



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

Greenlake Management Pasco, LLC
Tri-Cities Assisted Living
4441 W. Airport FWY Ste 160
Irving, TX 75062

RE: Tri-Cities Assisted Living License # 2549

Dear Administrator:

This letter addresses Compliance Determination(s) 32395 (Completion Date 11/13/2023) and 27925 (Completion Date 09/14/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/13/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2040-1, WAC 388-78A-2140-2-a, WAC 388-78A-2140-7, WAC 388-78A-2371-1, WAC 388-78A-2371-2, WAC 388-78A-2371-4, WAC 388-78A-2410-9, WAC 388-78A-2483-1, WAC 388-78A-2483-2, WAC 388-78A-2483, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2484, WAC 388-78A-24681-2, WAC 388-78A-24701-1, WAC 388-78A-2450-3-d-iii, WAC 388-78A-2450-3-d-i-C, WAC 388-78A-2462-2-a, WAC 388-78A-2630-1-a, WAC 388-78A-2630-1-b, WAC 388-78A-2630-1, WAC 388-78A-2630-2, WAC 388-78A-2630, WAC 388-78A-2640-1-a, WAC 388-78A-2640-1-b, WAC 388-78A-3090-1-a, WAC 388-78A-3090-1-c, WAC 388-78A-3090-1-d, WAC 388-78A-2320-1-b, WAC 388-78A-2320-2-b, WAC 388-78A-2320-2-c, WAC 388-78A-2320-2-d, WAC 388-78A-2950-6, WAC 388-78A-2450-3-d-i-B, RCW 70.129.030.4, WAC 388-78A-2660-1

The Department staff who did the on-site verification:

Anna Cairns, ALF Long Term Care Surveyor
Jessica Clapp, Assisted Living Facility Licensors
Robin Rainville, Assisted Living Facility Licensors
Tracy Ramirez, Assisted Living Facility Licensors

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

Tri-Cities Assisted Living # 2549

11/13/2023

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Sincerely,

A handwritten signature in cursive script that reads "Gwin Kaercher".

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



Residential Care Services Investigation Summary Report

Provider/Facility: Tri-Cities Assisted Living **Provider Type:** Assisted Living Facility
License/Cert.#: 2549 **Intake ID:** 91558
Compliance Determination #: 27925 **Region/Unit #:** RCS Region 1 / Unit G
Investigator: Tracy Ramirez
Investigation Date(s): 08/23/2023 through 09/14/2023
Complainant Contact Date(s): 08/03/2023, 08/14/2023, 08/15/2023, 09/14/2023

Allegation(s):

1. The named resident had a decline in condition and had many falls.
 2. The named resident had bruising with no known origin.
 3. The named resident's falls were not being documented by the Assisted Living Facility (ALF).
 4. Staff were not walking with the named resident as much as they used to.
 5. The named resident's case manager was not notified of falls and a hospital visit.
 6. The named resident wanted home health therapies but there was no follow up by the ALF.
-

Investigation Methods:

Sample: Total residents: 91
Resident sample size: 9
Closed records sample size: 0

Observations: Identified resident
Residents
Activities
Dining
Resident care equipment
Resident rooms
Staff to resident interactions
Medication administration
Kitchen
Food preparation
General environment

Interviews: Identified resident
Nursing staff
Residents
Family members
Social services staff
Maintenance staff

Record Reviews: Resident characteristic Roster
Staff patterns
Medical records (progress notes, care plans, medication

records, temporary care plans)
Hospital records
Incident investigation
Facility policies
Staff training records

Investigation Summary:

1, 2, 3. Interview and record review showed that the named resident had 4 falls in the last three month look back period, which the facility investigated, documented, and made all required notifications. The resident's injuries were assessed and monitored. The resident did not have weight loss or a measurable decline in condition. Record review showed that additional sampled residents' falls were not thoroughly investigated, documented, and/or reported to the appropriate parties. Failed practice identified under WAC 388-78A-2640 Reporting and WAC 388-78A-2371 Investigation. Reference Statement of Deficiencies (SOD) dated 09/14/2023.

4. Interview and record review showed that the named resident had a history of refusals of care which included getting out of bed, and did not always call for help to ambulate as per their Negotiated Service Agreement (NSA). No failed provider practice identified.

5. Interview and record review showed that the facility made notifications when necessary, no significant change in condition was noted in the resident's record, nor did they require an overnight stay at the hospital. No failed provider practice identified.

6. Interview and record review showed that the ALF requested therapy as asked by the named resident's representative, however the resident had recently been discharged from therapy and was not a candidate for additional services. No failed provider practice identified.

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: Tri-Cities Assisted Living **Provider Type:** Assisted Living Facility
License/Cert. #: 2549 **Intake ID:** 93232
Compliance Determination #: 27925 **Region/Unit #:** RCS Region 1 / Unit G
Investigator: Tracy Ramirez
Investigation Date(s): 08/23/2023 through 09/14/2023
Complainant Contact Date(s):

Allegation(s):

Two named staff members abused the named resident.

Investigation Methods:

Sample: Total residents: 91
Resident sample size: 9
Closed records sample size: 0

Observations: The facility's common areas, kitchen, meal serve out, resident apartments, resident care, resident to resident and resident to staff interactions were observed.

Interviews: Sampled residents, facility staff, and others not associated with the facility.

Record Reviews: Resident characteristic roster, resident records (assessments, care plans, temporary service plans, medication administration records, and progress notes), incident investigations, facility policy and procedures, disclosure of services, resident handbook, resident agreements, resident activity schedule, menus, staff roster and work schedules, and activities the budget.

Investigation Summary:

Interviews with facility staff and the named residents representative showed the facility did not report and thoroughly investigate the allegation between resident and staff. Record review showed the facility did not report or investigation the allegation. Determined failed practice WAC 388-78A-2630 Reporting and WAC 388-78A-2371 Investigations. Statement of Deficiency (SOD) 09/14/2023.

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: Tri-Cities Assisted Living **Provider Type:** Assisted Living Facility
License/Cert. #: 2549 **Intake ID:** 93108
Compliance Determination #: 27925 **Region/Unit #:** RCS Region 1 / Unit G
Investigator: Tracy Ramirez
Investigation Date(s): 08/23/2023 through 09/14/2023
Complainant Contact Date(s):

Allegation(s):

1. Facility staff found the named resident with bruises to arms, back, and small bruises to breast area.
 2. The named resident also had redness to their genital area and had been recently treated for a urinary tract infection.
-

Investigation Methods:

Sample:	Total residents: 91 Resident sample size: 9 Closed records sample size: 0
Observations:	The facility's common areas, kitchen, meal serve out, resident apartments, resident care, resident to resident and resident to staff interactions were observed.
Interviews:	Sampled residents, facility staff, and others not associated with the facility.
Record Reviews:	Resident characteristic roster, resident records (assessments, care plans, temporary service plans, medication administration records, and progress notes), incident investigations, facility policy and procedures, disclosure of services, resident handbook, resident agreements, resident activity schedule, menus, staff roster and work schedules, and activities the budget.

Investigation Summary:

1. Record review of the Medication Administration Record showed the named resident was on blood thinning medication. Interview with facility staff stated that the named resident had increased hands on assistance with all physical transfers. Interview with facility staff stated they investigated the bruising and that they believed that abuse was founded. The facility failed to report and thoroughly investigate the incident and failed practice identified WAC 388-78A-2640 Reporting and WAC 388-78A-2371 Investigation. Reference Statement of Deficiencies (SOD) 09/14/2023.
2. Record review of progress note showed the named resident was diagnosed with a

██████████ and received treatment. No Failed practice identified.

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
1200 Alder Street, Union Gap, WA 98903

Greenlake Management Pasco, LLC
Tri-Cities Assisted Living
4441 W. Airport FWY Ste 160
Irving, TX 75062

RE: Tri-Cities Assisted Living # 2549

Dear Administrator:

This document references the following complaint numbers 92331, 91558, 93232, 93108, 93439, 92741, 94575, 94493.

The Department completed a full inspection of your Assisted Living Facility on 09/14/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

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

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Mail the Plan/Attestation Statement and report with original signatures to:

Gwin Kaercher, Field Manager

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

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

Consultation(s):

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

WAC 388-78A-2440 Resident register.

(1) The assisted living facility must maintain in the assisted living facility a single current register of all assisted living facility residents, their roommates and identification of the rooms in which such persons reside or sleep.

(2) The assisted living facility must maintain a readily available permanent, current book, computer file, or register with entries in ink or typewritten, of all individuals who resided in the assisted living facility within the past five years, including:

(a) Move-in date;

The Assisted Living Facility (ALF) failed to maintain a current and accurate register of all assisted living facility residents.

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.
- Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration

Tri-Cities Assisted Living # 2549

09/14/2023

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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, 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

Statement of Deficiencies	License #: 2549	Compliance Determination # 27925
Plan of Correction	Tri-Cities Assisted Living	Completion Date
Page 4 of 34	Licensee: Greenlake Management Pasco, LLC	09/14/2023

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 08/23/2023, 08/24/2023, 08/25/2023, 08/28/2023, 08/29/2023, 08/30/2023, 08/31/2023 and 09/05/2023 of:

Tri-Cities Assisted Living
2000 N 22nd Ave
Pasco, WA 99301

This document references the following complaint numbers: 92331, 91558, 93232, 93108, 93439, 92741, 94575, 94493.

The following sample was selected for review during the unannounced on-site visit: 9 of 91 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor
Robin Rainville, Assisted Living Facility Licenser
Tracy Ramirez, Assisted Living Facility Licenser
Jessica Clapp, Assisted Living Facility Licenser
Elaine Lopez, Licenser
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.

Statement of Deficiencies	License #: 2549	Compliance Determination # 27925
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Guvin Kaercher
Residential Care Services

09/28/2023

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.

W. Amuli
Administrator (or Representative)

10/3/2023
Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 2 staff (Staff A) held a current Washington State License for nurses. This failure placed those residents, who required nursing services, at risk of being cared for by an unqualified nurse.

Findings included...

Record review of WAC 246-840-710, titled, "Violations of standards of nursing conduct or practice," showed that a nurse practicing in Washington state must have a current Washington State nursing license.

In the entrance conference on 08/23/2023 at 10:36 AM, Staff J, Licensed Practical Nurse (LPN)/Executive Director, stated that Staff A, LPN/Health and Services Director (HSD) was the facility nurse.

During staff record review with Staff I, Business Office Manager (BOM), on 08/29/2023 at 2:09 PM, Staff A, LPN's, date of hire was 07/03/2023. Staff A's business file showed a copy of their license which indicated their credential status was pending with Washington State.

Staff I produced a form titled, "Quick Confirm License Verification Form" on 08/30/2023 at 10:05 AM which showed that Staff A, LPN, held a multi-state license as a practical nurse from Florida State. Review of the Washington state nursing commission website showed

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that Washington state did not join the Nurse Licensure Compact (NLC), which allowed a nurse to work with a multi-state license in Washington, until July 24, 2023.

On 09/05/2023 at 12:20 PM, Staff P, Medication Technician (MT), stated that Staff A, LPN, did nursing assessments and wound care for residents, specifically for Resident 5.

On 09/05/2023 at 12:40 PM, Staff F, Caregiver, stated that Staff A, LPN, provided nursing care to residents living in the facility since the first day they started working. Staff F stated that Staff A, LPN, prioritized assessments and care that required nursing judgement when concerns were brought to them.

Record review showed the following examples of nursing care and assessments provided and documented by Staff A, LPN, in residents' progress notes:

- On 07/13/2023 at 12:30 PM, Staff A, LPN, documented that they assessed Resident 2 for calf pain and the need for medication to treat it.
- On 07/18/2023 at 11:45 AM, Staff A, LPN, documented that they evaluated Resident 2 for "severe" hip pain and decided the resident needed to go to the hospital for further evaluation.
- On 07/07/2023 at 10:00 AM, Staff A, LPN, documented that they assessed Resident 9's legs and feet due to swelling and pain, and determined the resident needed to see the facility doctor that day.

On 08/31/2023 at 10:10 AM, in an interview with Collateral Contact 3 (CC3), Health Service Consultant with Washington State Nursing Commission Board, they stated that a nurse license credential pending was not an active license. CC3 also stated that as of July 24, 2023, Staff A, LPN's, multi-state license would be an active nurse license. Prior to this date, Staff A, LPN, could not practice as a nurse.

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, Tri-Cities Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10/24/23.

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

[Signature]
Administrator (or Representative)

10/3/2023
Date

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:

- (2) Clearly defined respective roles and responsibilities of the resident, the assisted living

facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to develop in the Negotiated Service Agreement (NSA) the plan to provide care and services which included wound care, the ability to leave unescorted, and accurate evacuation information for 3 of 9 residents (Residents 1, 4, 5) who had assessed needs. This failure placed the residents at risk of unmet needs and unsafe conditions.

Findings Included...

Resident 1

An interview was attempted with Resident 1 on 08/28/2023 at 1:23 PM in the Memory Care Unit (MCU). Due to the resident's cognitive deficits, they were unable to track and answer questions about the care and services that were provided to them.

Resident 1's 07/03/2023 assessment and NSA showed that the resident was independent with transportation and was able to leave the facility unattended. Additionally, Resident 1's assessment and NSA showed that the resident had difficulty remembering and using information. Under the evacuation section the NSA showed that Resident 1 required supervision, needed to be escorted downstairs, and had a dog.

Review of the ALF's Resident Characteristic Roster, dated, 08/28/2023. showed that Resident 1 resided in a first-floor room in the MCU, was an exit seeker and had memory loss. The information from the NSA did not match the information on the characteristic roster.

On 08/30/2023 interview

with Staff J, Licensed Practical Nurse (LPN)/Executive Director, they stated that the Resident Roster and NSA needed to be corrected.

Resident 4

An interview was attempted with Resident 4 on 08/28/2023 at 12:53 PM in the MCU. Due to the resident's cognitive deficits, they were unable to state what staff helped them with. Resident 4 stated that they sometimes needed help, referred to their childhood, and that they wanted to go to their room. The resident was observed seated in their manual wheelchair.

Review of a 08/08/2023 progress note in Resident 4's record showed that the resident was moved from the Assisted Living side of the ALF to the secure MCU due to safety concerns.

Resident 4's 06/27/2023 assessment and NSA showed that the resident was able to leave the facility unescorted, under the transportation and health monitoring sections.

A second NSA updated by Staff K, Health Services Director Assistant (HSDA), on 08/24/2023 showed that under the memory and orientation section Resident 4 resided in the MCU. The NSA still showed that under the transportation and health monitoring sections Resident 4 was able to leave the facility unescorted.

A third NSA updated on the same day, 08/24/2023, and signed by Staff A, Licensed Practical Nurse (LPN)/Health Services Director, still showed that under the transportation and health monitoring sections Resident 4 was able to leave the facility unescorted.

On 08/28/2023 at 3:25 PM, Staff J, Licensed Practical Nurse (LPN)/Executive Director, acknowledged the NSA had not been updated correctly.

Resident 5

On 08/30/2023 at 10:03 AM Resident 5 was observed in their room, lying in bed. The resident's left arm was heavily bandaged from the upper arm down to their wrist. Resident 5 stated they had several falls, and that staff helped them to transfer in and out of their chair and bed.

Resident 5's 08/23/2023 assessment and NSA showed that the resident had a history of a stroke (interruption to the blood supply of the brain) which left their left hand nonfunctional. The NSA showed that the resident required assistance for showers, dressing, transfers, and used a power wheelchair.

Review of facility incident reports showed Resident 5 had the following falls with injuries:

- 06/26/2023, fall with skin tear to right forearm;
- 07/16/2023, fall with skin tear to finger;
- 08/04/2023, fall with 2 skin tears to left arm, and skin tears to both legs;

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- 08/05/2023, fall with skin tears to left arm and right knee;
- 08/20/2023, fall with skin tear to left wrist and right forearm.

An 08/11/2023 progress note by Staff A, LPN, showed that Resident 5 had wounds on all four limbs that required care by a nurse, and that the facility doctor had ordered home health for wound care.

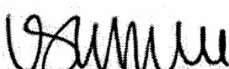
On 08/28/2023 at 3:25 PM, Staff J, LPN, stated that when Resident 5's 08/23/2023 NSA was updated, it must not have been completed all the way, but that they would have Staff A, LPN, do another update.

An NSA updated on 08/28/2023 by Staff A, LPN, identified that Resident 5 had fragile skin and identified general preventative measures. Resident 5's 08/23/2023 and 08/28/2023 NSAs did not address the wounds visible on their arms that were heavily bandaged and being treated by Home Health. The NSAs did not provide direction to staff on what to monitor for, how to care for the wounds, or when to notify a nurse for changes or concerns.

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, Tri-Cities Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10/29/23.

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



Administrator (or Representative)

10/3/2023

Date

WAC 388-78A-2371 Investigations. The assisted living facility must:

- (1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;
- (2) Determine the circumstances of the event;
- (4) Protect residents during the course of the investigation.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to thoroughly investigate, determine the circumstances of the event, and failed to protect

all residents during the investigation, for 4 of 7 residents (Residents 4, 5, 7, 8) who had incidents and/or allegations of abuse. This failure placed the residents at risk of harm and at risk of further incidents and/or abuse.

Findings included...

Record review of the ALF's policy titled, "Internal Incident Report and State Incident Report", dated 08/10/2021 showed that the ALF must investigate and document investigative findings for any suspected abuse. The policy showed the ALF must determine the circumstances of events. Furthermore, the policy stated that the ALF must document the date and time each individual was contacted and the relationship of the individual to the resident.

Resident 4

Resident 4's Negotiated Service Agreement (NSA) dated on 08/24/2023 showed that the resident had short and long-term memory impairment. The NSA showed that the resident required assistance getting in and out of a wheelchair, chair, shower, toilet and bed.

An interview was attempted with Resident 4 on 08/28/2023 at 12:53 PM. Due to the resident's cognitive deficits they were unable to state what staff helped them with. Resident 4 stated that they sometimes needed help, and referred to their childhood, and that they wanted to go to their room. The resident was observed seated in their manual wheelchair.

Resident 4's record review of Medication Administration Record (MAR) for August 2023 showed that they were on a blood thinning medication which has a side effect of causing increased risk of bruising.

Review of a 08/08/2023 progress note in Resident 4's record showed that an investigation had been done by Staff A, Licensed Practical Nurse (LPN)/Health Services Director due to the care staff reporting bruising on the resident's arms on 08/06/2023. In the investigation, Staff A, LPN, performed an assessment and found bruising on the resident's arms, back, and under arm pit/rib cage side areas.

The investigation showed that Staff A, LPN, found that the resident's bruises did not show up until after Resident 4's responsible party had visited on 08/06/2023. The investigation progress note showed the resident had ripped pants.

During an interview with Staff A, LPN, and Staff K, Health Services Director Assistant (HSDA) on 08/28/2023 at 3:18 PM, regarding Resident 4's bruising. Staff K stated that the facility staff reported that Resident 4 required more physical assistance when moving in and out of the wheelchair, bed, chairs and with all transfers. Staff K stated that facility staff observed Resident 4 and their responsible party had their visit outside in the common area where other residents were present.

On 08/30/2023 at 2:59 PM, Staff A, LPN, stated that they did not interview other residents during the investigation of the bruises found on Resident 4, to see if anyone else had been potentially abused. The ALF did not determine if the ripped pants were related to Resident 4's injuries and did not rule out the blood thinning medication as a potential cause for the resident's bruising. The ALF did not interview the responsible party for Resident 4.

Licensors contacted local police department on 08/31/2023 at 10:20 AM and Collateral Contact 2 (CC2), Police Specialist, and they stated no police report was made for the investigation due to it being just an incident.

Resident 5

Resident 5's 08/23/2023 assessment and NSA showed that the resident had a history of a stroke (interruption to the blood supply of the brain) which left their left hand nonfunctional. The NSA showed that the resident required assistance for medication, showers, dressing, transfers, and to use a manual wheelchair as needed.

On 08/30/2023 at 10:03 AM Resident 5 was observed in their room, lying in bed. The resident's left arm was heavily bandaged from the upper arm down to their wrist. Their right arm had heavy scarring from past injuries, and one active skin tear with a bandage on it. Resident 5 stated they had several falls, that staff helped them to transfer in and out of their chair and bed and helped them with their medication.

On 08/30/2023 at 10:13 AM, Resident 5 stated that in the past Staff H, former Caregiver, had been rough during their care and pushed them erratically in their wheelchair down the hall, pretending to run into the walls. Additionally, Staff H had said to Resident 5, "you wish you could have some of this," referring to themselves.

In an interview on 08/30/2023 at 11:17 AM, with Resident 10 they stated that they had witnessed Staff H pushing Resident 5 roughly toward the walls. Resident 10 stated that it scared Resident 5 and that Resident 5 told Staff H to stop. Resident 10 stated that they reported the incident to Staff K.

Review of a 06/13/2023 progress note in Resident 5's record showed that the resident had an injury fall while pulling weeds. The progress note did not show any additional investigation or appropriate measures to prevent future incidents.

On 08/30/2023 at 2:43 PM, investigations for all Resident 5's falls over the past three months were requested. As of the end of the onsite inspection on 09/05/2023, an investigation for the fall that was documented on 06/13/2023 was not provided to the licensors.

Resident 7

Review of Resident 7's 08/23/2023 assessment and NSA showed that the resident had a history of strokes, their left hand was nonfunctional, and they required the use of a wheelchair for mobility.

In an interview with Resident 7 on 08/30/2023 at 10:32 AM, the resident stated that the staff helped them with transfers, toileting, dressing and showers. Resident 7 stated that they had fallen in the past. The resident was observed to be seated on the edge of their bed, their left hand was nonfunctional, and there was a motorized wheelchair at the bedside.

Resident 7's record included a progress note dated 06/20/2023 that showed the resident reported to their Home Health (HH) nurse that they had fallen the night prior. The note showed that there was blood on the floor and the resident had a cut on the top of their head. The residents record did not show any further investigation of the fall to determine the circumstances or appropriate measures to prevent future incidents.

On 08/25/2023 at 3:30 PM, Staff J, Licensed Practical Nurse (LPN)/Executive Director, stated that they could not find an investigation for Resident 7's fall so they did not think one had been done.

Resident 8

In an interview with Resident 8 on 08/28/2023 at 1:39 PM, they stated that Staff H, Former Caregiver, was rough during incontinence care (loss of control or urine and bowel movements) and laughed along with Staff G, Former Caregiver.

Review of Resident 8's NSA dated 06/13/2023 showed that they had incontinence of bowel and bladder. The NSA showed that staff were to assist Resident 8 with wiping and cleaning after each incontinence episode.

Resident 8's record review of a progress note dated on 08/08/2023 showed that on 08/05/2023, the resident reported that Staff H, had intentionally hurt them during incontinent care and laughed when the resident said, "ow."

An investigation of the 08/05/2023 incident was requested from Staff J, LPN, on 08/23/2023. The ALF's investigation was undated, interviews of individuals did not state their relationship to the resident, and the interviews did not have dates and times of when it was completed. Furthermore, the document did not show who completed the

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investigation.

Additionally, the 08/05/2023 investigation showed that Staff G, laughed at Resident 8 when they said, "ow." The investigation showed that two additional staff members could have assisted Resident 8 with cares on 08/05/2023. The ALF terminated Staff G and Staff H for alleged abuse. The ALF failed to rule out the additional two staff members as alleged perpetrators.

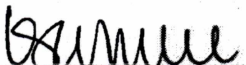
On 08/23/2023 at 3:26 PM, Staff J acknowledged that the investigation they provided was all the information they had.

On 09/07/2023 at 10:15 AM interview with Collateral Contact 2 (CC2), Police Specialist, they stated there was a report completed. The police report showed that Resident 8 stated the same allegation that they provided to the ALF.

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, Tri-Cities Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10/29/23.

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


Administrator (or Representative)

10/3/2023
Date

WAC 388-78A-2410 Content of resident records. The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident. Active resident records must include the following:

(9) Documentation consistent with WAC 388-78A-2120 Monitoring resident well-being.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to document the events and changes of condition that occurred for 2 of 7 residents (Residents 5 and 7) who had changes in condition including hospital visits. This failure placed residents at risk of complications from not being monitored for acute health conditions.

Findings included...

Resident 5

Resident 5's 08/23/2023 assessment and Negotiated Service Agreement (NSA) showed that the resident had a history of a stroke (interruption to the blood supply of the brain) and they had a history of Urinary Tract Infections (UTIs). The NSA showed that the resident required assistance for medication, showers, dressing, transfers, and used a power wheelchair.

On 08/30/2023 at 10:03 AM Resident 5 was observed in their room, lying in bed. Resident 5 stated they had several falls, and that staff helped them to transfer in and out of their chair and bed and helped them with their medications.

Review of progress notes in Resident 5's record showed an entry on 07/03/2023 that the resident had no complaints related to their return from the hospital, and that they were tolerating their new antibiotic medication. The resident's record did not have a previous entry to show that they had been sent to a hospital, nor did the record show why they had been sent out.

Review of Resident 5's July 2023 Medication Administration Record (MAR) did not show that the resident had been given an antibiotic on or around 07/03/2023.

Further review of progress notes in Resident 5's record showed an entry on 07/25/2023 that the resident complained of severe hip pain and was sent to the hospital. The resident's record did not show when they returned from the hospital or what the outcome was of the visit. A subsequent entry on 07/26/2023 showed that Resident 5 started a new antibiotic but did not indicate what condition the medication was treating.

Another progress note entry on 08/09/2023 showed that Resident 5 complained of chest pain and the nurse was notified. There were no subsequent progress note entries to show an assessment, treatment, monitoring, or follow up to the complaint of chest pain had been documented.

An additional progress note entry on 08/13/2023 in Resident 5's record showed that the resident had complaints of kidney pain and was given a shower. There were no follow up notes documented regarding the kidney pain, what was done about it, or to show the resident was monitored.

Resident 7

Review of Resident 7's 08/23/2023 assessment and NSA showed that the resident had a history of stroke, and they required the use of a wheelchair for mobility.

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In an interview with Resident 7 on 08/30/2023 at 10:32 AM, the resident stated that the staff helped them with transfers, toileting, dressing and showers. Resident 7 stated they had fallen in the past.

A progress note dated 07/11/2023, in Resident 7's record showed that the resident complained of having stomach pain for two days and was sent to the local Emergency Room (ER). The resident's record did not include further documentation which showed when they returned from the ER, what the outcome was, or that they were monitored for the acute change in condition.

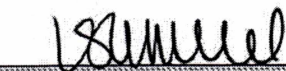
On 08/29/2023 at 2:45 PM, Staff L, Medication Technician (MT), stated that they were concerned about communication and the documentation in resident records. Staff L stated they would go into a chart to document that a resident had returned from the hospital, but there had been no note charted when they went to the hospital or why they were sent out.

In an interview on 08/30/2023 at 3:35 PM, Staff K, Health Service Director Assistant, stated that the system for communication included a shift-to-shift report and communication logbook. Staff K stated that staff should be charting in a resident's progress notes with any change in condition.

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, Tri-Cities Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10/3/23.

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



Administrator (or Representative)



Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

- (1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or
- (2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

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Based on interviews and record review, the Assisted Living Facility (ALF) failed to ensure a one-step test for Tuberculosis (TB) was completed within three days of hire for 2 of 4 staff (Staff A, B). This failed practice placed residents at risk of potential exposure of a communicable disease.

Findings included. .

On 08/29/2023 at 2:09 PM staff record review was completed with Staff I, Business Office Manager (BOM). Staff I stated that they were responsible for maintaining and updating staff records.

Staff A, Licensed Practical Nurse (LPN)/Health Services Director, was hired on 07/03/2023. Staff A's record showed there was no documentation of a TB test provided upon hire.

Staff B, Medication Technician, was hired on 02/13/2023. Staff B's record showed there was no documentation of a TB test provided upon hire.

On 08/29/2023 at 2:30 PM, Staff I stated that Staff J, LPN/Executive Director, stated a TB one-step test was not 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, Tri-Cities Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10/19/23.

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

[Signature]
Administrator (or Representative)

10/13/2023
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.

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This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to ensure an initial test for Tuberculosis (TB) was completed within three days of hire for 2 of 6 staff (Staff C, H). Additionally, the ALF failed to ensure a second step TB test was completed within one to three weeks for 1 of 4 staff (Staff D). This failed practice placed residents at risk of potential exposure of a communicable disease.

Findings Included...

On 08/29/2023 at 2:09 PM staff record review was completed with Staff I, Business Office Manager (BOM). Staff I stated that they were responsible for maintaining and updating staff records.

Staff C, Medication Technician, was hired on 03/29/2023. Staff C's record did not show documentation of TB test on file.

Staff D, Caregiver, was hired on 07/10/2023. Staff D's record showed that the initial TB test was done on 07/10/2023 and had a second step TB test on 08/02/2023, which was more than three weeks after the first step.

Staff H, Former Caregiver, was hired on 09/13/2022. Staff H's record showed that the initial TB test was done on 10/04/2022, which was 21 days after their date of hire. Staff H's record did not show the initial TB test was completed within three days of employment.

On 08/29/2023 at 3:10 PM, Staff I stated that Staff C did not have TB tests completed. Staff I stated that, for Staff D and Staff H, they were not responsible for TB records at that time.

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, Tri-Cities Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10/19/23.

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

[Signature]
Administrator (or Representative)

10/3/2023
Date

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

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(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that a fingerprint background result was pending for 1 of 4 provisionally hired staff (Staff B), who had unsupervised access to the residents in the home. This failure placed residents at risk of being cared for by disqualified staff.

Findings included...

On 08/29/2023 at 2:09 PM staff record review was completed with Staff I, Business Office Manager (BOM). Staff I stated that they were responsible for maintaining and updating staff records.

Staff B's business file documented they were hired at the ALF on 02/13/2023 as a Medication Technician. Staff B's file did not have a fingerprint background check completed.

On 08/30/2023 at 10:12 AM Staff I, stated that Staff B cannot work unsupervised as their final fingerprint was not completed. Staff I was not aware that Staff B had not completed their final fingerprint until the licensors completed staff records review for Staff B. Staff I stated that Staff B had unsupervised access with residents for over 120 days.

Staff B had worked in the facility a total of 198 days as of the date of the Licensor's staff record review.

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, Tri-Cities Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10/29/23.

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

[Signature]
Administrator (or Representative)

10/3/2023
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

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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 determine if 1 of 1 staff (Staff C), who had a non-disqualifying background check, had the Character, Competency, and Suitability (CCS) to work with the vulnerable adults who resided at the facility. This failure placed the residents at risk of being cared for by staff who were potentially not appropriate to work with vulnerable adults.

Findings included...

On 08/29/2023 at 2:09 PM staff record review was completed with Staff I, Business Office Manager (BOM). Staff I stated that they were responsible for maintaining and updating staff records.

Staff C's business file documented they were hired at the ALF on 03/29/2023 as a Medication Technician. The ALF completed an initial background check on 03/02/2023 that showed a record review (CCS) was required because of a criminal conviction. The ALF completed a fingerprint background check on 03/31/2023. The ALF did not complete a CCS until 03/31/2023 when the fingerprint background check result was received.

On 08/29/2023 at 3:00 PM, Staff I stated the previous BOM was reluctant to accept direction for job responsibilities and believes this is why it was not completed on 03/02/2023.

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, Tri-Cities Assisted Living is or will be in compliance with this law and / or regulation on (Date) <u>10/14/23</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement	
<u>[Signature]</u> Administrator (or Representative)	<u>10/3/2023</u> Date

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:

(C) Cardiopulmonary resuscitation;

(iii) Documentation of contacting work references and professional licensing and certification boards as required by subsection (2) of this section.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 4 Long Term Care Workers (LTCW) staff (Staff B, D, G), maintained their First Aid and Cardiopulmonary Resuscitation (CPR) card. Additionally, the ALF failed to verify work references for 4 of 4 staff (Staff A, C, G, H), who were hired in the last year to work with residents living in the facility. This failed practice placed residents at risk of receiving care from staff who were not qualified.

Findings included...

Record review occurred on 08/29/2023 at 2:09 PM with Staff I, Business Office Manager (BOM). Staff I stated that they were responsible for maintaining and updating staff records.

- Staff B's business file documented they were hired at the ALF on 02/13/2023 as a Medication Technician (MT). Staff B's file had an expired CPR and First Aid Card.
- Staff D's business file documented they were hired at the ALF on 07/10/2023 as a Caregiver. Staff D's file had no CPR and First Aid card.
- Staff A's business file documented they were hired at the ALF on 07/03/2023 as a Licensed Practical Nurse (LPN)/Health Services Director (HSD). Staff A's file had no verified work references.
- Staff C's business file documented they were hired at the ALF on 03/29/2023 as a Delegated MT. Staff C's file had no verified work references.
- Staff G's business file documented they were hired at the ALF on 04/28/2023 as a Caregiver. Staff G's file had no verified work references.
- Staff H's business file documented they were hired at the ALF on 09/13/2022 as a Caregiver. Staff H's file had one incomplete work reference and one with non-rehirable status.

On 08/29/2023 at 2:25 PM, Staff I stated that the staff did not have current CPR and First Aid cards on file. Staff I stated that they were not the BOM during that time the missing work references showed as not 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, Tri-Cities Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10/19/23.

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

[Signature]
Administrator (or Representative)

10/3/2023
Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that a Washington state name and date of birth background check was completed for 2 of 4 staff (Staff A, D). This failed practice placed residents at risk of being cared for by disqualified staff.

Findings included...

On 8/29/2023 at 2:09 PM staff record review was completed with Staff I, Business Office Manager (BOM). Staff I stated that they were responsible for maintaining and updating staff records.

- Staff A's business file documented they were hired at the ALF on 07/03/2023 as a Licensed Practical Nurse (LPN)/Health Service Director (HSD). Staff A's file did not have a Washington state name and date of birth background check completed upon hire.
- Staff D's business file documented they were hired at the ALF on 07/10/2023 as a Caregiver. Staff D's file did not have a Washington state name and date of birth background check completed upon hire.

On 08/29/2023 at 2:30 PM Staff I stated that they were told by Staff J, LPN/Executive Director, that a background check and fingerprint background check was not needed since Staff A and Staff D transferred employment to this ALF from a sister ALF.

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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, Tri-Cities Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10/19/23.

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

[Signature]
Administrator (or Representative)

10/3/2023
Date

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

(b) Makes an immediate report to the appropriate law enforcement agency and the department consistent with chapter 74.34 RCW of all incidents of suspected sexual abuse or physical abuse of a resident.

(2) The assisted living facility must prominently post so it is readily visible to staff, residents and visitors, the department's toll-free telephone number for reporting resident abuse and neglect.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to report to the Department of Health for 1 of 1 resident (Resident 8), who had a reportable incident of suspected abuse by a staff member. This failure placed residents at risk for abuse and neglect.

Findings included...

Review of RCW 74.34.035 titled, "Reports—Mandated and permissive—Contents—Confidentiality" showed that mandated reporters should immediately to the department.

Review of the Assisted Living Facility Guidebook Appendix E, "Category Reporting" showed that the ALF was to notify the Department of Health Disciplinary Authority when abuse of a vulnerable adult by a staff member was suspected.

Review of Resident 8's NSA dated 06/13/2023 showed that they had incontinence (loss of bladder and bowel control) care. The NSA showed that staff were to assist Resident 8 with

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wiping and cleaning after each incontinence episode.

Record review of a 08/08/2023 progress note in Resident 8's record showed that the resident reported Staff H, Former Caregiver (Supplemental Staff) had intentionally hurt them during incontinent care.

Record review of the ALF's investigation documented in Resident 8's progress note dated 08/09/2023 did not show that the investigation of alleged abuse was reported to the Department of Health. The progress note showed that they notified resident 8's responsible party.

In an interview on 08/28/2023 at 1:39 PM with Resident 8 they stated that Staff H hurt them while cleaning their rectum. Resident 8 stated Staff G, Former Caregiver (Supplemental Staff) was present and laughed with Staff H when the resident said, "ow".

In an interview on 08/25/2023 at 3:31 PM Staff J, Licensed Practical Nurse (LPN)/Executive Director, stated that they did not report the incident to the Department of Health.

Plan/Attestation Statement

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[Signature]
Administrator (or Representative)

10/3/2023
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;
- (b) The resident is relocated to a hospital or other health care facility; or

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the resident's family member when 1 of 1 resident (Resident 7) had gone to the local hospital/emergency room (ER) for evaluation on several occasions. This failed practice disallowed the resident's family to make informed decisions about the resident's care.

Findings included...

Record review of the ALF's policy titled, "Internal Incident Report and State Incident Report", dated 08/10/2021 showed that incidents are to be reported immediately to family/responsible party.

Resident 4

Record review of Resident 4's Negotiated Service Agreement (NSA) dated 06/27/2023 showed that they had a diagnosis of [REDACTED]

Record review of Resident 4's Medication Administration Record for August 2023 showed that they were on a blood thinning medication which had a side effect of causing increased risk of bruising.

Record review of Resident 4's progress notes dated 08/08/2023 showed an investigation for an incident with significant bruising on the resident's arms and upper body reported by staff on 08/07/2023. The progress notes showed that the ALF did not notify the responsible party of the bruising.

On 08/28/2023 at 3:20 PM Staff A, Licensed Practical Nurse (LPN)/ Health Service Director, stated that they did not notify Resident 4's responsible party of the bruising as per the direction of their corporate team. Staff J, LPN/Executive Director, was present and did not disagree with Staff A's statement.

Resident 8

Record review of Resident 8's NSA dated 06/13/2023 showed that they had moderate memory impairment.

Record review of a 08/08/2023 progress note in Resident 8's record showed that the resident reported Staff H, Former Caregiver, had intentionally hurt them during incontinent care (loss of bladder and bowel control).

Record review of the ALF's investigation documented in Resident 8's progress note dated 08/09/2023 The progress note showed that they notified resident 8's responsible party.

In an interview on 08/28/2023 at 1:39 PM with Resident 8, they stated that Staff H hurt them while cleaning their rectum. Resident 8 stated Staff G, Former Caregiver, was present

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and laughed with Staff H when the resident said, "ow".

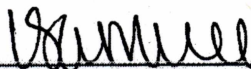
In an interview on 08/31/2023 at 9:35 AM with Resident 8's Collateral Contact 1 (CC1), Representative, they stated that Resident 8 told them of the alleged incident. CC1 stated that the ALF had not contacted them about this incident.

In an interview on 08/31/2023 at 12:56 PM with Staff K, Health Service Director Assistant, when Licensors asked about notification made to CC1, they stated that they left a message for a return call. Staff K acknowledged that they never spoke with CC1 about this incident.

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, Tri-Cities Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10/12/23.

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



Administrator (or Representative)

10/13/2023
Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

- (a) Provide a safe, sanitary and well-maintained environment for residents;
- (c) Keep facilities, equipment and furnishings clean and in good repair; and
- (d) Ensure each resident or staff person maintains the resident's quarters in a safe and sanitary condition consistent with the negotiated service agreement.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to provide a clean and well-maintained living room, laundry room, library, television room, and stairwell. Additionally, the ALF failed to provide general maintenance, upkeep, and repair for 4 of 9 resident (Resident 5, 6, 7 & 8) apartments. This failure placed residents at risk for a decreased quality of life from a poorly maintained environment.

Findings included...

On 08/23/2023 at 11:18 AM during the ALF's environmental tour with Staff M, Maintenance Director, observation of the common television room showed that there were

heavy stains on the carpet behind the couch and seven chairs were heavily worn.

On 08/23/2023 at 11:30 AM the south stairwell had a quarter inch gap between the carpet and the wall, which caused a breach in the firewall from the first floor to the third floor.

On 08/23/2023 at 11:48 AM observation showed that the third-floor washer had standing water in the drum and would rock if it was touched.

On 08/23/2023 at 12:06 PM observation showed that two chairs in the lobby entrance had puncture holes in the upper portion of the chair.

On 08/23/2023 at 12:10 PM observation showed in the common library that there was an eight-inch tear in the right-side flap on the base of the couch.

On 08/23/2023 at 3:25 PM in an interview with Staff J, Licensed Practice Nurse (LPN)/Executive Director, acknowledged that multiple furniture items needed to be replaced, that the carpet was heavily stained in the common television room and that there was a gap between the carpet on the south stairwell.

Record review of the "Resident Handbook" dated January 2020 showed, "The maintenance department is responsible for the general maintenance, upkeep, the repair of the community."

On 09/05/2023 at 12:20 PM an interview with Staff P, Medication Technician, stated that the washing machines on the second and third floor had always overflowed and leaked, that the spin cycle had not run properly, and that residents and staff had to wring out clothing when the washer had completed the cycle. They stated staff have been notified multiple times about the washing machines needing repair.

Resident 5

On 08/30/2023 at 2:42 PM in an interview with Staff J, LPN, they acknowledged Resident 5's faucet was broken and requested that Staff M fix it.

On 08/31/2023 at 12:56 PM in an interview with Staff M, they stated that they had fixed the faucet in Resident 5's room.

On 09/05/2023 at 12:25 PM observation showed that Resident 5's faucet was not fixed, the faucet spun in full circle as the licenser took the water temperature.

Resident 6

On 08/31/2023 record review of the "Maintenance and Housekeeping Message Book" showed that there had been a request submitted for Resident 6's carpet to be cleaned on 08/16/2023.

On 08/28/2023 at 2:03 PM observation showed that Resident 6 had small circular, quarter-sized, stains and food debris scattered on the carpet on the left side of the bed.

On 08/28/2023 at 3:15 PM in an interview with Staff J, LPN, they acknowledged the carpet stain in Resident 6's room and stated their carpet would be cleaned.

Resident 7

On 08/31/2023 record review of the "Maintenance and Housekeeping Message Book" showed that a request had been submitted for Resident 7's carpet to be cleaned on 05/30/2023.

On 08/30/2023 at 10:32 AM observation showed that Resident 7's carpet was heavily stained in dark circles throughout the entirety of the living room, where they preferred to sleep.

On 08/30/2023 at 10: 32 AM Resident 7 stated that the carpet was heavily stained when they moved into their apartment.

08/31/2024 at 1:04 PM in an interview with Staff M, they stated that Resident 7's carpet was cleaned weekly. Staff M also stated that housekeeping may have only been cleaning the bedroom and not the living room.

On 09/05/2023 at 12:42 PM in another interview with Resident 7, they stated their carpet was not shampooed last week, it was done today.

Resident 8

On 08/31/2023 record review of the "Maintenance and Housekeeping Message Book" showed that there had been a request submitted for Resident 8's carpet to be cleaned on 07/31/2023.

On 08/28/2023 at 1:40 PM observation showed that Resident 8's carpet had three large, dark stains that were a foot and a half by two and a half feet, throughout the living room.

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On 08/31/2023 at 10:16 AM in an interview with Resident 8, they stated that their carpet had been cleaned. Observation showed the same three large stains were still present and there was an odor of urine.

On 08/31/2023 at 1:03 PM Staff J, LPN, was notified that Resident 8's carpet stains were still present, along with an odor.

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, Tri-Cities Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10/29/23.

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

[Signature]
Administrator (or Representative)

10/31/2023
Date

WAC 388-78A-2320 Intermittent nursing services systems.

- (1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:
- (b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.
- (2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:
- (b) Nurse delegation, if provided;
- (c) Initial and on-going assessments of the nursing needs of each resident;
- (d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure that the Registered Nurse Delegator (RND) reviewed and documented delegation updates every 90 days as required for 2 of 4 residents (Residents 5,6) who received delegated task assistance from staff. Additionally, the ALF failed to ensure that the nursing components of the Negotiated Service Agreement (NSA) were developed for 2 of 6 residents (Resident 5,6) who received intermittent nursing services at the ALF. This failure placed residents at risk of their needs not being met and delegated tasks performed incorrectly.

Findings included...

Review of WAC 246-840-930, Criteria for delegation, showed that the RND was to ensure that reevaluation and documentation of delegated tasks occurred at least every 90 days.

On 08/23/2023 at 10:36, Staff J, Licensed Practical Nurse (LPN)/Executive Director, stated that the facility provided intermittent nursing services which included delegation of medications and treatments.

Resident 5

On 08/30/2023 at 10:03 AM Resident 5 was observed in their room, lying in bed. The resident's left arm was heavily bandaged from the upper arm down to their wrist. Resident 5 stated that they had several falls, that staff helped them transfer in and out of their chair and bed and helped them with their medication.

Review of facility incident reports showed Resident 5 had the following falls with injuries:

- 06/26/2023, fall with skin tear to right forearm;
- 07/16/2023, fall with skin tear to finger;
- 08/04/2023, fall with two skin tears to left arm, and skin tears to both legs;
- 08/05/2023, fall with skin tears to left arm and right knee;
- 08/20/2023, fall with skin tear to left wrist and right forearm.

Review of the facility delegation records showed that there were no nurse delegation evaluations for Resident 5's wounds.

Review of Resident 5's 08/23/2023, assessment and NSA did not show that the resident required wound care services and the NSA did not provide direction to staff on how to care for Resident 5's multiple wounds.

On 09/05/2023 at 12:59 PM, Staff L, Medication Technician (MT), stated that they were a delegated MT. Staff L stated that they had performed delegated wound care tasks for Resident 5.

On 09/08/2023 at 9:36 AM, Staff O, RND, stated that they did not know of any delegation for Resident 5. Staff O, RND, stated they had recently been hired as the RND for the company, and was onsite on 08/23/2023 to assume and update delegation for the ALF.

Resident 6

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Review of Resident 6's 08/23/2023 assessment and NSA showed that the resident had a diagnosis of [REDACTED]. The NSA also showed that Resident 6 required blood sugar tests to be administered by a delegated MT.

Review of facility delegation records showed "Instructions for Nursing Task Form" completed by the RND on 12/09/2022 for Resident 6, with instructions on how to check the resident's capillary blood glucose (CBG) levels (a test that measured the levels of sugar in the blood). A second "Instructions for Nursing Task Form" for Resident 6 was completed by the RND on 08/23/2023. There were no further nurse delegation forms for Resident 6.

Delegation was not evaluated for 257 days by the RND and not done every 90 days. On 09/08/2023 at 9:40 AM, Staff O, RND stated that they did not know why the delegation for Resident 6 had not been updated prior to their assumption of delegation on 08/23/2023.

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, Tri-Cities Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10/2/23.

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

[Signature]
Administrator (or Representative)

10/3/2023
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, interview, and record review, the Assisted Living Facility (ALF) failed to maintain resident room hot water temperatures between 105 degrees to 120 degrees Fahrenheit for 2 of 9 residents (Residents 3, 5). This failure placed residents at risk for diminished quality of life.

Findings included...

Observation on 08/30/2023 at 1:40 PM showed that the water temperature for Resident 3's kitchen sink was 75 degrees Fahrenheit.

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On 08/30/2023 at 1:45 PM in an interview with Resident 5, they stated their water was not hot enough. The bathroom sink temperature was 95 degrees Fahrenheit. In addition, the faucet spun in a full circle, making temperature control difficult.

On 08/30/2023 at 2:42 PM in an interview with Staff J, Executive Director, they acknowledged the water temperature for Resident 3 and 5 being below 105 degrees Fahrenheit and the broken faucet in Resident 5's room. Staff J stated that Staff M, Maintenance, would fix it the water temperature and broken faucet.

On 08/31/2023 at 12:56 PM Staff M stated that they had fixed the faucet and checked the water temperature. They stated the water temperature in Resident 5's room was 105-106 degrees Fahrenheit.

On 09/05/2023 at 12:20 PM interview with Staff P, Medication Technician, stated that when they try to shower residents in the memory care unit, water was "just so cold". Observation showed that two rooms in the memory care unit had water temperatures that were between 75- and 77-degrees Fahrenheit.

On 09/05/2023 at 12:25 PM observation showed that the water temperature for Resident 5's bathroom sink was 94.1 degrees Fahrenheit and the faucet, used for temperature regulation, spun as it did previously.

On 09/05/2023 at 1:40 PM in an interview with Staff J and Staff M, they acknowledged that water temperatures throughout the building were below the required water temperature of 105 degrees Fahrenheit. A water temperature log was requested for the past four weeks from the licensors.

On 09/05/2023 at 2:00 PM, Staff M provided a water temperature log. Record review of the water temperature log showed that the temperature log did not include the previous one and a half weeks of temperatures to verify that water temperatures were checked during that time.

Plan/Attestation Statement

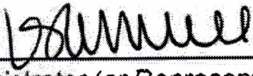
I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Tri-Cities Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10/19/23.

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:

(B) Home care aide certification as required by this chapter and chapter 246-980 WAC;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that a Home Care Aide (HCA) application was sent to the department within 14 days of hire for 3 of 4 current staff (Staff D, G, H), who were not certified and had provided care to the residents in the home. This failure placed residents at risk of being cared for by unqualified staff and disabled the department from the ability to track and monitor home care aide applicants.

Findings included...

Staff records were reviewed with Staff I, Business Office Manager (BOM) on 08/29/2023 at 2:09 PM. Staff I stated that they had taken the role as the BOM as of 07/24/2023, and were responsible for ensuring that long term care workers (LTCW) HCA applications were submitted and that training was completed as required.

Review of staff records showed that Staff D, current Caregiver, was hired on 07/10/2023. Staff D's file did not include an HCA application (qualification as a LTCW) to the Department.

Review of staff records showed that Staff G, Former Caregiver, was hired on 04/28/2023. Staff G's file did not include an HCA application (qualification as a LTCW) to the Department.

Review of staff records showed that Staff H, Former Caregiver, was hired on 09/13/2022. Staff H's file did not include an HCA application (qualification as a LTCW) to the Department.

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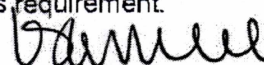
09/14/2023

On 08/29/2023 at 4:34 PM Staff I stated that they were the front desk staff receptionist and they did not know why the previous BOM did not submit the HCA applications within 14 days 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, Tri-Cities Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10/29/23.

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


Administrator (or Representative)

10/3/2023
Date

RCW 70.129.030 Notice of rights and services -- Admission of individuals.

(4) The facility must inform each resident in writing in a language the resident or his or her representative understands before admission, and at least once every twenty-four months thereafter of: (a) Services, items, and activities customarily available in the facility or arranged for by the facility as permitted by the facility's license; (b) charges for those services, items, and activities including charges for services, items, and activities not covered by the facility's per diem rate or applicable public benefit programs; and (c) the rules of facility operations required under RCW 70.129.140 (2). Each resident and his or her representative must be informed in writing in advance of changes in the availability or the charges for services, items, or activities, or of changes in the facility's rules. Except in emergencies, thirty days' advance notice must be given prior to the change. However, for facilities licensed for six or fewer residents, if there has been a substantial and continuing change in the resident's condition necessitating substantially greater or lesser services, items, or activities, then the charges for those services, items, or activities may be changed upon fourteen days' advance written notice.

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to inform each resident at least every twenty-four months in writing of the service items, activities available in the facility, and the rules of the facility's operation for 2 of 4 residents (Residents 3, 9), who lived in the facility for more than 24 months. This failed practice did not allow residents to make informed decisions regarding living choices.

Findings included...

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Twenty-four-month notification record review occurred on 08/31/2023 at 9:41 AM with Staff I, Business Office Manager (BOM). Staff I stated that they were responsible for updating rental agreements every twenty-four months.

- The ALF's resident characteristic roster showed that Resident 3 was admitted on [REDACTED]/2015. Resident 3's most current resident rental agreement was signed and dated on 01/15/2021.

Resident 3's file did not show that the ALF had informed the resident every twenty-four-months of the ALF's rules, service items and activities.

- The ALF's resident characteristic roster showed that Resident 9 was admitted on [REDACTED]/2021. Resident 9's most current resident rental agreement was signed and dated on 06/23/2021.

Resident 9's file did not show that the ALF had informed the resident every twenty-four-months of the ALF's rules, service items and activities.

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, Tri-Cities Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10/29/23.

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

[Signature]
Administrator (or Representative)

10/3/2023
Date