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) 32595 (Completion Date 11/14/2023) and 29539 (Completion Date 10/05/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/14/2023 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-2620-2-a, WAC 388-78A-2620-2-b, WAC 388-78A-2462-2-b, WAC 388-78A-2466-1-a, WAC 388-78A-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-112A-0550-2-b, WAC 388-78A-2450-3-d-i-A

The Department staff who did the on-site verification:
Elaine Lopez, Licensor
Anna Cairns, ALF Long Term Care Surveyor

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

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

Licensee: 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:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 10/05/2023 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Gwin Kaercher, Field Manager
Residential Care Services
Region 1, Unit G
1200 Alder Street
Union Gap, WA 98903

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

You May:

• Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

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)208-5231.

Sincerely,

Gwin Kaercher

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

Enclosure

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

Statement of Deficiencies	License #: 2580	Compliance Determination #:29539
Plan of Correction	Kadie Glen Assisted Living	Completion Date
Page 3 of 10	Licensee: Kadie Glen Assisted Living LLC	10/05/2023

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

The department completed data collection for the unannounced on-site full inspection and complaint investigation on 09/19/2023, 09/18/2023, 09/20/2023 and 09/21/2023 of:

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

This document references the following complaint numbers: 98806, 95744, 95282.

The following sample was selected for review during the unannounced on-site visit: 9 of 63 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor
Elaine Lopez, Licensor
Tracy Ramirez, Assisted Living Facility Licensor
Jessica Clapp, Assisted Living Facility Licensor

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

10/10/2023
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) — Date: 10/19/23

WAC 388-76A-2220 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 6 of 9 resident pets (Resident 5, 7, 10, 11, 13, 15), who lived in the facility, had current immunizations by a licensed Veterinarian (Vet). This failure placed residents living in the facility at risk for exposure to transmittable diseases.

Findings included ..

On 09/18/2023 at 11:00 AM during the entrance conference with Staff E, Administrative Assistant, they stated that there were nine residents with either a cat or a dog that lived in the ALF.

Pet records were reviewed with Staff E on 09/20/2023 at 1:00 PM. Staff E stated that they were responsible for tracking resident pet records.

Record review of Resident 6's vaccination certificate and the yearly Vet exam for their cat showed that the rabies vaccine expired on 06/17/2023.

Record review of Resident 7's vaccination certificate and the yearly Vet exam for their dog showed that the rabies vaccine expired on 07/02/2023.

Record review of Resident 10 and Resident 13's cat records showed that the ALF did not have current vaccination certificates and or yearly Vet exams for their cats.

Record review of Resident 11's vaccination certificate and the yearly Vet exam for their dog showed that the rabies vaccine expired on 08/12/2023.

Record review of Resident 15's vaccination certificate and the yearly Vet exam for their cat showed that the rabies vaccine expired on 07/27/2023.

On 09/20/2023 at 1:00 PM Staff E acknowledged that current Vet exams and vaccinations were not up to date and or missing for Resident 5, 7, 10, 11, 13, and 15's pets.

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) 11/08/23.

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

Administrator (or Representative) — Date 10/19/23

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

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

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 new hire staff (Staff B), completed their national fingerprint background check after they were hired by the ALF. This failure placed residents living in the ALF at risk of being cared for by unqualified staff.

Findings included...

Staff records were reviewed with Staff E, Administrative Assistant, on 09/20/2023 at 1:00 PM. Staff E stated they were responsible for tracking and submitting background and fingerprint checks.

Staff B's business file showed that they were hired at the ALF as the Licensed Practical Nurse (LPN) on 10/20/2020. The business file showed that the ALF did not have a National fingerprint background check.

Staff E stated that the ALF did not have a National fingerprint background check and was unsure why Staff B had not completed the fingerprint requirement.

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) 9/27/23

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

Administrator (or Representative) — Date 10/9/23

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 Assisted Living Facility (ALF), failed to ensure 1 of 3 staff (Staff A), who had worked at the facility for more than three years, had resubmitted their Washington state name and date of birth background check. This failed practice placed residents living in the facility at risk of being cared for by an unqualified care staff.

Findings included...

Staff records were reviewed with Staff E, Administrative Assistant, on 09/20/2023 at 1:00 PM. Staff E stated they were responsible for submitting and tracking employee requirements.

Staff A's business file showed that Staff A, Administrator, was hired as the administrator on 03/22/2016.

Staff A's business file showed the last Washington state name and date of birth background check was completed on 02/07/2021 and had an expired date of 02/07/2023.

Staff A's business file showed there was no valid Washington state name and date of birth background check in the file.

Staff E stated that they were late with obtaining Staff A's two-year background check.

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) 9/27/23

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

Administrator (or Representative) 10/19/23 Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 new hire staff (Staff D), received their initial and second Tuberculosis (TB) skin tests within the time frame requirements. This failure placed residents living in the ALF at risk of a communicable disease.

Findings included...

Staff records were reviewed with Staff E, Administrative Assistant, on 09/20/2023 at 1:00 PM. Staff E stated they were responsible for submitting and tracking employee requirements.

Staff D's business file showed that they were hired by the ALF on 05/22/2023 as a caregiver.

Staff D's business file showed that the initial TB skin test was completed on 06/01/2023, 10 days after their date of hire and not three days as required.

Staff D's business file also showed that the second TB skin test was completed on 06/29/2023, four weeks after the first test, and not one to three weeks as required.

Staff E stated that Staff B, Licensed Practical Nurse (LPN), was responsible for completing TB skin tests on staff and that they were unsure why the TB skin tests were late.

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) 9/22/23.

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

Administrator (or Representative) — Date 10/19/23

WAC 388-78A-2450 Staff.

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(A) Training required by chapter 388-112A WAC;

WAC 388-112A-0550 Who is required to complete nurse delegation core training and nurse delegation specialized diabetes training and by when?

(2) Before long-term care workers in adult family homes and assisted living facilities may

perform the task of insulin injections, the long-term care workers must:

(b) Successfully complete the DSHS designated specialized diabetes nurse delegation training.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 staff (Staff F), had their nurse delegation specialized diabetes training certificate (certificate to do insulin injections). This failed practice placed residents in the ALF at risk of being cared for by unqualified staff.

Findings included...

NOTE: WAC 388-112A-0550 Who is required to complete nurse delegation core training and nurse delegation specialized diabetes training and by when?
(4) Before long-term care workers in adult family homes and assisted living facilities may perform the task of insulin injections, the long-term care workers must:

(b) Successfully complete the DSHS designated specialized diabetes nurse delegation training.

Staff records were reviewed with Staff E, Administrative Assistant, on 09/20/2023 at 1:00 PM. Staff E stated they were responsible for submitting and tracking employee requirements.

Staff F's business file showed they were hired on 07/18/2022 as a caregiver. Staff F's business file did not contain the DSHS specialized diabetes nurse delegation training certificate.

Staff E, stated that they were sure that Staff F had completed the specialized diabetes training although could not find the certificate.

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) 11/10/23.

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

Statement of Deficiencies	License #: 2580	Compliance Determination # 29539
Plan of Correction	Kadie Glen Assisted Living	Completion Date
Page 10 of 10	Licensee: Kadie Glen Assisted Living LLC	10/05/2023

Administrator (or Representative)

10/19/23
Date