STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Puyallup Memory Care LLC
Deer Ridge Memory Care Community
3901 5th St SE
Puyallup, WA 98374

RE: Deer Ridge Memory Care Community License # 2578

Dear Administrator:

This letter addresses Compliance Determination(s) 43161 (Completion Date 06/25/2024) and 35805 (Completion Date 02/06/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/25/2024 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-2160, WAC 388-78A-2660-2, RCW 70.129.140.1

The Department staff who did the on-site verification:
Carol Gijima, Community Compaint Investigator (NCI)

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2578	Compliance Determination # 35805
Plan of Correction	Deer Ridge Memory Care Community	Completion Date
Page 1 of 7	Licensee: Puyallup Memory Care LLC	02/06/2024

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 an unannounced on-site follow-up on 01/25/2024 and 01/25/2024 of:
Deer Ridge Memory Care Community
3901 5th St SE
Puyallup, WA 98374

This document references the following SOD dated: 02/06/2024

The following sample was selected for review during the unannounced on-site visit: 8 of 0 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Carol Gijima, Community Compaint Investigator (NCI)

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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

Cory Cisneros
Residential Care Services

02/15/2024
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

PO Box 99250, Lakewood, WA 98496

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Deer Ridge Memory Care Community
3901 5th St SE
Puyallup, WA 98374

This document references the following SOD dated: 02/06/2024

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From:
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PO Box 99250
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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.

Administrator (or Representative) 02/22/2024 Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interviews, observation, and record reviews, the Assisted Living Facility (ALF) failed to ensure that residents received care and services as agreed upon in the negotiated service agreement (NSA) for 6 of 8 sampled residents (Residents 1, 3, 4, 5 ,6 & 7). This failure placed all 6 residents at risk for developing wounds, infections, and decreased skin integrity.

Findings included...

Per observation on 01/25/2024 at 9:50am, upon entrance into resident areas, a strong malodorous smell was noted.

Resident 1(R1)
Record review of R1's Negotiated Service Agreement (NSA) on 01/25/2024 showed that R1 needed full staff assistance with activities of daily living, toileting and personal hygiene. Review of the documentation of care on the "Resident Assistant Record" showed that care was not provided for the following days: 01/10/2024, 01/13/2024, & 01/19/2024. There were no records reviewed from the facility that showed resident was offered care or refused.

Resident 3(R3)
Record review of R3's NSA on 01/25/2024 showed that R3 needed full staff assistance with activities of daily living, toileting and personal hygiene. Review of the documentation of care on the "Resident Assistant Record" showed that care was not provided for the following days: 01/13/2024, 01/23/2024 & 01/24/2024. There were no records reviewed from the facility that showed resident was offered care or refused.

Resident 4(R4)
Record review of R4's NSA on 01/25/2024 showed that R4 needed full staff assistance with activities of daily living, toileting and personal hygiene. Review of the documentation of care on the "Resident Assistant Record" showed that care was not provided for the following day: 01/15/2024. There were no records reviewed from the facility that showed

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Resident 3(R3)
Record review of R3's NSA on 01/25/2024 showed that R3 needed full staff assistance with activities of daily living, toileting and personal hygiene. Review of the documentation of care on the "Resident Assistant Record" showed that care was not provided for the following days: 01/13/2024, 01/23/2024 & 01/24/2024. There were no records reviewed from the facility that showed resident was offered care or refused.

Resident 4(R4)
Record review of R4's NSA on 01/25/2024 showed that R4 needed full staff assistance with activities of daily living, toileting and personal hygiene. Review of the documentation of care on the "Resident Assistant Record" showed that care was not provided for the following day; 01/15/2024. There were no records reviewed from the facility that showed

resident was offered care or refused.

Resident 5(R5)
Record review of R5's NSA on 01/25/2024 showed that R5 needed full staff assistance with activities of daily living, toileting and personal hygiene. Review of the documentation of care on the "Resident Assistant Record" showed that care was not provided for the following days: 01/13/2024, 01/16/2024, 01/17/2024 & 01/19/2024. There were no records reviewed from the facility that showed resident was offered care or refused.

Resident 6(R6)
Record review of R6's NSA on 01/25/2024 showed that R6 needed full staff assistance with activities of daily living, toileting and personal hygiene. Review of the documentation of care on the "Resident Assistant Record" showed that care was not provided for the following days: 01/13/2024, 01/23/2024 & 01/24/2024. There were no records reviewed from the facility that showed resident was offered care or refused.

Resident 7(R7)
Record review of R7's NSA on 01/25/2024 showed that R7 needed full staff assistance with activities of daily living, toileting and personal hygiene. Review of the documentation of care on the "Resident Assistant Record" showed that care was not provided for the following days: 01/11/2024, 01/12/2024, 01/18/2024 & 01/19/2024. There were no records reviewed from the facility that showed resident was offered care or refused.

Resident 8(R8)
Record review of R8's NSA on 01/25/2024 showed that R8 needed full staff assistance with activities of daily living, toileting and personal hygiene. Review of the documentation of care on the "Resident Assistant Record" showed that care was not provided for the following days: 01/17/2024 & 01/18/2024. There were no records reviewed from the facility that showed resident was offered care or refused.

During an interview on 01/25/2024 at 9:55am, Staff C, Caregiver, stated that caregivers have assigned residents to care for and they document the care given on the Resident Care Record every day. When asked what happened if care was not given, Staff C stated that refusals should be documented, and that there was no reason a resident would not receive care. Staff stated that they would reapproach the resident or try another staff member.

During an interview on 01/25/2024 at 10am, Staff D, Caregiver, stated that daily resident care was documented in "the book up front." When asked if there was any reason a resident would not receive daily care, Staff D stated there was not. Staff D stated that residents would refuse at times and staff were supposed to reapproach. Staff D stated any refusals or care not given should be documented and reported to the nurse.

During an interview on 01/30/2024 at 11:48am, Staff B, Director of Residential Services, stated that staff documented daily care when it was completed. When asked why residents did not have anything documented on certain days, Staff B stated that he didn't know, and

resident was offered care or refused.

Resident 5(R5)
Record review of R5's NSA on 01/25/2024 showed that R5 needed full staff assistance with activities of daily living, toileting and personal hygiene. Review of the documentation of care on the "Resident Assistant Record" showed that care was not provided for the following days: 01/13/2024, 01/16/2024, 01/17/2024 & 01/19/2024. There were no records reviewed from the facility that showed resident was offered care or refused.

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that staff forgot to sign. When asked how one would know if residents received daily care if the document was not signed, Staff B stated that he checked to see if residents looked good. Staff B stated that he could tell if they received care.

During an interview on 01/31/2024 at 12:45pm, R7'S representative (RR1) stated that R7 was still not getting basic daily care as she should. RR1 stated that R7's teeth were not being brushed, was not being helped with the walker and had feces on her and the toilet seat. RR1 stated she had to hire a private caregiver to provide grooming tasks and oral hygiene.

During an interview on 02/06/2024 at 2:43pm, R4's representative (RR2) stated that she noticed that there was a urine smell when she visited. RR2 stated that R4 still had dirt under her fingernails and looked unkept.

This is a recurring deficiency on 05/04/2023 and an uncorrected deficiency previously cited on 11/21/2023.

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, Deer Ridge Memory Care Community is or will be in compliance with this law and / or regulation on (Date) ~~04/01/2024~~. 03/22/2024.

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

Ruby Bell — Administrator (or Representative)

02/22/2024 — Date

RCW 70.129.140 Quality of life -- Rights.

(1) The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

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

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

This requirement was not met as evidenced by:

Based on interviews, observation and record reviews, the Assisted Living Facility (ALF) failed to ensure that residents received care and services in a manner that enhances their dignity and quality of life for 7 of 8 sampled residents (Residents 1, 2, 3, 4, 5, 6 & 7). This

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failure resulted in 7 residents not receiving showers which placed them at risk for developing wounds, infections and a decreased in dignity and quality of life.

Findings included...

Per observation on 01/25/2024 at 9:50am, upon entrance into resident areas, a strong malodorous smell was noted.

Record Review of all 8 residents' care plans showed that they were to receive 2 showers a week. Review of the shower schedule and Resident Assistant Record for January 2024 showed the following:

Resident 1 (R1)
Review of the facility's shower schedule showed that R1 was to receive showers on Tuesday and Thursday. Review of the January "Resident Assistant Record" showed that R1 did not receive showers as scheduled on the following days: 9,11,16 & 23. There were no progress notes to show that R1 received or refused showers.

Resident 2 (R2)
Review of the facility's shower schedule showed that R2 was to receive showers on Sunday and Thursday. Review of the January "Resident Assistant Record" showed that R2 did not receive showers as scheduled on the following days: 14, 18 & 21. There were no progress notes to show that R2 received or refused showers.

Resident 3 (R3)
Review of the facility's shower schedule showed that R3 was to receive showers on Sunday and Tuesday. Review of the January "Resident Assistant Record" showed that R3 did not receive showers as scheduled on the following days: 14 & 23. There were no progress notes to show that R3 received or refused showers.

Resident 4 (R4)
Review of the facility's shower schedule showed that R4 was to receive showers on Monday and Saturday. Review of the January "Resident Assistant Record" showed that R4 did not receive showers as scheduled on the following days: 20. There were no progress notes to show that R4 received or refused showers.

Resident 5 (R5)
Review of the facility's shower schedule showed that R5 was to receive showers on Monday and Saturday. Review of the January "Resident Assistant Record" showed that R5 did not receive showers as scheduled on the following days: 8 & 12. There were no progress notes to show that R5 received or refused showers.

Resident 6 (R6)

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Resident 7 (R7)
Review of the facility's shower schedule showed that R7 was to receive showers on Sunday and Friday. Review of the January "Resident Assistant Record" showed that R7 did not receive showers as scheduled on the following days: 14 & 19. There were no progress notes to show that R7 received or refused showers.

During an interview on 01/25/2024 at 9:55am, Staff C, Caregiver, stated that resident should get at least 2 showers per week and as needed if they soiled themselves. Staff C stated that showers were documented in the Resident Assistant Record and on the shower sheet. Staff C stated that there was no reason a resident should not receive their shower; if they refused, they attempted at least three times, document and notify the nurse.

During an interview on 01/25/2024 at 10am, Staff D, Caregiver, stated that residents received at least 2 showers and they followed the shower schedule. Staff D stated that showers given or refused were documented. Staff D stated that when a resident refused a shower, they reapproach and try the next day, and if unsuccessful they notify the nurse. Staff D stated there was no reason a resident would not receive their shower.

During an interview on 01/25/2024 at 11:30am, Staff A, Administrator, stated that Staff B was responsible for ensuring showers were completed and documented. Staff A did not provide an answer as to why residents did not get their showers.

During an interview on 01/30/2024 at 11:48am, Staff B, Director of Residential Services, stated that the reason showers were not documented was because they used a different shower sheet. Staff B was asked why showers were not given as the stated shower sheets were not completed either, Staff B stated, "that's a good question." When asked if showers were being given to residents or not, Staff B stated that he had no proof that they were done.

During an interview on 01/31/2024 at 12:45pm, R7's representative (RR1) stated that R7 was still not getting all her scheduled showers. RR1 stated no one at the facility was willing to communicate with her.

During an interview on 02/06/2024 at 2:43pm, R4's representative (RR2) stated that not much had changed in terms of R4 receiving her showers. RR2 stated R4 never received the baths she was supposed to have.

This is a recurring deficiency on 05/04/2023 and an uncorrected deficiency previously cited on 11/21/2023.

Review of the facility's shower schedule showed that R6 was to receive showers on Sunday and Thursday. Review of the January "Resident Assistant Record" showed that R6 did not receive showers as scheduled on the following days: 14 & 18. There were no progress notes to show that R6 received or refused showers.

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During an interview on 01/25/2024 at 10am, Staff D, Caregiver, stated that residents received at least 2 showers and they followed the shower schedule. Staff D stated that showers given or refused were documented. Staff D stated that when a resident refused a shower, they reapproach and try the next day, and if unsuccessful they notify the nurse. Staff D stated there was no reason a resident would not receive their shower.

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Plan/Attestation Statement

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

Shy Bell — Administrator (or Representative)

02/22/2024 — Date

Plan/Attestation Statement

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Administrator (or Representative) Date

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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

The department completed data collection for an unannounced on-site follow-up on 09/18/2023 and 09/18/2023 of:

Deer Ridge Memory Care Community
3901 5th St SE
Puyallup, WA 98374

This document references the following SOD dated: 11/21/2023

The following sample was selected for review during the unannounced on-site visit: 10 of 0 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Carol Gijima, Community Compaint Investigator (NCI)

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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.

Administrator (or Representative) Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to provide showers for 10 of 10 sampled residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, 9 & 10). This failure resulted in all 10 residents not receiving showers as agreed upon which contributed to risk of skin infections and decreased skin integrity.

Findings Included…

Resident 1
Record review of Resident 1's (R1) documents on 09/18/2023 showed that R1 was admitted to the facility on [redacted]/2022 with diagnoses to include [redacted]. Review of R1's Negotiated Service Agreement (NSA) showed that R1 was to receive full assistance with bathing two times a week. Review of the facility's shower schedule showed that R1 was to receive showers on Thursday and Saturday evenings. Review of the "Resident Assistant Record" showed that R1 did not receive showers as scheduled on the following days:
Aug 2023 schedule – 08/03, 08/05, 08/10, 08/12, 08/24, 08/26 & 08/31.
Sep 2023 schedule- 09/02, 09/07,09/09 & 09/16.

During an interview on 11/13/2023 at 12:35pm, Resident 1's Representative (RR1) stated that R1 was not receiving her showers consistently, stated that it was a hit and miss. RR1 stated that she has complained to management, but nothing had been done.

Resident 2
Record review of Resident 2's (R2) documents on 09/18/2023 showed that R2 was admitted to the facility on [redacted]/2022 with diagnoses to include [redacted]. Review of R2's NSA showed that R2 was to receive full two person assistance with bathing two times a week. Review of the facility's shower schedule did not show R2 being on the shower schedule. Review of the "Resident Assistant Record" showed that R2 did not receive showers as scheduled on the following days:
Aug 1 2023 to Aug 5 2023 - R2 did not receive two showers.
Aug 6 2023 to Aug 12 2023 - R2 did not receive any showers.
Aug 20 2023 to Aug 26 2023 - R2 did not receive two showers.

Aug 27 2023 to Sep 2 2023 - R2 did not receive two showers.
Sep 3 2023 to Sep 9 2023 - R2 did not receive two showers.
Sep 10 2023 to Sep 16 2023 - R2 did not receive any showers.

During an interview on 11/13/2023 at 12:31pm, Resident 2's Representative (RR2) stated that R2 did not receive showers. RR2 stated that R2 was supposed to receive two showers a week. RR2 stated she had talked to the facility, but there was always someone different in charge.

Resident 3
Record review of Resident 3's (R3) documents on 09/18/2023 showed that R3 was admitted to the facility on [redacted]/2022 with diagnoses to include [redacted]. Review of R3's NSA showed that R3 was to receive full assistance with bathing two times a week. Review of the facility's shower schedule showed that R3 was to receive showers once a week on Tuesday evenings. There was no shower record provided for R3 to review for August and September. Progress notes reviewed showed that R3 did not receive showers as follows:
Sep 10 2023 to Sep 16 2023 - R3 did not receive two showers.
Sep 17 2023 to Sep 23 2023 - R3 did not receive two showers.
Sep 24 2023 to Sep 30 2023 - R3 did not receive showers.

During an interview on 10/10/2023 at 11:19am Resident 3's Representative (RR3) stated that R3 was supposed to have three showers a week but did not receive the showers. RR3 stated she asked the staff multiple times why showers were not being done and was never given a reason.

Resident 4
Record review of Resident 4's (R4) documents on 09/18/2023 showed that R4 was admitted to the facility on [redacted]/2022 with diagnoses to include [redacted]. Review of R4's NSA showed that R4 was to receive staff assistance with bathing two times a week. Review of the facility's shower schedule showed that R4 was to receive showers once a week on Thursday mornings. Review of the "Resident Assistant Record" showed that R4 did not receive showers as scheduled:
Aug 13 2023 to Aug 19 2023 - R4 did not receive any showers.
Aug 20 2023 to Aug 26 2023 - R4 did not receive two showers; one refusal was documented.
Sep 2023 - No shower records were provided. Progress notes did not show that R4 received showers in September except 2 refusals documented on the Sep 17 & Sep 18.

Resident 5
Record review of Resident 5's (R5) documents on 09/18/2023 showed that R5 was admitted to the facility on [redacted]/2021 with diagnoses to include [redacted]. Review of R5's NSA showed that R5 was to receive full two person assistance with bathing two times a week. Review of the facility's shower schedule showed that R5 was to receive showers on Wednesday and Friday evenings. Review of the "Resident Assistant Record" showed that R5 did not receive showers as scheduled on the following days:
Aug 30 2023 - R5 did not receive a shower.

Sep 2023 - No shower records were provided for R5.

During an interview on 11/13/2023 at 1:25pm, Resident 5's Representative (RR5) stated that she did not think that R5 received her showers. RR5 stated that staff informed her that they had four minutes to give R5 a shower and RR5 stated that she did not believe they could complete her showers in four minutes.

Resident 6
Record review of Resident 6's (R6) documents on 09/18/2023 showed that R6 was admitted to the facility on [redacted]/2021 with diagnoses to include [redacted]. Review of R6's NSA showed that R6 was to receive full assistance with bathing two times a week. Review of the facility's shower schedule showed that R6 was to receive showers on Sunday and Thursday mornings. Review of the "Resident Assistant Record" showed that R4 did not receive showers as scheduled:
Aug 20 2023 & Aug 24 2023 - R6 did not receive any showers.
Aug 27 2023 & Aug 31 2023 - R6 did not receive any showers.
Sep 3 2023 & Sep 7 2023 - R6 did not receive any showers.
Sep 10 2023 & Sep 14 2023 - Record showed that R6 did not receive any showers; progress notes showed R6 refused one shower during this week.

Resident 7
Record review of Resident 7's (R7) documents on 09/18/2023 showed that R7 was admitted to the facility on [redacted]/2022 with diagnoses to include [redacted]. Review of R7's NSA showed that R7 was to receive full assistance with bathing two times a week. Review of the facility's shower schedule showed that R7 was to receive showers on Monday and Saturday evening. Review of the "Resident Assistant Record" showed that R7 did not receive showers as follows:
Aug 26 - R7 did not receive a shower.
Sep 2 2023, Sep 11 2023 & Sep 16 2023 - R7 did not receive showers.

During an interview on 11/14/2023 at 10:14am, Anonymous Collateral Contact (CC1) stated that R7 smells and has dirt under her fingernails. CC1 stated that R7 was supposed to get two showers a week and a spa bath once a month. CC1 stated that R7 did not receive her showers. CC1 stated they talked to different Administrators but R7 continues to not receive her showers.

Resident 8
Record review of Resident 8's (R8) documents on 09/18/2023 showed that R8 was admitted to the facility on [redacted]/2021 with diagnoses to include [redacted]. Review of R8's NSA showed that R8 was to receive extensive two person assistance with bathing two times a week. Review of the facility's shower schedule showed that R8 was to receive showers on Monday and Friday mornings. Review of the "Resident Assistant Record" showed that R8 did not receive showers as follows:
Aug 28 2023 - R8 did not receive a shower.
Sep 4 2023 & Sep 11 2023 - R8 did not receive a shower.

Resident 9
Record review of Resident 9's (R9) documents on 09/18/2023 showed that R9 was admitted to the facility on [redacted]/2021 with diagnoses to include [redacted]. Review of R9's NSA showed that R9 was to receive full two person assistance with bathing two times a week. Review of the facility's shower schedule did not show R9 being on the shower schedule. Review of the "Resident Assistant Record" showed that R9 did not receive showers twice a week as follows:
Aug 27 2023 to Sep 2 2023 - R9 did not receive a shower.
Sep 3 2023 to Sep 9 2023 - R9 did not receive a shower.
Sep 10 2023 to Sep 16 2023- R9 did not receive a shower.

Resident 10
Record review of Resident 10's (R10) documents on 09/18/2023 showed that R10 was admitted to the facility on [redacted]/2022 with diagnoses to include [redacted]. Review of R10's NSA showed that R10 was to receive full two person assistance with bathing two times a week. Review of the facility's shower schedule showed that R10 was to receive showers on Sunday and Thursday mornings. Review of the "Resident Assistant Record" showed that R10 did not receive showers as follows:
Aug 27 2023 - R10 did not receive a shower.
Sep 3 2023 & Sep 10 2023 - R10 did not receive showers.

During an interview on 09/18/2023 at 10:59am, Anonymous Staff C (AS-C) stated that caregivers had a weekly schedule that they were supposed to follow for scheduled showers. When asked if residents did not get their showers as scheduled, AS-C stated that staff tried their best. AS-C stated that when a resident misses, refuses or is not given a shower, they document on the resident assistant record, and notify the nurse who then documents in the progress notes.

During an interview on 09/18/2023 at 11:20am, Anonymous Staff D (AS-D) stated that resident showers were scheduled, and staff were to document on the "Resident Assistant Record Sheet" and on the "Shower Sheets." AS-D stated that when a resident missed or refused a shower, the nurse was supposed to be notified. AS-D stated that Residents 1, 2, 4, 5 and 6 had not received showers for a long time. AS-D stated that residents' hairs were greasy, and they had long unkept nails. AS-D stated that they did not have a shower aide and that left one caregiver responsible for daily care and showers for an entire wing. AS-D stated that multiple caregivers had complained to management, but nothing was done.

During an interview on 09/18/2023 at 11:40am, Anonymous Staff E (AS-E) stated that residents did not receive their showers for weeks. When asked why residents were not receiving showers, AS-E stated that management took away the shower aide position, leaving one caregiver with an entire wing of residents to care for. AS-E stated that it was not possible to give showers when there was one caregiver, and many residents required a lot of time getting care due to their memory loss and resistive behaviors. AS-E stated that mediation technicians help sometimes with care, but they have their own responsibilities.

During an interview on 09/18/2023 at 12:15pm, Staff B, Director of Residential Services stated that residents received showers at least twice a week and per care plan. Staff B

stated there was no reason for residents not to receive showers, and that refusals or missed showers were to be documented and reported to the nurse. Staff B stated that there was no reason showers would not be given or documented.

During an interview on 09/18/2023 at 1pm, Staff A, Administrator stated that resident showers depended on their care plan but at least two times a week. Staff A stated that refusals or missed showers should be documented and reported to the nurse or Resident Care Coordinator. Staff A stated that there was no reason why residents should not receive their showers. Staff A stated that they took the shower aide position away and caregivers were expected to complete resident showers. When asked if one caregiver assigned for an entire wing was able to complete showers as well as other care, Staff A stated that they were.

In a separate interview on 11/13/2023 at 12:55pm, Staff B was asked if caregivers documented showers given, missed, or refused. Staff B stated that they had a report sheet that they turned in to the nurse. When asked if caregivers were supposed to document on the “Resident Assistant Record,” Staff B stated he was not aware of the document, and that caregivers were supposed to “just report to the nurse.” Staff B was asked how anyone would know if residents were not getting showers if they just reported to the nurse with no documentation, Staff B stated, “that is a good question.”

This is an uncorrected deficiency previously cited on 05/04/2023.

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, Deer Ridge Memory Care Community 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

RCW 70.129.140 Quality of life -- Rights.

(1) The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

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

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

chapter 70.129 RCW;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure that residents received care and services in a manner that enhances their dignity and quality of life for 10 of 10 sampled residents (Residents 1, 2, 3, 4, 5 ,6, 7, 8, 9 & 10). This failure resulted in all 10 residents not receiving care and services which contributed to the decrease in dignity and quality of life.

Findings Included…

Resident 1
Record review of Resident 1's (R1) documents on 09/18/2023 showed that R1 was admitted to the facility on [redacted]/2022 with diagnoses to include [redacted]. Review of R1's Negotiated Service Agreement (NSA) showed that R1 needed full staff assistance with activities of daily living, toileting and personal hygiene. Review of the documentation of care on the "Resident Assistant Record" showed that care was not provided for the following days:
Sep 2023
Day shift, 09/11/2023
Evening shift, 09/01/2023, 09/02/2023, 09/06/2023
There was no documentation of R1 refusing care for these dates.

During an interview on 11/13/2023 at 12:35pm, Resident 1's Representative (RR1) stated that R1 had dirty clothes on, and her hair was matted when they visited. RR1 stated that her family has made complaints to the facility management, but nothing had changed.

Resident 2
Record review of Resident 2's (R2) documents on 09/18/2023 showed that R2 was admitted to the facility on [redacted]/2022 with diagnoses to include [redacted]. Review of R2's NSA showed that R2 needed full staff assistance with activities of daily living, toileting and personal hygiene. Review of documentation of care on the "Resident Assistant Record" showed that care was not provided for the following days:
Aug 2023
Night shift, 08/06/2023
Sep 2023
Night shift, 09/02/2023, 09/13/2023
Day shift, 09/01/2023
Evening shift-09/15/2023
There was no documentation of R2 refusing care for these dates.

During an interview on 11/13/2023 at 12:31pm, Resident 2's Representative (RR2) stated that R2 "sits in wet clothes a lot" when she visited, and staff were not helping him timely. RR2 stated she has complained to management, and they stated they would hold a care conference.

Resident 3
Record review of Resident 3's (R3) documents on 09/18/2023 showed that R3 was admitted to the facility on [redacted]/2022 with diagnoses to include [redacted]. Review of R3's NSA showed that R3 needed full staff assistance with activities of daily living, toileting and personal hygiene. Review of documentation of care on the "Resident Assistant Record" showed that care was not provided for the following days:
Aug 2023
Day shift, 08/31/2023
Evening shift, 08/12/2023
Sep 2023, there was no record provided for review.
There was no documentation of R3 refusing care for these dates.

During an interview on 10/10/2023 at 11:19am Resident 3's Representative (RR3) stated that R3 did not get assistance with personal hygiene. RR3 stated that R3 did not get her teeth brushed or assistance to the bathroom. RR3 stated that she has found R3 "in bed half dressed with diarrhea all over her" when she should have been at breakfast.

Resident 4
Record review of Resident 4's (R4) documents on 09/18/2023 showed that R4 was admitted to the facility on [redacted]/2022 with diagnoses to include [redacted]. Review of R4's NSA showed that R4 needed staff assistance with activities of daily living, dressing, grooming activities, and personal hygiene. Review of documentation of care on the "Resident Assistant Record" that care was not provided for the following days:
Aug 2023
Day shift, 08/30/2023, 08/31/2023
Evening shift, 08/22/2023
Sep 2023, there was record provided for review.
There was no documentation of R4 refusing care for these dates.

Resident 5
Record review of Resident 5's (R5) documents on 09/18/2023 showed that R5 was admitted to the facility on [redacted]/2021 with diagnoses to include [redacted]. Review of R5's NSA showed that R5 needed full two person staff assistance with dressing and toileting. Review of documentation of care on the "Resident Assistant Record" showed that care was not provided for the following days:
Aug 2023
Evening shift, 08/03/2023
Sep 2023, there was no record provided to review.
There was no documentation of R5 refusing care for these dates.

During an interview on 11/13/2023 at 1:25pm, Resident 5's Representative (RR5) stated that R5 did not receive the daily care that she was supposed to get. RR5 stated that caregivers let R5 soil herself instead of taking her to the bathroom.

Resident 6

Record review of Resident 6's (R6) documents on 09/18/2023 showed that R6 was admitted to the facility on [redacted]/2021 with diagnoses to include [redacted]. Review of R6's NSA showed that R6 needed full staff assistance with activities of daily living, toileting and personal hygiene. Review of documentation of care on the "Resident Assistant Record" showed that care was not provided for the following days:
Aug 2023
Evening shift, 08/25/2023 & 08/31/2023
Sep 2023
Night shift, 09/02/2023
Day shift, 09/01/2023
There was no documentation of R6 refusing care for these dates.

Resident 7
Record review of Resident 7's (R7) documents on 09/18/2023 showed that R7 was admitted to the facility on [redacted]/2022 with diagnoses to include [redacted]. Review of R7's NSA showed that R7 needed full staff assistance with activities of daily living, toileting and personal hygiene. Review of documentation of care on the "Resident Assistant Record" showed that care was not provided for the following days:
Aug 2023
Day shift, 08/08/2023, 08/09/2023, 08/30/2023
Sep 2023
Evening shift, 09/16/2023
There was no documentation of R7 refusing care for these dates.

During an interview on 11/14/2023 at 10:14am, Anonymous Collateral Contact 1 (CC1) stated that R7 was not receiving care as she should. CC1 stated that R7 had "dirt caked under her fingernails", that she had an odor, wore the same dirty clothes for days and did not get her teeth brushed. CC1 stated witnessing other residents with poor hygiene and R2 sitting in wet clothes.

Resident 8
Record review of Resident 8's (R8) documents on 09/18/2023 showed that R8 was admitted to the facility on [redacted]/2021 with diagnoses to include [redacted]. Review of R8's NSA showed that R8 needed full maximum staff assistance with activities of daily living, toileting and personal hygiene. Review of documentation of care on the "Resident Assistant Record" showed that care was not provided for the following days:
Aug 2023
Night shift, 08/16/2023
Evening shift, 08/04/2023 & 08/31/2023
Sep 2023
Night shift, 09/02/2023
Day shift, 09/01/2023, 09/12/2023, 09/13/2023, 09/14/2023, 09/15/2023, 09/16/2023, & 09/17/2023
Evening shift, 09/10/2023, 09/11/2023, 09/12/2023, 09/13/2023, & 09/17/2023
There was no documentation of R7 refusing care for these dates.

Resident 9
Record review of Resident 9's (R9) documents on 09/18/2023 showed that R9 was

admitted to the facility on [redacted]/2021 with diagnoses to include [redacted]. Review of R9's NSA showed that R9 needed two person assist with activities of daily living, toileting and personal hygiene. Review of documentation of care on the "Resident Assistant Record" showed that care was not provided for the following days:
Aug 2023
Evening shift, 08/082023 & 08/31/2023
Sep 2023
Night shift, 09/02/2023
Day shift, 09/01/2023 & 09/16/2023
There was no documentation of R7 refusing care for these dates.

Resident 10
Record review of Resident 10's (R10) documents on 09/18/2023 showed that R10 was admitted to the facility on [redacted]/2022 with diagnoses to include [redacted]. There was no NSA provided to review. Review of documentation of care on the "Resident Assistant Record" showed that care was not provided for the following days:
Aug 2023
Evening shift, 08/31/2023
Sep 2023
Night shift, 09/02/2023
Day shift, 09/01/2023, 09/06/2023, & 09/14/2023
There was no documentation of R10 refusing care for these dates.

During an interview on 09/18/2023 at 10:59am, Anonymous Staff C (AS-C) was asked if residents received daily care. Staff AS-C stated that "staff try their best." When asked to explain, Staff AS-C stated not being comfortable talking about this issue.

During an interview on 09/18/2023 at 11:20am, Anonymous Staff D (AS-D) stated that residents did not receive the daily care that they were supposed to, and that they had greasy hair and were not toileted as they should. Staff AS-D stated that residents have gone days with the same dirty clothes.

During an interview on 09/18/2023 at 11:40am, Anonymous Staff E (AS-E) stated that residents sometimes did not get the care they needed as there were too many residents per caregiver. Staff AS-E stated that management did not listen to them and did not consider that other residents take more time to care for.

During an interview on 09/18/2023 at 12:15pm, Staff B, Director of Residential Services stated that he was not aware of residents not getting care. Staff B stated that things were not great, that he just started working at the facility a few months ago and was trying to "fix things." When asked about the lack of documentation of care given on the "Resident Assistant Record," Staff B stated he was not aware of the record. Staff B was not able to provide an answer as to where documentation of care was recorded.

During an interview on 09/18/2023 at 1pm, Staff A, Administrator stated that there was no reason resident should not be assisted with activities of daily living. Staff A was asked if

staff had notified her of issues with completing resident care. Staff A stated that they were overstaffed, and the residents' acuity was not documented to where resident care was affected.

This is an uncorrected deficiency previously cited on 05/04/2023.

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, Deer Ridge Memory Care Community 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Deer Ridge Memory Care Community
License/Cert.#: 2578
Compliance Determination #: 20460
Investigator: Carol Gijima
Investigation Date(s): 02/28/2023 through 05/04/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 69584
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):

1. Care not being provided per agreement
2. Facility did not notify family of shower refusals
3. Resident not checked on for hours
4. Walker and room not cleaned; no toilet paper

Investigation Methods:

Sample:	Total residents: Resident sample size: 2 Closed records sample size: 1
Observations:	General environment Residents in their rooms Staff-to-resident interactions Resident behaviors
Interviews:	Resident representatives Staff
Record Reviews:	Resident Characteristic Roster List of discharged residents Resident assessments and negotiated service agreements including the discharged records of the named resident Staff progress notes

Investigation Summary:

1. Per record review, interviews with named resident, resident's representative, collateral contacts, and staff, the facility failed to provide care and services as agreed upon in the negotiated service agreement. Failed practice identified See Statement of Deficiency dated 05/04/2023. WAC 388-78A-2160- Implementation of negotiated service agreement, WAC 388-78A-2660- Resident rights.
2. Per record review, interviews with named resident, resident's representative, collateral contacts, and staff, the facility failed to notify the resident's representative when there was a significant change in resident's and mental functioning. Failed practice identified. See Statement of deficiency dated 05/04/2023. WAC 388-78A-2640- Reporting significant change in a resident's condition.

3. Per observations, record review, interviews with resident representatives and staff, there was not sufficient information to either support or refute this allegation.
4. Per observations, record review, interviews with resident representatives and staff, there was not sufficient information to either support or refute this allegation.

Conclusion / Action:

- [x] 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

PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2578	Compliance Determination # 20460
Plan of Correction	Deer Ridge Memory Care Community	Completion Date
Page 1 of 7	Licensee: Puyallup Memory Care LLC	05/04/2023

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 an unannounced on-site complaint investigation on 02/28/2023 and 02/28/2023 of:

Deer Ridge Memory Care Community
3901 5th St SE
Puyallup, WA 98374

This document references the following complaint number(s): 69584, 72942

The following sample was selected for review during the unannounced on-site visit: 2 of 0 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Carol Gijima, Community Compaint Investigator (NCI)

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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.

Administrator (or Representative) Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to provide showers for 2 of 3 sampled residents (Residents 1 and 2). This failure placed residents at risk for skin infections and decreased skin integrity.

Findings Included…

Resident 1
Record review on 02/28/2023 showed that Resident 1 (R1) admitted to ALF on [redacted]/2022 with diagnoses to include [redacted]. A Resident negotiated service plan dated 02/28/2022 showed that R1 was to receive 2 showers per week with assistance. Review of the "Resident Assistant Record" showed the following:
November 2022 record - R1 received a shower on November 10th and November 20th.
December 2022 record - R1 received a shower on December 10th and 11th.
No records were provided for January 2023 as requested.
Review of R1's progress notes from November 2022 to January 2023 showed no documentation of R1 refusing showers.

Resident 2
Record review on 02/28/2023 showed that Resident 2 (R2) admitted to ALF on [redacted]/2022 with diagnoses to include [redacted]. A Resident negotiated service plan dated [redacted]/2022 showed that R2 was to receive 2 showers per week with assistance. Review of the Resident assistant record showed the following:
November 2022 record - R2 received a shower four times in the month of November, the 4th, 9th, 10th and 26th.
December 2022 record - R2 received a shower once in the month of December, the 7th.
January 2023 record - R2 received a shower once in the month of January, the 4th.
February 2023 record - R2 received a shower twice in the month of February, the 8th, and 22nd.

During an interview on 02/27/2023 at 2:19 pm, R1's Representative (RR1) stated that R1 was supposed to have 2 showers per week as agreed upon and care planned. RR1 stated that R1 had 1-2 showers since her [redacted] 2022 admission until her discharge in [redacted]

2023. RR1 stated that R1 told her that she was on her own and no one assisted her. RR1 stated that when she inquired about the showers, she was told that R1 refused showers. RR1 stated no one notified her of the refusals.

During an interview on 05/02/2023 at 1:43pm, R2's Representative (RR2) stated that it was hard for resident to get a shower and they have complained to the facility. RR2 stated they have visited resident and have found her unkept with greasy hair. RR2 stated that R2 has not had a shower since admission into the facility.

During an interview on 05/02/2023 at 2:32pm, R2's Representative (RR3) stated that she had complained more than 8 times to the Administrator about resident not getting showered and was told that resident refused. RR3 stated that R2 sometimes had dried feces on her pants and greasy hair when she visited.

During an interview on 02/28/2023 at 10:15am, Staff C, Caregiver stated that residents received at least 2 showers per week. Caregiver stated that when a resident refused a shower, they would attempt at least 3 times with different caregivers or a different shift. Staff C stated that if unsuccessful, they document the refusal in the progress notes and notify the nurse and family.

During an interview on 02/28/2023 at 10:25am, Staff D, Med technician stated that residents received 2-3 showers depending on their care plans. Staff D stated that if a resident refused a shower, they would make 3 attempts with a different staff member. Staff D stated that if attempts were unsuccessful, they would document the refusal in the progress notes.

During an interview on 02/28/2023 at 11:26am, Staff A, Administrator stated that residents received showers according to their care plans. Administrator stated that when a resident refuses a shower, staff were to attempt 3 times, document the refusal in progress notes and schedule it for the next day. Administrator stated that after 3 unsuccessful attempts, the nurse and family would be notified. When asked if R1 refused showers, Administrator stated she was not aware of any refusals until R1's daughter complained about R1 not getting assistance. In a separate interview on 04/27/2023 at 3:01pm Administrator stated the BA on the flowsheet were for bath aid, and caregivers were to initial when they give residents showers or when they refused.

During an interview on 05/02/2023 at 1:24pm, Staff E, Licensed nurse stated that residents received at least 2 showers a week. Staff E stated that if a resident refused a shower, staff were to reattempt, and failed attempts were to be documented in the progress notes. When asked if R1 refused her showers, Staff E stated she wasn't aware of any refusals. When asked if R2 refused her showers, Staff E stated R2 did. When asked what interventions were in place for refusals, Staff E stated they would continue reproaching.

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, Deer Ridge Memory Care Community 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

RCW 70.129.140 Quality of life -- Rights.

(1) The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

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

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

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure that residents received care and services in a manner that enhances their dignity and quality of life for 2 of 3 sampled residents (Residents 1 &2). This failure placed residents at risk for decrease in dignity and quality of life.

Findings Included…

Resident 1
Record review on 02/28/2023 showed that Resident 1 (R1) admitted to ALF on [redacted]/2022 with diagnoses to include [redacted]. The Resident Negotiated Service Plan dated 02/28/2022 showed that R1 was to be assisted with personal care including toileting and dressing. Further review of the Resident Assistant Record, documentation of care showed the following:
November 2022 record - There was no documentation of care being provided on the following days: 1, 17, 18, 19, 20, 27, and 28. There was no documentation of care being provided on the following evenings: 1, 5, 19, 21, 22, 24, 25, and 27th. There was no documentation of care being provided on the following night: 10th.
December 2022 record: - There was no documentation of care being provided on the following days: 20, 21, 23 through the 30. There was no documentation of care being provided on the following evenings: 4, 6, 20, 21, 22, 24 through the 28, and 30.
January 2023 record - There was no documentation of care being provided for the entire month of January.

Resident 2
Record review on 02/28/2023 showed that Resident 2 (R2) admitted to ALF on [redacted]/2022 with diagnoses to include [redacted]. The Resident Negotiated Service Plan dated [redacted]/2022 showed that R2 was to be assisted with personal care including toileting and dressing. Further review of the Resident Assistant Record, documentation of care showed the following:
November 2022 record - There was no documentation of care being provided on the following days: 2, 5, 6, 16, 18, 19, 20, 21 and 25. There was no documentation of care being provided on the following evenings: 7, 8, 14, 15, 20, 21, 22, 23, 27, and 29.
December 2022 record - There was no documentation of care being provided on the following days: 2, 3, 4, 5, 6, 8, 9, 10, 11, 17, 19 though the 30. There was no documentation of care being provided on the following evenings: 1, 2, 10 through the 16 and 18 through the 28, and the 30.
January 2023 record - There was no documentation of care being provided on the following days: 29. There was no documentation of care being provided on the following evenings: 3, 4, 10, 11, and 23. There was no documentation of care being provided on the following nights: 1, 7, 14, 19, 21, 25, and 29.

During an interview on 02/27/2023 at 2:19pm, Resident 1's Representative (RR1) stated that resident had complained to her that she was alone and that no one was helping her. RR1 stated that they had requested for R1 to be ready for an appointment by 8:15am on [redacted] 2023, but when they arrived, they found R1 in her room trying to dress herself while other residents were eating breakfast. RR1 stated she notified the Administrator, but nothing was done to assist R1and she moved her out of the facility.

During an interview on 03/20/2023 at 1:35pm, Anonymous Staff E stated that residents in the building did not get the care they needed. Staff E stated staff do not take residents to the bathroom, and they end up urinating or defecating on themselves. Staff E stated that some of the caregivers tell residents not to bother asking for help.

During an interview on 05/02/2023 at 1:43pm, Resident 2's Representative (RR2) stated that R2 had greasy hair, dirty clothes on and sometimes had clothes on backward when he visited. RR2 stated he brought up complaints with the Administrator, but nothing changed.

During an interview on 05/02/2023 at 2:32pm, Resident 2's Representative (RR3) stated that R2 would not get changed or was taken care of. RR3 stated that R2 would have dried feces on her pants, or sometimes have pants on backward. RR3 stated she had spoken to staff and told them that the resident needed assistance with personal care.

During an interview on 05/02/2023 at 3:30pm, Staff B, Director of Resident Services stated that staff were to initial that the daily required care was given. Staff B stated this was documented on the Resident Assistant Record. When asked if there was any reason staff did not initial that care was given or refused, Staff B stated she could not think of a reason. Staff B stated that if a resident refused care, staff were to document refusals and communicate in shift report.

During an interview on 05/04/2023 at 11:54am, Staff A, Administrator stated that caregivers were to document daily care given to residents on the Resident Assistant Record. When asked why there was no documentation of care being given or refused for R1 & R2, on multiple days and shifts, Administrator stated there was no explainable reason.

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, Deer Ridge Memory Care Community 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-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;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to notify or consult with the resident representative when a resident refused showers for 1 of 2 sampled residents (Resident 1). This failure resulted in Resident 1 not receiving showers as agreed upon in the negotiated service agreement.

Findings Included…

Record review on 02/28/2023 showed that Resident 1 (R1) admitted to ALF on [redacted]/2022 with diagnoses to include [redacted]. The Resident Negotiated Service Plan dated 02/28/2022 showed that R1 was to receive 2 showers per week with assistance. Further review of records showed that R1 received 2 showers in November 2023, 2 showers in December and no showers in January 2023. Progress notes did not show documentation of refusals or family being contacted.

During an interview on 02/27/2023 at 2:19pm, Resident 1's Representative (RR1) stated that resident had been at the facility for over nine months and her needs were minimal. RR1 stated that whenever she complained about R1 not getting showers, the staff never mentioned that she refused showers. RR1 stated this was a significant change as resident

never refused showers to her knowledge.

During an interview on 02/28/2023 at 11:26am, Staff A, Administrator stated that if a resident refused a shower, staff were to attempt three times and notify family. When asked if R1 refused showers, Administrator stated she was not aware of any refusals until daughter complained. When asked why she did not get showers per care plan, Administrator stated that staff informed her that the resident was able to do her own showers and wanted to do them herself. When asked if that was not considered a refusal, Administrator did not respond.

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, Deer Ridge Memory Care Community 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