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

SPOKANE UNITED METHODIST HOMES
Rockwood at Whitworth
10331 N Mayberry Drive
Spokane, WA 99218

RE: Rockwood at Whitworth License # 2577

Dear Administrator:

This letter addresses Compliance Determination(s) 47877 (Completion Date 09/27/2024) and 45248 (Completion Date 08/12/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/27/2024 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-2730-1-b, WAC 388-78A-2730-1, WAC 388-78A-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2474-2, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-e, WAC 388-112A-0495-4, WAC 388-112A-0611-1-a-iii, WAC 388-112A-0611-1-a

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

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

Sincerely,

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

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

Statement of Deficiencies	License # 2577	Compliance Determination # 45248
Plan of Correction	Rockwood at Whitworth	Completion Date
Page 1 of 6	Licensee: SPOKANE UNITED METHODIST HOMES	08/12/2024

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

The department completed data collection for the unannounced on-site full inspection on 08/06/2024, 08/07/2024, 08/08/2024 and 08/12/2024 of:
Rockwood at Whitworth
10331 N Mayberry Drive
Spokane, WA 99218

The following sample was selected for review during the unannounced on-site visit: 9 of 74 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Tethra Wales, Assisted Living Facility Licensor
Carla Rose, NCI Community Licensor
Veronica Jackson, Assisted Living Facility Licensor – 509-220-1818

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

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

S. [illegible]
Residential Care Services

08/15/2024
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.

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

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

The department completed data collection for the unannounced on-site full inspection on 08/06/2024, 08/07/2024, 08/08/2024 and 08/12/2024 of:

Rockwood at Whitworth
10331 N Mayberry Drive
Spokane, WA 99218

The following sample was selected for review during the unannounced on-site visit: 9 of 74 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Tethra Wales, Assisted Living Facility Licensor
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Veronica Jackson, Assisted Living Facility Licensor

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

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

Residential Care Services _____ 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 #: 2577	Compliance Determination # 45246
Plan of Correction	Rockwood at Whitworth	Completion Date
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Administrator (or Representative)

8/23/24
Date

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

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had completed respirator fit testing for 3 of 4 staff (Staff B, D and E) sampled for infection control. This failure placed residents and staff at risk of exposure to infectious communicable diseases should an outbreak occur.

Findings included...

Per WAC 296-842-16005, facilities must conduct fit testing before employees are assigned duties that may require the use of respirators and at least every twelve months after initial testing.

Review of a Department of Social and Health Services provider letter, dated 09/14/2023, showed that employers in Long Term Care settings are responsible to "follow regulations pertaining to respiratory protection" including respirator fit testing for long term care workers.

Review of Staff B's, Licensed Practical Nurse, personnel file showed a hire date of 02/26/2024. Further review showed no documentation of respirator fit testing (test completed by specially trained personnel to ensure N95 mask seals effectively to reduce the chance of exposure to respiratory viruses)

Review of Staff D's, Bath Aid/Nursing Assistant Certified (NAC), personnel file showed a hire date of 06/25/2024. Further review showed no documentation of respirator fit testing.

Review of Staff E's, NAC, personnel file showed a hire date of 07/02/2021. Further review showed no current documentation of respirator fit testing.

In an interview on 08/08/2024 at 10:15 AM, Staff A, General Manager, stated they did

Administrator (or Representative) Date

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

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had completed respirator fit testing for 3 of 4 staff (Staff B, D and E) sampled for infection control. This failure placed residents and staff at risk of exposure to infectious communicable diseases should an outbreak occur.

Findings included…

Per WAC 296-842-15005, facilities must conduct fit testing before employees are assigned duties that may require the use of respirators and at least every twelve months after initial testing.

Review of a Department of Social and Health Services provider letter, dated 09/14/2023, showed that employers in Long Term Care settings are responsible to "follow regulations pertaining to respiratory protection" including respirator fit testing for long term care workers.

Review of Staff B's, Licensed Practical Nurse, personnel file showed a hire date of 02/26/2024. Further review showed no documentation of respirator fit testing (test completed by specially trained personnel to ensure N95 mask seals effectively to reduce the chance of exposure to respiratory viruses) .

Review of Staff D's, Bath Aid/Nursing Assistant Certified (NAC), personnel file showed a hire date of 06/25/2024. Further review showed no documentation of respirator fit testing.

Review of Staff E's, NAC, personnel file showed a hire date of 07/02/2021. Further review showed no current documentation of respirator fit testing.

In an interview on 08/08/2024 at 10:15 AM, Staff A, General Manager, stated they did

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not have current fit testing records for Staff B, D, and E.

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, Rockwood at Whitworth is or will be in compliance with this law and / or regulation on (Date) 9/16/24 .

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

Administrator (or Representative) 8/23/24 Date

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

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure Washington state name and date of birth background checks were valid for 3 of 4 staff (Staff E, F, and G). This failure placed residents at risk of receiving care from staff with expired background checks.

Findings included...

Review of Staff E's, Nursing Assistant Certified, undated personnel file showed a hire date of 07/02/2021. Further review showed no background check had been completed within the last two years.

Review of Staff F's, Registered Nurse, undated personnel file showed a hire date of 08/10/2021. Further review showed the last background check was completed on 08/16/2021.

Review of Staff G's, Registered Nurse, undated personnel file showed a hire date of 11/16/2021. Further review showed the last background check was completed on

not have current fit testing records for Staff B, D, and E.

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, Rockwood at Whitworth is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

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

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure Washington state name and date of birth background checks were valid for 3 of 4 staff (Staff E, F, and G). This failure placed residents at risk of receiving care from staff with expired background checks.

Findings included…

Review of Staff E's, Nursing Assistant Certified, undated personnel file showed a hire date of 07/02/2021. Further review showed no background check had been completed within the last two years.

Review of Staff F's, Registered Nurse, undated personnel file showed a hire date of 08/10/2021. Further review showed the last background check was completed on 08/16/2021.

Review of Staff G's, Registered Nurse, undated personnel file showed a hire date of 11/16/2021. Further review showed the last background check was completed on

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01/05/2022.

In an interview on 08/06/2024 at 2:29 PM, Staff A, General Manager, acknowledged the facility had not been able to provide valid background checks for Staff E, F, and G.

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, Rockwood at Whitworth is or will be in compliance with this law and / or regulation on (Date) 9/6/24.

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

Administrator (or Representative) — Date: 8/23/24

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(e) Continuing education.

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within one hundred twenty days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within ninety days of completion of basic training.

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

01/05/2022.

In an interview on 08/08/2024 at 2:29 PM, Staff A, General Manager, acknowledged the facility had not been able to provide valid background checks for Staff E, F, and G.

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, Rockwood at Whitworth is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(e) Continuing education.

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within one hundred twenty days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within ninety days of completion of basic training.

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(iii) A certified nursing assistant;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that specialty training requirements were met for 2 of 5 sampled staff (Staff B and C) and that continuing education requirements were met for 1 of 5 sampled staff (Staff E). This failure placed residents at risk of receiving care from staff without the required professional development.

Findings included…

<Specialty Training>

Review of the facility's characteristic roster showed that it identified 37 of 74 residents as having dementia (loss in cognitive functioning and loss of thinking, remembering and reasoning), Alzheimer's (a brain disorder that causes memory loss, thinking problems and behavior changes), or cognitive impairment (when one has trouble learning, or has difficulty making decisions affecting everyday life).

Review of Staff B's, Licensed Practical Nurse, undated personnel file showed a hire date of 02/26/2024. Further review showed no documentation of dementia specialty training.

Review of Staff C's, Nursing Assistant Registered, undated personnel file showed a hire date of 11/09/2023. Further review showed no documentation of dementia specialty training.

In an interview on 08/08/2024 at 10:15 AM, Staff A, General Manager, stated Staff B and Staff C did not complete specialty training for dementia.

<Continuing Education>

Review of Staff E's, Nursing Assistant Certified, undated personnel file showed a hire date of 07/02/2021. Further review showed a total of three and a half of the required 12 continuing education credits were completed.

In an interview on 08/08/2024 at 10:15 AM, Staff A, stated Staff E had not completed the full 12 hours of continuing education as required.

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Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Rockwood at Whitworth is or will be in compliance with this law and / or regulation on (Date) 9/16/24 .

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

Administrator (or Representative) — Date: 8/23/24

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, Rockwood at Whitworth is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

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

SPOKANE UNITED METHODIST HOMES
Rockwood at Whitworth
10331 N Mayberry Drive
Spokane, WA 99218

RE: Rockwood at Whitworth # 2577

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 08/12/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

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

You Must:

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

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

Stephanie Jenks, Field Manager
Residential Care Services
Region 1, Unit B
8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

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

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

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

(1) An assisted living facility may permit a resident's family member to administer medications or treatments or to provide medication or treatment assistance, including obtaining medications or treatment supplies, to the resident.

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

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

The facility failed to update written plans for family assistance with medications. The facility developed a new system by the end of the department’s inspection to update all family assistance written plans.

You Are Not:

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

You May:

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

In Addition, You May:

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

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

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

If You Have Any Questions:

• Please contact me at (509)993-7821.

Sincerely,

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

Enclosure

Rockwood
AT WHITWORTH

10331 N. Mayberry St.
Spokane, WA 99218
T: 509.466.0411
www.rockwoodretirement.org

August 23, 2024

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

Re: Plan of Correction

Dear Ms. Jenks:

Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of truth of the facts alleged or conclusions cited as deficiencies in the department's report. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and/or State law. For the purpose of any allegation that the facility is not in substantial compliance with requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance.

The following plan of correction constitutes a summary of individual corrective actions, systemic changes, and measures to assure ongoing compliance. Please accept the following plan of correction, with a planned date of correction being September 16, 2024, as our credible allegation of compliance for the deficiency cited on the Unannounced Emergency Preparedness Complaint Investigation in conjunction with an unannounced on-site full inspection conducted 8/6/24, 8/7/24, 8/8/24 and 8/12/24.

Please feel free to contact me if you have any questions or if additional information is needed.

Sincerely,

Stephen Collette, General Manager
Rockwood at Whitworth

Consultation:

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

It is the policy of the facility to update all written plans for family assistance with medication and treatments in accordance with WAC 388-78A-2290. As indicated in the department's report, Rockwood at Whitworth has developed a new system to ensure all written plans for family assistance with administration of medication are updated.

Cited Deficiencies:

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

It is the policy of the facility to ensure staff complete respirator fit testing before they are assigned duties that may require the use of respirators and at least every 12 months after initial fit testing.

Staff B, Staff D, and Staff E will receive respirator fit testing by September 16, 2024. In addition, a record review of all staff members assigned duties that may require respirators will be completed to ensure the requirement is met.

In order to ensure ongoing compliance, the Human Resources department will include fit testing during the on-boarding process for staff members assigned duties that may require respirators. In addition, the Human Resources department will monitor staff member fit testing, on an annual basis, to ensure the requirement is met.

WAC 388-78A-2466 Washington state name and date of birth background check. Valid for 2 years. National fingerprint background check. Valid indefinitely.

It is the policy of the facility to ensure initial Washington state name and date of birth background checks are completed and again at least every 2 years as required.

Staff E, Staff F, and Staff G will complete a Washington state name and date of birth background check by September 16, 2024. In addition, a record review of all staff members, volunteers, and students that require Washington state name and date of birth background checks will be completed to ensure the requirement is met.

In order to ensure ongoing compliance, the Human Resources will monitor Washington state name and date of birth background checks, on an annual basis, to ensure that the requirement is met.

WAC 388-78A-2474 Training and home care aide certification requirements.

It is the policy of the facility to ensure care giver staff complete initial specialty training for dementia and 12 hours of continuing education by their birthday each year as indicated in WAC 388 112A-0495 and WAC 388-112A- 0611.

Staff B and Staff C will complete dementia specialty training by September 16, 2024. Staff E will complete 12 credits of continuing education by September 16, 2024. In addition, a record review of all care-giver staff will be completed to ensure the requirement is met.

In order to ensure ongoing compliance, the Human Resources department will monitor care giver staff records to ensure specialty dementia training takes place per the requirement. In addition, the Human Resources department will monitor care giver staff records to ensure the 12 credits of continuing education credits takes place per the requirement.