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

Kadie Glen Assisted Living LLC
Kadie Glen Assisted Living
451 North Baker Ave
East Wenatchee, WA 98802

RE: Kadie Glen Assisted Living License # 2580

Dear Administrator:

This letter addresses Compliance Determination(s) 28082 (Completion Date 08/10/2023) and 25687 (Completion Date 07/06/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/10/2023 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-3090-1-a, WAC 388-78A-3090-1

The Department staff who did the on-site verification:
Brittney Shull, Community Complaint Investigator

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

Sincerely,

Gwin Kaercher

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Kadie Glen Assisted Living **Provider Type:** Assisted Living Facility

License/Cert.#: 2580
Intake ID: 87086
Compliance Determination #: 25687
Region/Unit #: RCS Region 1 / Unit G
Investigator: Gwin Kaercher
Investigation Date(s): 06/22/2023 through 07/06/2023
Complainant Contact Date(s): 06/27/2023

Allegation(s):

1) Not enough food in the facility.
2) Staff laughed at resident's requests.
3) Staff are not responding to the resident's care needs and requests.
4) A resident has not showered in a month.
5) Call light was left on, unanswered for 3 hours at night.
6) A resident has not seen a physician for months.
7) No menu is provided to residents.

Investigation Methods:

Sample:	Total residents: 62 Resident sample size: 4 Closed records sample size: 1
Observations:	Environment, Residents, Cleanliness of resident rooms and bathrooms, Staff to Resident interaction, Menu location and availability, Dining hall during lunch hours, Laundry services.
Interviews:	Residents, Staff and others not associated with the home.
Record Reviews:	Characteristic Roster, Resident records, Facility policy.

Investigation Summary:

1,7-Observations showed that staff to resident interaction was appropriate. It further showed that a menu was posted near the dining hall and residents were provided lunch with a variety of foods and beverages. Staff interview showed that paper copies of the menu were available upon request for residents. Staff interview showed that dietary accommodations were available. Record review showed that the named resident did not have any weight loss within the last 3 months. 2-Resident interview showed that the person laughing at other residents was not associated with the facility. 3-Observations showed that staff was responsive to the named resident's needs when those needs were made known. Record review and staff interview showed that the named resident has behaviors associated with making complaints regarding care. 4-Record review further showed that the resident has received weekly showers for the past two weeks. 6-It also showed that the resident saw a physician in May. 5-Staff

interview showed that the call light system was tested and functioning properly. Staff interview and record review showed that the resident was educated on when and how to call for assistance. It further showed that the resident was placed on 2-hour checks to improve monitoring. Failed Practice Identified, WAC 388-78A-3090 reference Statement of Deficiencies dated 07/11/2023.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2580	Compliance Determination # 25687
Plan of Correction	Kadie Glen Assisted Living	Completion Date
Page 1 of 4	Licensee: Kadie Glen Assisted Living LLC	07/06/2023

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 06/22/2023, 07/03/2023 and 06/22/2023 of:

Kadie Glen Assisted Living
451 North Baker Ave
East Wenatchee, WA 98802

This document references the following complaint number(s): 83413, 87086, 88288

The following sample was selected for review during the unannounced on-site visit: 4 of 62 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Brittney Shull, Community Complaint Investigator

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.

Gwen Kaercher
Residential Care Services

07/11/2023
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.

Administrator (or Representative)

7/14/23
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;

This requirement was not met as evidenced by:

Based on observation, interview, and record the Assisted Living Facility (ALF) failed to provide a clean and well-maintained environment for 3 of 3 residents (Residents 1, 2, 3) and 1 of 4 common hallway areas near the elevator. This failure placed residents at risk of an unsanitary living environment and a diminished quality of life.

Findings included...

In an observation on 06/22/2023 at 11:26 AM, there was a strong smell of ammonia (urine) in the hallway on the first floor, near the elevator. At 11:36 AM the smell of urine was observed to still be present in the same location. At 12:13 PM the odor was unchanged. Staff A, Administrative Assistant when informed of the odor, opened a door labeled dirty utility and the odor became stronger. Staff A stated that the odor was from the garbage.

Resident 1

In an interview on 06/21/2023 at 9:02 AM, Collateral Contact 1 (CC1), Resident's Representative, stated that the toilet never worked in Resident 1's bathroom for the entirety of the five years they resided at the ALF. They further stated that despite numerous maintenance requests, Resident 1 continued to have problems with the toilet leaking. CC1 also stated that the air conditioner did not work.

A review of records dated 06/12/2022 and 09/01/2022 showed that Resident 1 was dependent for housekeeping needs and that staff was to check on the resident every two hours for bathroom cleanliness.

In an observation on 06/22/2023 at 11:28 AM in Resident 1's unoccupied room, there was a strong smell of urine. The toilet in the bathroom had dark yellow liquid which appeared to be urine. The floor surrounding the toilet was discolored brown which extended 3 inches out from the toilet. The air conditioner was turned to the coolest setting with the fan on high upon entering the room. The air from the AC felt warm to the touch. The room

did not contain a thermostat with numerical temperature settings.

In an interview on 06/22/2023 at 11:28 AM, Staff A, Administrative Assistant, acknowledged the urine in the toilet and the discolored linoleum. Staff A was unable to say why the floor was not previously replaced for Resident 1.

In an interview on 06/22/2023 at 11:49 AM, Staff B, Maintenance, stated that they were aware of complaints of the toilet leaking and thought Resident 1 had frequently missed the toilet. He further stated that they had replaced all toilets in the facility and that they were in the process of turning over the room and planned to replace the bathroom floor.

Resident 2

An observation on 06/22/2023 at 12:48 PM, Resident 2 was heard on a hallway telephone, "I threw up in my room two nights ago on the carpet and it is still there."

During a concurrent observation and interview on 06/22/2023 at 12:50 PM of Resident 2's room showed a dried multicolored matter on the carpet of tan and pink colors. The Resident stated it was their vomit from two nights ago and they had requested staff to help clean it up, but it had not been done.

Record review of a document titled, "Assessment and Care Plan," dated 04/10/2023, showed that Resident 2 required housekeeping once a week and as needed.

Resident 3

Record review of a document titled "Resident Needs Assessment," dated 06/02/2023 showed that Resident 3 required assistance with housekeeping.

An observation on 06/22/2023 at 12:02 PM showed a strong smell of chlorine (bleach) in Resident 3's room. Resident 3's bed was unmade with sheets and blankets hanging off the mattress and the mattress exposed.

In an interview on 06/22/2023 at 12:02 PM, Resident 3 stated that they were sorry their room smelled of bleach, that it had smelled of urine prior to that because they accidently dumped the urine (from a containment device) in the wrong spot due to their limited vision. They further stated that their room gets cleaned once a week by staff, but they have to clean the toilet more often themselves. They lastly stated that their mattress smelled of urine and had been waiting to get it replaced for months.

In an interview on 06/22/2023 at 1:21 PM, Staff C, Director of Nursing, stated that they

Statement of Deficiencies	License #: 2580	Compliance Determination # 25687
Plan of Correction	Kadie Glen Assisted Living	Completion Date
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were aware that Resident 3 had bought bleach and cleaned their own bathroom previously and the ALF would need to address it.

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, Kadie Glen Assisted Living is or will be in compliance with this law and / or regulation on (Date) 7/11/23.

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

Administrator (or Representative) — Date 7/14/23