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

Caring Places Management, LLC
Artesian Place
828 McPhee Rd SW
Olympia, WA 98502

RE: Artesian Place License # 2542

Dear Administrator:

This letter addresses Compliance Determination(s) 43322 (Completion Date 06/27/2024) and 40951 (Completion Date 05/09/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/27/2024 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-2660, WAC 388-78A-2660-1, WAC 388-78A-2660-2

The Department staff who did the on-site verification:
Paul Aube, ALF NCI

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Artesian Place
Provider Type: Assisted Living Facility
License/Cert.#: 2542
Compliance Determination #: 40951
Intake ID: 126374
Investigator: Paul Aube
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 05/08/2024 through 05/09/2024
Complainant Contact Date(s):

Allegation(s):

Resident/Patient/Client Rights: Public report of facility violation of resident rights, and failure to ensure protected health information remained confidential.

Investigation Methods:

Sample:	Total residents: 58 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Resident rooms Staff to resident interactions Resident to resident interactions Dining
Interviews:	Nursing staff Residents Management
Record Reviews:	Facility policies Staff training records Admission Agreements/Resident Handbook Disclosure of Services Incident Report/Investigation Progress Notes/Alert Charting

Investigation Summary:

Resident/Patient/Client Rights: Multiple staff interviews all validated HIPAA violations for resident information. Resident information discussed with non-employed persons. Claims substantiated. Failed practice identified.

Conclusion / Action:

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

☐ N/A

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Statement of Deficiencies	License #: 2542	Compliance Determination # 40951
Plan of Correction	Artesian Place	Completion Date
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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 complaint investigation on 05/08/2024 and 05/16/2024 of:

Artesian Place
828 McPhee Rd SW
Olympia, WA 98502

This document references the following complaint number(s): 126374, 129238, 129955, 129956

The following sample was selected for review during the unannounced on-site visit: 3 of 58 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Paul Aube, ALF NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
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.

Cory Cisneros
Residential Care Services

05/21/2024
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.

Statement of Deficiencies	License #: 2542	Compliance Determination # 40951
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Pitts
Administrator (or Representative)

6.4.2024
Date

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

(2) Ensure all staff persons provide care and services to each resident consistent with chapter 70.129 RCW;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure the resident right to privacy and confidentiality of personal health information for 1 of 1 facility reviewed. This failure placed all 58 of 58 residents who reside in the ALF at risk for breach of confidentiality, and decreased quality of life.

Findings included...

RCW 70.129.050. Privacy and confidentiality of personal and medical records. "The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. (1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. This does not require the facility to provide a private room for each resident however, a resident cannot be prohibited by the facility from meeting with guests in his or her bedroom if no roommates object."

According to the U.S. Department of Health and Human Services document titled "The HIPPA Privacy Rule" last updated on 03/31/2022, it stated, "The HIPAA [Health Insurance Portability and Accountability Act] Privacy Rule establishes national standards to protect individuals' medical records and other individually identifiable health information (collectively defined as "protected health information") and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of protected health information and sets limits and conditions on the uses and disclosures that may be made of such information without an individual's authorization."

Review of an undated Resident Handbook for the facility, which was provided to all residents upon move-in, under the section titled "Resident Bill of Rights" it stated, "Each resident and legal representative has a right to: personal privacy and confidentiality of his or her personal clinic records, accommodations, medical treatment, and personal care." Under the "Health Information Privacy" section it stated, "[the management] must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information."

Review of an undated facility document, titled, "HIPAA Employee Training", under the section titled, "What resident info must we protect?" it stated, "We must protect (meaning keep confidential) any information that can identify the resident and give away health information about them. These facts are called Protected Health Information (PHI) and include things like the following: Name, address birthday, age, and SSN [Social Security Number], Medical Records, conditions, diagnoses, prescriptions, medicaid number, billing info, doctors or clinics, facility care records and files. Just about anything that's resident related is PHI." Under the section titled, "What resident info must we protect?" it stated, "HIPAA requires us to keep PHI confidential that: Is created at the facility, is kept and filed by the facility, is used at the facility, is written, is spoken, is electronic (email, fax, file-maker. Etc.). Any way it's used, it's PHI. Always keep confidentiality a major focus."

Review of Department Records showed a report was made on 04/10/2024, stating, "I am reporting a consistent HIPAA violation at [the facility]. [Collateral Contact 1 (CC1), the spouse of Staff A, the Administrator] is in [their] office all the time while [Staff A], [Staff B, the Resident Care Coordinator], [Staff C, the Lead Med Tech], and [Staff D, the Business Office Manager] talk about resident's specific private medical and financial information. This happens almost every day. When staff [have] a question, they are told to just ask it with [CC1] in there."

Review of Department Records showed a report was made on 05/08/2024, stating, a staff person was seen speaking with Staff A in Staff A's office about a resident's condition. It stated that CC1 was in the office during that conversation. "[CC1] was not asked to leave the office and even inserted [themselves] into the conversation regarding [the] resident's medical information...It has been an issue with [CC1], being in [the] office for over a year, listening to, and being involved in conversations regarding [the] residents. [CC1] will sit in [the] office for hours while [Staff A], [Staff B], and [Staff C] talk about residents."

During an interview with Collateral Contact 2 (CC2), an anonymous facility staff, on 05/08/2024 at 10:04AM, CC2 was asked if they ever experienced any occasions where they felt that the resident's private health information was not protected. CC2 stated, "I absolutely have. [CC1] comes and sits in that office. It has happened over [a number of years]. [CC1] drives [Staff A] home so [CC1] will just come in and wait for [Staff A] and they will talk about everything...One particular instance, [a staff person] was in the room when that happened. They were talking about a resident who was on hospice with [Staff A], and [CC1] was there. [CC1] should not be there. It is not OK; those types of things should be private."

During an interview with Collateral Contact 3 (CC3), an anonymous facility staff, on 05/08/2024 at 11:32AM, CC3 was asked if they ever experienced any occasions where they felt that the resident's private health information was not protected. CC3 stated that CC1 was often seen sitting in the office while private resident information was discussed. "There has been a lot of instances where I have seen [CC1] there. I feel like I cannot go in there and talk about things because [CC1] is in the office." CC3 was asked how often CC1 was seen in the office. CC3 stated that it CC1 was there very often and stated, "There have been times where [CC1] has been there for 6 hours of my 8-hour shift."

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During an interview with Collateral Contact 4 (CC4), an anonymous facility staff, on 05/08/2024 at 11:54AM, CC4 was asked if they ever experienced any occasions where they felt the resident's private health information was not protected. CC4 stated that they entered the facility office to update Staff A on a resident status and found CC1 in the room. Per CC4, CC1 did not leave the room, and CC1 was not asked to leave the room. CC4 reported that CC1 began discussing the resident's information and attempted to provide advice on how CC4 should proceed with the situation. CC4 was asked how often CC1 was in the facility. CC4 stated, "[CC1] is here often, and [they] are never asked to leave when staff are discussing resident information."

During an interview and observation with Staff B on 05/08/2024 at 2:15PM, it was observed that Staff A, Staff B and Staff C all share an office area. Staff B was asked if they could define HIPAA. Staff B stated, "It is the protection of a person's information." Staff B was asked if private resident information was ever discussed in front of individuals who were not employed by the facility. Staff B stated, "No, never." Staff B was asked if CC1 visited the facility often. Staff B stated that CC1 was there "from time-to-time." Staff B was asked to clarify how often CC1 was at the facility. Staff B confirmed that CC1 would pick-up Staff A almost daily to provide transport away from the facility. Staff B then confirmed that CC1 would sit in the office and talk with staff while waiting for Staff A to be ready to leave the facility.

This is a recurring deficiency previously cited on 03/21/2024 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, Artesian Place is or will be in compliance with this law and / or regulation on (Date) 6.23.2024

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

Administrator (or Representative) 6.4.2024 Date