1:25 PM, R3's records showed that R3 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Review of the facility's resident characteristic roster showed the R3 was receiving hospice services.

Review of R3's progress notes dated between 12/01/2023 and 03/19/2024 showed that R3 was receiving hospice services.

Review of R3's NSA dated 12/19/2023 showed no documentation of R3 receiving hospice services.

Resident 4 (R4)
At 1:05 PM, R4's records showed that R4 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Review of the facility's resident characteristic roster showed the R4 was receiving home health services.

Review of R4's assessment dated 03/06/2024 documented that R4 was receiving home health services.

Review of R4's NSA dated 03/06/2024 showed no documentation of R4 receiving any home health services.

Resident 5 (R5)
At 1:30 PM, R5's records showed that R5 admitted to the facility on [redacted]/2021 with various diagnoses including [redacted].

Review of the facility's resident characteristic roster showed the R5 was receiving home health services.

Review of R5's progress notes dated between 12/01/2023 and 03/19/2024 showed that R5 was receiving home health physical therapy services twice a week.

Review of R5's assessment dated 11/07/2023 documented that R5 was receiving home health physical therapy and occupational services.

Review of R5's NSA dated 11/07/2023 showed no documentation of R5 receiving any home health services.

Resident 7 (R7)
At 10:20 AM, R7's records showed that R7 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of the facility's resident characteristic roster showed the R7 was receiving home health services.

Review of R7's progress notes dated between 12/01/2023 and 03/19/2024 showed that R7 was receiving home health physical therapy services.

Review of R7's assessment dated 03/08/2024 documented that R7 was receiving home health services.

Review of R7's NSA dated 03/08/2024 showed no documentation of R7 receiving any home health services.

Resident 8 (R8)
At 12:45 PM, R8's records showed that R8 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Review of the facility's resident characteristic roster showed the R8 was receiving home health services.

Review of R8's progress notes dated between 12/01/2023 and 03/19/2024 showed that R8 was receiving home health services.

Review of R8's NSA dated 09/12/2023 showed no documentation of R8 receiving any home health services.

In an exit interview on 03/21/2024 at 12:30 PM, Staff A, Executive Director, acknowledged that the NSAs were missing necessary health support services that R2, 3, 4, 5, 7 and 8 were

receiving.

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, Woodland Village is or will be in compliance with this law and / or regulation on (Date) 05/03/2024 .

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

Administrator (or Representative) — Date: 03/28/2024

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the Negotiated Service Agreement (NSA) was agreed to and signed by the responsible party at least annually for 2 of 9 sampled residents (Residents 5 and 8). This failure placed the residents and their responsible party at risk for not being involved in their care decisions and the services being provided.

Findings included...

During an unannounced licensing inspection on 03/19/2024 at 1:00 PM, the department received the requested resident documents.

Resident 5 (R5)
At 1:30 PM, R5's records showed that R5 admitted to the facility on [redacted]/2021 with various diagnoses including [redacted] and [redacted].

Review of R5s NSA dated 11/07/2023 showed an unclear signature that did not match the other NSA's and had no date to go along with the signature.

During an interview on 03/21/2024 at 12:30 PM, Staff A, Executive Director, and Staff B, Memory Care Director/Coordinator, could not verify that signature on R5's NSA belonged to one of R5's Power of Attorneys.

Resident 8 (R8)
At 12:45 PM, R8's records showed that R8 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Review of R8's NSA dated 09/12/2023 showed no resident or resident representative signature.

During an exit interview on 03/21/2024 at 12:30 PM, Staff A, Executive Director, and Staff B, Memory Care Director/Coordinator, acknowledged that R5 and R8's NSAs were not complete with a signature.

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, Woodland Village is or will be in compliance with this law and / or regulation on (Date) 05/05/2024.

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

Administrator (or Representative) — Date: 03/28/2024

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:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

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

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(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.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment within fourteen days of the resident's move-in date for 3 of 3 sampled residents (Residents 4, 7, and 9). This failure placed these two residents at risk of their care needs not being met.

Findings included...

During an unannounced licensing inspection on 03/19/2024 at 1:00 PM, the department received the requested resident documents.

Review of the facility's assessment forms stated, "Directions: Complete full initial assessment before move-in. Revisit within 14 days and annually thereafter (every six months for memory care)."

Resident 4 (R4)

On 03/19/2024 at 1:05 PM, R4's records showed that R4 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted]

Review of R4's assessments showed a preassessment dated 02/16/2024 and a 14-day assessment dated 03/06/2024, 16 days after admission.

Resident 7 (R7)
At 10:20 AM, R7's records showed that R7 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R7's assessments showed a preassessment dated 10/02/2023 and a 14-day assessment dated 11/01/2023, 23 days after admission.

Resident 9 (R9)
At 10:30 AM, R9's records showed that R9 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Review of R9's assessments showed a preassessment dated 11/15/2023 and a 14-day assessment dated 01/11/2024, 45 days after admission.

During an exit interview on 03/21/2024 at 12:30 PM, Staff A, Executive Director, and Staff B, Memory Care Director/Coordinator, acknowledged that the 14-day assessments for R4, 7, and 9 were completed late.

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, Woodland Village is or will be in compliance with this law and / or regulation on (Date) 05/05/2024.

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

Administrator (or Representative) — Date: 03/28/2024

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 the Negotiated Service Agreement (NSA) within 30 days following admission to the facility for 1 of 3 sampled residents (Resident 9). This failure placed this resident at risk for proper care needs being unmet.

Findings included...

During an unannounced licensing inspection on 03/19/2024 at 1:00 PM, the department received the requested resident documents.

Resident 9 (R9)
During an unannounced full inspection on 03/20/2024 at 10:30 AM, R9's records showed that R9 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Review of R9's NSAs showed an initial NSA dated 11/27/2023 and a 30-day NSA dated 01/11/2024, 45 days after admission.

During an exit interview on 03/21/2024 at 12:30 PM, Staff A, Executive Director, and Staff B, Memory Care Director/Coordinator, acknowledged that the 30-day NSA for R 9 was completed late.

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, Woodland Village is or will be in compliance with this law and / or regulation on (Date) 05/05/2024 .

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

Administrator (or Representative) — Date: 03/28/2024

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

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

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

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that all pets living in the facility had regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state for 1 of 2 pets in the facility. This failure placed all residents at risk for possible exposure and harm from a transmittable disease.

Findings included...

During an unannounced licensing inspection on 03/19/2024 at 1:00 PM, the department received the requested facility pet records.

Review of the facility's pet records showed one of the two pets at the facility had an expired rabies (a deadly virus spread to people from the saliva of infected animal) vaccination.

During an exit interview on 03/21/2024 at 12:30 PM, Staff A, Executive Director, and Staff B, Memory Care Director/Coordinator, acknowledged that the vaccination record was expired.

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, Woodland Village is or will be in compliance with this law and / or regulation on (Date) 05/05/2024.

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

Administrator (or Representative) [signature] Date 03/28/2024

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

03/22/2024

Woodland Village Operations LLC
Woodland Village
2020 A St SE Ste 101
Auburn, WA 98002

RE: Woodland Village # 2512

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 03/21/2024 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:

Jody Just, Field Manager
Residential Care Services
Region 3, Unit Z
800 NE 136th Ave Ste 200

Vancouver, WA 98684

• 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-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:

(d) Cardiopulmonary resuscitation and first aid; and

The facility failed to ensure 1 of 3 sampled staff had a current first aid and cardiopulmonary resuscitation (CPR) card. Staff A, Executive Director, stated that the staff member is registered for a CPR/first aid class on 03/23/2024.

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 (360)397-9556.

Sincerely,

for

Jody Just, Field Manager
Region 3, Unit Z
Residential Care Services

Enclosure