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 Special Care Community LLC
The Cottages of Spokane
6930 N Nevada St
Spokane, WA 99208

RE: The Cottages of Spokane License # 2591

Dear Administrator:

This letter addresses Compliance Determination(s) 24918 (Completion Date 06/07/2023) and 22243 (Completion Date 04/18/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/07/2023 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-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2120-1, WAC 388-78A-2130-2, WAC 388-78A-2150-1, WAC 388-78A-2300-2-a, WAC 388-78A-2300-2-a-i, WAC 388-78A-2300-2-a-ii, WAC 388-78A-2300-2-a-iii, WAC 388-78A-2305-2, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2320-1, WAC 388-78A-2320-2-b

The Department staff who did the on-site verification:
Antonietta Lettieri-Parkin, Long Term Care Surveyor

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
4517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Spokane Special Care Community LLC
The Cottages of Spokane
6930 N Nevada St
Spokane, WA 99208

RE: The Cottages of Spokane # 2591

Dear Administrator:

This document references the following complaint numbers 76856.

The Department completed a full inspection of your Assisted Living Facility on 04/18/2023 and found that your facility does not meet the Assisted Living Facility requirements.

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

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

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

Jessica Salquist, Field Manager
Residential Care Services

Region 1, Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

- Complete correction(s) within 46 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-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.

The facility failed to ensure they had documentation to support five staff were screened for tuberculosis (TB) The facility updated their TB form during the inspection to clearly demonstrate TB testing procedures of staff.

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

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

If You Have Any Questions:
• Please contact me at (509)370-9680

Sincerely,

Jessica Salquist, Field Manager
Region 1, Unit B
Residential Care Services

Enclosure

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 # 2591	Compliance Determination # 22243
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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 04/10/2023, 04/11/2023, 04/12/2023, 04/13/2023 and 04/14/2023 of:

The Cottages of Spokane
6930 N Nevada St
Spokane, WA 99208

This document references the following complaint numbers: 76858.

The following sample was selected for review during the unannounced on-site visit: 7 of 56 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility.

Antonietta Letteri-Parkin, Long Term Care Surveyor
Ann Demakas, LTC 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.

J Salquist
Residential Care Services

04/26/2023
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.

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Collette Kothbauer
Administrator (or Representative)

5/4/23
Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver, and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression,

(b) Ability to make self understood, and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence, and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

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(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to have a system in place to complete a full assessment within 14 days of the residents' admission date for 6 of 7 residents (Residents 1, 2, 3, 4, 5, and 6). This deficient practice placed residents at risk of unmet care needs.

Findings included...

<Resident 1>

Review of Resident 1's face sheet dated 06/22/2022 showed the resident was admitted to the facility on [redacted]/2021.

Review of Resident 1's assessment dated 11/04/2021 was documented as a 30-day assessment. The 30-day assessment was completed 15 days past the 14-day requirement.

<Resident 2>

Review of Resident 2's face sheet dated 02/26/2023 showed the resident was admitted to the facility on [redacted]2021.

Review of Resident 2's assessment dated 12/27/2021 was documented as a 30-day assessment. The 30-day assessment was completed 20 days past the 14-day requirement.

<Resident 3>

Review of Resident 3's face sheet dated 03/30/2022 showed the resident moved into the facility on [redacted]/2022.

Review of Resident 3's assessment dated 04/11/2022 was documented as a 30-day assessment. The 30-day assessment was completed 18 days past the 14-day requirement.

<Resident 4>

Review of Resident 4's face sheet dated 02/25/2023 showed the resident moved into the facility on [redacted]2022.

Review of Resident 4's assessment dated 02/03/2023 was documented as a 30-day assessment. The 30-day assessment was completed 24 days past the 14-day requirement.

<Resident 5>

Review of Resident 5's face sheet dated 04/13/2023 showed the resident moved into the facility on [redacted]2023.

Review of Resident 5's facility file on 04/13/2023 showed it did not contain a full assessment.

In an interview on 04/13/2023 at 10:13 AM, Staff F, Executive Director, stated Resident 5 did not have a full assessment completed as Staff G, Director of Nursing, was still working on it.

<Resident 6>

Review of Resident 6's face sheet dated 01/03/2023 showed the resident was admitted to the facility on [redacted]2022.

Review of Resident 6's assessment dated 01/24/2023 was documented as a 30-day assessment. The 30-day assessment was completed 24 days past the 14-day requirement.

In an interview on 04/11/2023 at 2:43 PM, Staff G, Director of Nursing, stated that full assessments were done at 30 days based on the pre-admission assessment. Staff G stated that was how assessments were set to be completed in the facility's system.

In an interview on 04/13/2023 at 8:27 AM, Staff F stated their corporate office informed Staff F that because their assessments were done at 30 days, the facility was "covered" for meeting the 14-day requirement. Staff F could not elaborate on how that met the requirement.

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I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, The Cottages of Spokane is or will be in compliance with this law and / or regulation on (Date) 5/31/23.

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

Collette Kottbauer — Administrator (or Representative)

5/4/23 — Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to perform monitoring of daily weights and blood sugar management for 1 of 7 residents (Resident 2). This deficient practice placed the resident at risk of health complications.

Findings included...

Review of Resident 2's negotiated service agreement (NSA), dated 11/10/2021 and revised on 05/30/2022, showed the resident was diagnosed with [redacted] and [redacted].

Daily weights

Review of Resident 2's progress notes dated 01/05/2023 at 6:59 AM, showed the resident had [redacted]. The progress note documentation from Staff H, Resident Care Coordinator (RCC) further showed Resident 2's primary care provider changed the resident's medications and placed them on daily weight monitoring.

Review of Resident 2's February 2023 medication administration record, (MAR), showed the daily weights were not taken on 02/09/2023, 02/10/2023, 02/17/2023 and 02/18/2023.

Review of Resident 2's March 2023 MAR showed the daily weights were not taken on 03/04/2023 and 03/13/2023.

Blood sugar checks

Review of a treatment order dated 11/01/2022, showed Resident 2 required blood sugar checks four times per day. Resident 2 was prescribed "Accu-Chek Guide test strips miscellaneous strip" for the blood sugar checks.

On 04/10/2023 at 11:40 AM, Staff B, Med Tech, was observed performing a finger prick blood sugar check with a test strip on Resident 2. Staff B stated Resident 2 required sliding scale, (varying doses of insulin) based on the resident's blood glucose (sugar) level

Review of Resident 2's February 2023 MAR showed the resident's blood sugar checks were not taken one of the four times as ordered on 02/13/2023 and 02/26/2023.

Review of Resident 2's March 2023 MAR showed the resident's blood sugar checks were not taken one of the four times as ordered on 03/06/2023 and 03/19/2023.

Review of Resident 2's April 2023 MAR showed the resident's blood sugar checks were not taken one of the four times as ordered on 04/03/2023, 04/06/2023 and 04/10/2023.

In an interview on 04/12/2023 at 12:37 PM, Staff G, Director of Nursing, stated the blood sugar measurement from the blood sugar checks was entered into the facility's electronic system to determine the amount of insulin needed for administration to Resident 2.

In an interview on 04/12/2023 at 3:30 PM, Staff F, Executive Director stated they would have to put a new system in place to check the MAR to ensure weights and blood sugar checks were done.

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, The Cottages of Spokane is or will be in compliance with this law and / or regulation on (Date) 5/31/23.

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

Collette Kothbauer
Administrator (or Representative)

5/4/23
Date

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WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the negotiated service agreements (NSAs) were completed within thirty days of admission for 2 of 7 residents (Residents 4 and 5). This failure resulted in resident's NSAs not being timely and representing resident's needs.

Findings included...

Review of Resident 4's face sheet dated 02/25/2023, showed the resident moved into the facility on [redacted]2022. The face sheet further showed Resident 4 had a [redacted] and [redacted] and [redacted]

Review of Resident 4's NSA dated 02/09/2023, showed it was completed seven days past the thirty day requirement.

Review of Resident 5's undated face sheet showed Resident 5 moved into the facility on [redacted]2023. The face sheet further showed they had a diagnosis of [redacted].

Review of Resident 5's admission orders dated 01/23/2023 showed the resident had a special diet order, Consistent Carbohydrate (a diabetic diet focused on eating the same amount of carbohydrates at meals throughout the day to avoid blood sugar spikes)

Further review of Resident 5's initial service plan dated 02/09/2023 showed the resident was on a regular diet with no restrictions.

In an interview on 04/13/2023 at 10:13 AM, Staff F, Executive Director, stated Staff G was still working on Resident 5's assessment and subsequent NSA that was generated from the assessment.

In an interview on 04/13/2023 at 10:15 AM, Staff G, Director of Nursing, stated Resident 5 had a diabetic diet ordered in the facility's electronic system, despite Resident 5's initial service plan documenting Resident 5 was on a regular diet.

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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, The Cottages of Spokane is or will be in compliance with this law and / or regulation on (Date) 5/31/23.

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

Collette Kathbauer
Administrator (or Representative)

5/4/23
Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the resident, or their representative agreed to and signed their negotiated service agreement (NSA) for 1 of 7 residents (Resident 1). This placed residents at risk of not participating in the care planning process.

Findings included...

Review of Resident' 1's NSA dated on 09/27/2021 and revised on 01/13/2021 and 08/08/2022, did not contain signature(s) by the resident or their representative to indicate the care and services were agreed upon.

In an interview on 04/11/2023 at 2:18 PM, Staff G, Director of Nursing, stated they emailed or had representatives sign the NSAs when they came to visit. Staff G did not state how the plan was negotiated with resident or representative.

In an interview on 04/14/2023 at 1:32 PM, Staff G stated Resident 1's family had been called but the facility did not have the signature yet. Staff G did not have documentation to support contacting the family

Plan/Attestation Statement

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I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, The Cottages of Spokane is or will be in compliance with this law and / or regulation on (Date) 5/31/23 .

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

Collette Knotthauer — Administrator (or Representative)

5/4/23 — Date

WAC 388-78A-2300 Food and nutrition services.

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(i) Available to and used by staff persons responsible for food preparation,

(ii) Approved by a dietitian; and

(iii) Reviewed and updated as necessary or at least every five years.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure a resident received a specialized diet as ordered by their physician for 1 of 7 residents (Resident 5). This failed practice placed residents at risk for complications related to their chronic health condition.

Findings included...

Review of Resident 5's initial service plan dated 02/09/2023, showed the resident was diagnosed with Type 2 [redacted].

Review of Resident 5's admission orders dated [redacted]2023, showed the resident had a special diet order, Consistent Carbohydrate (a diabetic diet focused on eating the same amount of carbohydrates at meals throughout the day to avoid blood sugar spikes).

Further review of Resident 5's initial service plan dated 02/09/2023, showed the resident was on a regular diet with no restrictions.

In an interview on 04/11/2023 at 11:42 AM, Staff M, Caregiver in Resident 5's cottage, stated there was one resident who had a special diet, a mechanical soft diet, and the remainder of the residents were on regular diets.

Observation on 04/11/2023 at 11:45 AM, showed Resident 5 was served two fists sized portions of pasta, a goulash topping, a roll the size of a fist, and cauliflower. Resident 5 ate their meal in its entirety.

Observation on 04/12/2023 at 11:55 AM, showed Resident 5 was served the same meal and same portion size as the other residents that included two fists sized portions of chicken bacon pasta casserole, a roll the size of a fist, and wax beans.

In an interview on 04/13/2023 at 8:27 AM, Staff F, Executive Director, stated if a consistent carbohydrate diet was ordered for a resident, the facility would provide it.

In an interview on 04/13/2023 at 10:15 AM, Staff G, Director of Nursing, stated Resident 5 had a diabetic diet ordered in the facility's electronic system. When informed of the observations of Resident 5's meals and the lack of staff knowledge of Resident 5's diet, Staff G stated they would talk to Staff E, Dietary Manager. Staff F joined the interview at that time and stated staff would not know about resident diets as the meals were plated in the kitchen. Staff G further stated the other facility cook, who plated the observed meals, provided large portions.

In an interview on 04/14/2023 at 10:07 AM, Staff E stated they did not provide consistent controlled diets and did not have any residents on that diet.

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, The Cottages of Spokane is or will be in compliance with this law and / or regulation on (Date) 5/31/23.

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

Collette Kothbauer — Administrator (or Representative)

5/4/23 — Date

WAC 388-78A-2306 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure employees working, or who could work as food service workers, maintained a current food worker card. This placed residents at increased risk of food borne illness.

Findings included...

Observation on 04/10/2023 at 12:05 PM showed Staff D, Caregiver, serving lunch plates to residents.

Review of Staff D's personnel file on 04/11/2023 showed Staff D's food worker card expired on 08/13/2022.

In an interview on 04/11/2023 at 8:58 AM, Staff F, Executive Director confirmed Staff D's food worker card expired and Staff D was taking their food safety training on that date.

Review of Staff F's personnel file showed their food worker card expired 05/172017.

In an interview on 04/11/2023 at 10:10 AM, Staff F stated they did not realize their food worker card was not current.

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, The Cottages of Spokane is or will be in compliance with this law and / or regulation on (Date) 5/31/23.

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

Collette Hatthauer — Administrator (or Representative)

5/4/23 — Date

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

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing

for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure a resident received blood sugar monitoring and insulin administration by a qualified staff or through the nurse delegation (ND) process for 1 of 7 residents (Resident 2). This placed residents at risk for unmet care needs and health complications.

Findings included...

Per WAC 246-840-010(12) "Delegation" means the licensed nurse transfers the performance of selected nursing tasks to competent individuals in selected situations. The nurse delegating the task is responsible and accountable for the nursing care of the resident. The nurse delegating the task supervises the performance of the unlicensed person. Delegation in community settings is defined by WAC 246-840-910 through 246-840-970.

Per WAC 246-840-930 Criteria for delegation. (1) Before delegating a nursing task, the Registered Nurse Delegator must determine that it is appropriate to delegate based on the elements of the nursing process: Assess, Plan, Implement and Evaluate.

The Nurse Delegation Program, under Washington State law, allows nursing assistants (NAs) and Home Care Aides (HCAs) working in certain settings to perform certain tasks such as injecting insulin, blood sugar testing and eye drop administration normally performed only by licensed nurses. A Registered Nurse must teach and supervise NAs and HCAs, as well as provide nursing assessments of the resident's condition. Nurse Delegation is specific to each resident, each caregiver, and each task. Documentation must be specific as listed in WAC 246-840-930.

Review of the facility's 03/2017 Disclosure of Services, shows the facility provides intermittent nursing services including the use of nursing assistants under the delegation of a registered nurse to provide some authorized nursing services.

In an interview on 04/10/2023 at 11:47 AM, Staff B, Med Tech, stated they became employed at the facility three months prior and that they were not scheduled to go through nurse delegation training in May 2023. Staff B stated that they were delegated at a previous facility but had not been delegated at this facility yet. Staff B stated they did blood sugar checks and provided sliding scale insulin injections to Resident 2.

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Observation on 04/10/2023 at 11:55 AM, showed Staff B administered an insulin injection in Resident 2's abdomen, using an insulin injection pen.

Review of the facility's nurse delegation documentation for Resident 2 showed 17 staff members listed as nurse delegated. None of the 17 staff members had the required observation, verbal description, and return demonstration for competency. The nurse delegation document was dated 03/15/2023 with a return visit documented for 05/15/2023. The nurse delegator did not sign the document.

In an interview on 04/11/2023 at 11:46 AM, when asked about nurse delegation for the medication technicians, Staff J, Med Tech, stated that they had been delegated at another facility. Staff J stated when they began employment at this facility, they went through, "sheets," but there was no observation, verbal description or demonstration specific for each residents' delegated task.

In an interview on 04/12/2023 at 2:00 PM, Staff F, Executive Director, stated they had a new temporary nurse delegator who assumed delegation from the previous delegator in December 2022. Staff F stated that the nurse delegator was scheduled to return next month.

In an interview on 04/13/2023 at 1:24 PM, Collateral Contact 1 (CC1) explained that they had assumed delegation from the previous contracted nurse delegator. They stated they reviewed the credentials of the medication technicians but had not had an opportunity to observe any delegated tasks by the medication techs. CC1 stated they would be at the facility in a month to "put eyes on and see demonstrations to see who works out."

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, The Cottages of Spokane is or will be in compliance with this law and / or regulation on (Date) 5/31/23.

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

Collette Kathbauer — Administrator (or Representative)

5/4/23 — Date