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

08/01/2025

Greenlake Management Prosser, LLC
Amber Hills Assisted Living
125 N Wamba Rd
Prosser, WA 99350

RE: Amber Hills Assisted Living # 2616

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 63271 (Completion Date 08/01/2025) and 61003 (Completion Date 06/12/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/01/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
**WAC 388-78A-2474 Training and home care aide certification requirements.**

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

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

(5) Under RCW 18.88B.041 and chapter 246-980 WAC, certain individuals including registered nurses, licensed practical nurses, certified nursing assistants, or persons who are in an approved certified nursing assistant training program are exempt from long-term care worker basic training requirements. Continuing education requirements under chapter 388-112A WAC still apply to these individuals, except for registered nurses and licensed practical nurses.

The Department staff who did the On Site verification:
Elaine Lopez, Licensor

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

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF 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***



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 06/12/2025 of:

Amber Hills Assisted Living
125 N Wamba Rd
Prosser, WA 99350

This document references the following SOD dated: 06/12/2025

The following sample was selected for review during the unannounced on-site visit: 4 of 36 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Elizabeth Hall, AFH/ALF 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.

Laura Williams-Davis
Residential Care Services

06/25/2025
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)

6.27.2025
Date

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

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(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

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(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

(5) Under RCW 18.88B.041 and chapter 246-980 WAC, certain individuals including registered nurses, licensed practical nurses, certified nursing assistants, or persons who are in an approved certified nursing assistant training program are exempt from long-term care worker basic training requirements. Continuing education requirements under chapter 388-112A WAC still apply to these individuals, except for registered nurses and licensed practical nurses.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure that staff who worked as long-term care workers obtained cardiopulmonary resuscitation and first aid training for 2 of 5 staff (Staff K and L). These failures placed residents at risk of receiving care from untrained staff.

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-2474 Training and home care aide certification requirements.**

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(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

(5) Under RCW 18.88B.041 and chapter 246-980 WAC, certain individuals including registered nurses, licensed practical nurses, certified nursing assistants, or persons who are in an approved certified nursing assistant training program are exempt from long-term care worker basic training requirements. Continuing education requirements under chapter 388-112A WAC still apply to these individuals, except for registered nurses and licensed practical nurses.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure that staff who worked as long-term care workers obtained cardiopulmonary resuscitation and first aid training for 2 of 5 staff (Staff K and L). These failures placed residents at risk of receiving care from untrained staff.

| Statement of Deficiencies | License #: 2615 | Compliance Determination #61003 |
|---|---|---|
| Plan of Correction | Amber Hills Assisted Living | Completion Date |
| Page 3 of 3 | Licensee: Greenlake Management Prosser, LLC | 06/12/2025 |

Findings included...

Review of the personnel file for Staff K, Caregiver, showed a hire date of 08/27/2024. Staff K's file showed a CPR (cardiopulmonary resuscitation) and first-aid training certificate from an online course that did not include a hands-on skills demonstration test. Staff K's file showed that they did not have a valid CPR or first-aid training certificate.

Review of the personnel file for Staff L, Caregiver, showed a hire date of 09/10/2022. Staff L's file showed a CPR and first-aid training certificate from an online course that did not include a hands-on skills demonstration test. Staff L's file showed that they did not have a valid CPR or first-aid training certificate.

In an interview on 06/12/2025 at 10:29 AM, Staff N, Administrator, stated that they were not aware of the CPR training requirement for hands on skills demonstration testing.

In an interview on 06/12/2025 at 12:21 PM, Staff N stated that Staff K and Staff L had been working as caregivers at the facility since their hire dates.

This is an uncorrected deficiency previously cited on 04/17/2025 for subsection (2)(d).

**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, Amber Hills Assisted Living is or will be in compliance with this law and / or regulation on (Date) 7.25.2025

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

Thomas McDaniel 6.27.2025

Administrator (or Representative) Date

Findings included…

Review of the personnel file for Staff K, Caregiver, showed a hire date of 08/27/2024. Staff K's file showed a CPR (cardiopulmonary resuscitation) and first-aid training certificate from an online course that did not include a hands-on skills demonstration test. Staff K's file showed that they did not have a valid CPR or first-aid training certificate.

Review of the personnel file for Staff L, Caregiver, showed a hire date of 09/10/2022. Staff L's file showed a CPR and first-aid training certificate from an online course that did not include a hands-on skills demonstration test. Staff L's file showed that they did not have a valid CPR or first-aid training certificate.

In an interview on 06/12/2025 at 10:29 AM, Staff N, Administrator, stated that they were not aware of the CPR training requirement for hands on skills demonstration testing.

In an interview on 06/12/2025 at 12:21 PM, Staff N stated that Staff K and Staff L had been working as caregivers at the facility since their hire dates.

This is an uncorrected deficiency previously cited on 04/17/2025 for subsection (2)(d).

**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, Amber Hills Assisted Living is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

STATE OF WASHINGTON

# DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

***1200 Alder Street, Union Gap, WA 98903***



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 04/14/2025, 04/15/2025, 04/16/2025 and 04/17/2025 of:

Amber Hills Assisted Living
125 N Wamba Rd
Prosser, WA 99350

This document references the following complaint numbers: 174296, 173935, 174953.

The following sample was selected for review during the unannounced on-site visit: 7 of 34 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Elizabeth Hall, AFH/ALF Licensor
Elaine Lopez, 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.

Laura Williams-Davis
Residential Care Services

05/01/2025
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.

Thomas McDonald
Administrator (or Representative)

5-2-2025
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:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

(c) Initial and on-going assessments of the nursing needs of each resident.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure the Registered Nurse Delegator assessed each resident who received delegated task assistance from facility staff every 90 days for 2 of 2 residents (Residents 3 and 5). Additionally, the facility failed to ensure that residents who received delegated tasks were initially assessed by the Registered Nurse Delegator for 2 of 2 residents (Resident 1 and 6). This failure placed residents at risk of having their medication administered incorrectly.

Findings included...

Review of Washington Administrative Code (WAC) 246-840-930, titled, "Criteria for delegation" showed that the Registered Nurse Delegator (RND) was to assess the

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-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:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

(c) Initial and on-going assessments of the nursing needs of each resident;

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure the Registered Nurse Delegator assessed each resident who received delegated task assistance from facility staff every 90 days for 2 of 2 residents (Residents 3 and 5). Additionally, the facility failed to ensure that residents who received delegated tasks were initially assessed by the Registered Nurse Delegator for 2 of 2 residents (Resident 1 and 6). This failure placed residents at risk of having their medication administered incorrectly.

Findings included…

Review of Washington Administrative Code (WAC) 246-840-930, titled, “Criteria for delegation,” showed that the Registered Nurse Delegator (RND) was to assess the

resident for the need and appropriateness for each delegated task initially and every 90 days.

Review of the facility's Disclosure of Services, undated, showed that medication administration would be provided by delegated staff.

In an interview on 04/14/2025 at 9:15 AM, Staff A, Licensed Practical Nurse (LPN)/Health Service Director, stated that the facility offered nurse delegation services and the nurse delegator office was out of town and possibly out of state.

<Resident 1>

Review of the facility's undated characteristic roster, showed that Resident 1 moved into the facility on [redacted]/2024.

Review of Resident 1's facility's full assessment, dated 09/09/2024, showed that the resident had a diagnosis of [redacted] and required total medication assistance.

Review of Resident 1's Negotiated Service Agreement (NSA), dated 02/03/2025, showed that the resident had a diagnosis of [redacted]. The NSA showed that the resident required total assistance with their medication.

Review of Resident 1's January 2025 Medication Administration Record (MAR) showed that the resident had a doctor's order for Capillary Blood Glucose's (finger stick blood sugar level test [CBG]), once daily. The January 2025 MAR showed that the Medication Technician's (MTs) checked Resident 1's CBG once daily, from 01/13/2025 through 01/31/2025.

Review of Resident 1's February 2025 MAR showed that the MTs checked the residents CBG once daily, from 02/01/2025 through 02/28/2025.

Review of Resident 1's March 2025 MAR showed that the MTs checked the residents CBG once daily, from 03/01/2025 through 03/31/2025.

Review of Resident 1's April 2025 MAR showed that the MTs checked the residents CBG once daily, from 04/01/2025 through 04/14/2025.

Review of the facility delegation binder showed that Resident 1 did not have an assessment completed by the RND for delegated tasks.

In an interview on 04/16/2025 at 9:42 AM, Staff J, MT, stated that the MT's administered the CBGs for Resident 1.

In an interview on 4/16/2025 at 11:36 AM, Staff A stated that they were aware that the MT's were completing the CBGs for Resident 1. Staff A stated that they had not realized that Resident 1 had not been delegated by the RND.

<Resident 3>

Review of the facility's updated characteristic roster, showed that Resident 3 moved into the facility on [redacted]/2021.

Review of Resident 3's facility's full assessment, dated 04/12/2025, showed that the resident had a diagnosis of [redacted] and required medication administration.

Review of Resident 3's NSA, dated 04/13/2025, showed that the resident had a diagnosis of [redacted]. The NSA showed that Resident 3 required nurse delegation for their medication including CBGs and administration of insulin (an injected medication used to control blood sugar).

Review of Resident 3's January 2025 MAR showed that the resident had an order for Basaglar (a long-acting injected medication used to control blood sugars) once a day; Insulin Lispro (a fast-acting injected medication used to lower blood sugars) twice daily; and CBGs twice a day. The January 2025 MAR showed that the MTs administered Resident 3's injectable medications and CBGs from 01/13/2025 through 01/31/2025.

Review of Resident 3's February 2025 MAR showed that the MTs administered the resident's injectable medications from 02/01/2025 through 02/28/2025.

Review of Resident 3's March 2025 MAR showed that the MTs administered the resident's injectable medications and CBGs, from 03/01/2025 through 03/31/2025.

Review of Resident 3's April 2025 MAR showed that the MTs administered Resident 3's injectable medications and CBGs from 04/01/2025 through 04/14/2025.

Review of the facility's delegation binder showed that Resident 3 had last been assessed by the RND on 11/20/2024. The Nurse Delegation Nursing visit summary form showed that the next nursing visit by the RND was due 02/20/2025. As of 04/17/2025, Resident 3's record did not show that a current assessment had been completed by the RND.

In an interview on 04/16/2025 at 9:42 AM, Staff J, stated that the MT's performed the CBG and administered the insulin injections for Resident 3.

In an interview on 04/16/2025 at 11:36 AM, Staff A stated that they had been trying to get ahold of the RND but were unable to reach them.

<Resident 5>

Review of the facility's undated characteristic roster, showed that Resident 5 moved into the facility on [redacted] 2024.

Review of Resident 5's facility's full assessment, dated 4/12/2025, showed that the resident had a diagnosis of [redacted]. The assessment showed that the resident required insulin injections and nurse delegation.

Review of Resident 5's NSA, dated 4/13/2025, showed that the resident had a diagnosis of [redacted] and required total medication assistance. The NSA showed that Resident 5 required MTs that were nurse delegated for insulin and CBGs. Review of the facility delegation binder showed that Resident 5 had an Assumption of Delegation form, dated 08/28/2024. Resident 5's record also had two forms titled Nurse Delegation Nursing visit, both dated 08/28/2024. The first form was for the delegation of frequent CBG and subcutaneous (SC) insulin administration. The second form was for administration of oral and as needed medications, CBG checks and insulin administration for treatment of diabetes. Review of Resident 5's record showed that the facility did not have additional RND assessments and/or documentation every 90 days as required.

Review of Resident 5's January 2025 MAR showed that the resident had a doctor's order for Victoza 1.8 Milligram (MG) SC in the morning. The January 2025 MAR showed that Resident 5 received the Victoza injection by a MT on 01/13/2025 through 01/31/2025. The January 2025 MAR showed that the MTs checked Resident 5's CBG levels from 01/13/2025 through 01/31/2025.

Review of Resident 5's February 2025 MAR showed that the MTs gave the Victoza SC in the morning and checked the resident's CBG levels from 02/01/2025 through 02/28/2025.

Review of Resident 5's March 2025 MAR showed that the MTs gave the Victoza SC in the morning and checked the resident's CBG levels from 03/01/2025 through 03/31/2025.

Review of Resident 5's April 2025 MAR showed that the MTs gave the Victoza SC in the morning and checked the resident's CBG levels from 04/01/2025 through 04/14/2025.

<Resident 6>

Review of the facility's undated characteristic roster, showed that Resident 6 moved into the facility on [redacted]/2025.

Review of Resident 6's NSA, dated 3/24/2025, showed that the resident had a diagnosis of [redacted]. The NSA showed that Resident 6 required total staff assistance with their medication. The NSA did not show that the resident was nurse delegated for their medication including CBG and insulin administration.

Review of Resident 6's facility's full assessment, dated 4/11/2025, showed that the resident received injections and nurse delegation.

Review of the facility nurse delegation binder showed that there was a RND consent form for Resident 6 dated 03/26/2025. Resident 6's record did not have any additional RND forms for the assessment or tasks being delegated.

Review of Resident 6's record showed a doctor's order, dated [redacted]/2025, for Lispro insulin inject SC per sliding scale three times a day five minutes before meals: Less than 150 CBG =8 units, 151-200 CBG=9 units, 201-250 CBG=10 units, 251-300 CBG= 11 units, greater than 300 CBG=12 units. Record review showed an order for Ozempic (medication that lowers blood sugar levels) pen injector, inject 1 MG SC once weekly on Friday for diabetes. The record showed an order for Tresiba (long-acting medication to lower blood sugar levels) pen injector, inject 40 units SC at bedtime for diabetes.

Review of Resident 6's March 2025 MAR showed that the MT's administered the following medication and performed the resident's blood sugar checks: Lispro insulin from 03/06/2025 through 03/31/2025 three times a day; Ozempic injectable pen given by the MT at 8:00 AM on 03/07/2025, 03/14/2025, 03/21/2025, and 03/28/2025; Tresiba injectable pen given by the MT daily at 8:00 PM from 03/06/2025 through 03/31/2025; and CBGs completed at 8:00 AM, noon, and 5:00 PM from 03/06/2025 through 03/31/2025.

Review of Resident 6's April 2025 MAR showed that the MTs administered the following medication and performed the resident's blood sugar checks: Lispro insulin from 04/01/2025 through 4/15/2025 three times a day; Ozempic injectable pen given weekly by the MT at 8:00 AM on 04/04/2025 and 04/11/2025; Tresiba injectable pen given by the MT at 8:00 PM from 04/01/2025 through 04/14/2025; and CBGs completed at 8:00 AM, noon, and 5:00 PM from 04/01/2025 through 4/14/2025.

In an interview on 04/16/2025 at 9:42 AM, Staff J stated that they [MTs] check Resident 6's blood sugars and gave their insulin.

In an interview on 4/16/2025 at 11:20 AM, Staff A stated that they had not realized that

Resident 6 had not been nurse delegated yet.

Per facility Administrator, Thomas McDaniel, via telephone on 05/05/2025, the BIC date has been changed to 06/01/2025.

**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, Amber Hills Assisted Living is or will be in compliance with this law and / or regulation on (Date) ~~6-13-2025~~ 06/01/2025.

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

Thomas McDaniel — Administrator (or Representative)

5-2-2025 — Date

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

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

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

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure that a new Washington state name and date of birth background check form was submitted every two years for 2 of 2 staff (Staff E and F). This failure placed the residents at risk of being cared for by disqualified staff.

Findings included...

Review of the personnel file for Staff E, Resident Care Coordinator, showed a hire date of 10/10/2018. Staff E's file showed that their Washington State name and date of birth (WNDOB) background check expired on 02/07/2025. Staff E's record showed that they did not have a valid background check.

Review of the personnel file for Staff F, Medication Technician, showed a hire date of

Resident 6 had not been nurse delegated yet.

**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, Amber Hills Assisted Living is or will be in compliance with this law and / or regulation on (Date)_____ .

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Administrator (or Representative) Date

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**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure that a new Washington state name and date of birth background check form was submitted every two years for 2 of 2 staff (Staff E and F). This failure placed the residents at risk of being cared for by disqualified staff.

Findings included…

Review of the personnel file for Staff E, Resident Care Coordinator, showed a hire date of 10/10/2018. Staff E's file showed that their Washington State name and date of birth (WNDOB) background check expired on 02/07/2025. Staff E's record showed that they did not have a valid background check.

Review of the personnel file for Staff F, Medication Technician, showed a hire date of

09/10/2020. Staff E's file showed that their WNDOB background check expired on 02/07/2026. Staff E's record showed that they did not have a valid background check.

In an interview on 04/16/2025 at 1:50 PM, Staff H, Business Office Manager, stated that they were responsible for ensuring that the 2-year WNDOB background checks were submitted to the department. Staff H stated that they had not submitted the 2-year WNDOB background check for Staff E and F as required.

This is a recurring citation previously cited on the Statement of Deficiencies, dated 11/23/2022 for WAC 388-78A-2466 (1)(a).

Per facility Administrator, Thomas McDaniel, via telephone on 05/05/2025, the BIC date has been changed to 06/01/2025.

**Plan/Attestation Statement**

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

Thomas McDaniel — Administrator (or Representative)

5.2.2025 — Date

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

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

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

(5) Under RCW 18.88B.041 and chapter 246-980 WAC, certain individuals including registered nurses, licensed practical nurses, certified nursing assistants, or persons who are in an approved certified nursing assistant training program are exempt from long-term care worker basic training requirements. Continuing education requirements under

09/10/2020. Staff E's file showed that their WNDOB background check expired on 02/07/2025. Staff E's record showed that they did not have a valid background check.

In an interview on 04/16/2025 at 1:50 PM, Staff H, Business Office Manager, stated that they were responsible for ensuring that the 2-year WNDOB background checks were submitted to the department. Staff H stated that they had not submitted the 2-year WNDOB background check for Staff E and F as required.

This is a recurring citation previously cited on the Statement of Deficiencies, dated 11/23/2022 for WAC 388-78A-2466 (1)(a).

**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, Amber Hills Assisted Living is or will be in compliance with this law and / or regulation on (Date)_____ .

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_____ _____

Administrator (or Representative) Date

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

(b) Basic;

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(5) Under RCW 18.88B.041 and chapter 246-980 WAC, certain individuals including registered nurses, licensed practical nurses, certified nursing assistants, or persons who are in an approved certified nursing assistant training program are exempt from long-term care worker basic training requirements. Continuing education requirements under

chapter 388-112A WAC still apply to these individuals, except for registered nurses and licensed practical nurses.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure that staff who worked as long-term care workers obtained the basic training for 1 of 2 staff (Staff C), failed to ensure staff obtained cardiopulmonary resuscitation and/or first aid trainings for 3 of 6 staff (Staff B, D and F), and failed to ensure staff received continuing education for 2 of 3 staff (Staff D and F). These failures placed residents at risk of receiving care from untrained staff.

Findings included…

<Basic Long-term Care Worker Training>

Review of WAC 388-112A-0080 showed that staff were to obtain the 70-hour basic long-term care worker training within 120 days of hire, and that they could not provide direct care unsupervised until they completed the basic training.

Review of the personnel file as of 04/16/2025 for Staff C, Caregiver, showed that they were hired on 12/20/2023. Staff C's file showed that they had not completed the 70-hour basic long-term care worker training within 120 days of hire, as required.

In an interview on 04/17/2025 at 10:20 AM, Staff H, Regional Director of Operations, stated that they believed Staff C had completed the 70-hour basic long-term care worker training, had tested and were waiting for the state certificate.

In an interview on 04/17/2025 at 10:25 AM, Staff C stated that they had not completed the required 70-hour basic long-term care worker training. Staff C stated that they had been working unsupervised since their hire date.

<Cardiopulmonary Resuscitation (CPR) and First-Aid Training>

Review of WAC 388-112A-0720 showed that staff were required to obtain and maintain CPR and first-aid training certificates within 30 days of hire.

Review of the personnel file as of 04/16/2025 for Staff B, Caregiver, showed that they were hired on 01/22/2025. Staff B's file showed that they did not have a CPR and first-aid training certificate.

Review of the personnel file for Staff D, Medication Technician (MT), showed that they were hired on 10/22/2024. Staff D's file showed that their CPR and first-aid certificate had expired on 11/30/2024. Staff D's file showed that they did not renew their CPR and first-aid certificate until 01/31/2025 (63 days after the previous certificate had expired).

Review of the personnel file for Staff F, MT, showed that they were hired on 09/10/2020. Staff F's file showed that they had a Basic Life Support (BLS) certificate that expires 09/20/2026. The BLS certificate did not show that it included first-aid training. Staff F's file showed that their first-aid certificate had expired on 09/06/2024. Staff F's file showed that they did not renew their first-aid training.

In an interview on 04/16/2025 at 1:40 PM, Staff H, Regional Director of Operations, acknowledged that Staff F's BLS training did not include first-aid training.

In an interview on 04/16/2025 at 1:53 PM, Staff H stated that they did not know why Staff D's CPR and first-aid trainings were renewed late.

In an interview on 04/17/2024 at 10:30 AM, Staff G stated that they were still waiting for Staff B to provide a copy of their CPR and first-aid training. Staff G stated they were unsure if Staff B had completed the CPR and first-aid training.

<Continuing Education Credits (CEs)>

Review of WAC 388-112A-0611 showed that staff were to obtain 12 hours of CE credits from birthday to birthday every year.

Review of the personnel file for Staff D showed that they were hired on 10/22/2024. Staff D's file showed that they were a Nursing Assistant Certified (NAC) since 11/17/2009. Staff D's file showed that they had not completed 12 CEs from their birthday in 2023 to their birthday in 2024.

Review of the personnel file for Staff F showed that they were hired on 9/10/2020. Staff F's file showed that they were a NAC since 11/29/2016. Staff F's file showed three CEs from their birthday in 2023 to their birthday in 2024. Staff F's file did not show that they had completed 9 additional CEs from their birthday in 2023 to their birthday in 2024.

In an interview on 04/17/2025 at 10:34 AM, Staff G stated that they were unable to locate CEs for Staff D and F.

**Plan/Attestation Statement**

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

Thomas McDaniel — Administrator (or Representative)

5.2.2025 — Date

Per facility Administrator, Thomas McDaniel, via telephone on 05/05/2025, the BIC date has been changed to 06/01/2025.

**WAC 388-78A-2620 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 facility failed to ensure that pets living on the facility premises had regular examinations and immunizations for 3 of 3 pets (Pets 1, 2 and 3). This failure put residents at risk for contact with pets who may have transmissible diseases.

Findings included :

Review of the veterinary record for Pet 1 (Cat) showed that their last veterinary examination was conducted on 08/23/2023. The record showed that Pet 1's rabies vaccination was due on 02/08/2024.

Review of the veterinary record for Pet 2 (Cat) showed that their last veterinary examination was conducted on 08/27/2021. The record showed that Pet 2's rabies vaccination was due on 08/27/2022.

Review of the veterinary record for Pet 3 (Cat) showed that their last veterinary examination was conducted on 12/07/2023. The record showed that Pet 3's rabies vaccination was due on 12/06/2024.

**Plan/Attestation Statement**

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Administrator (or Representative) Date

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Findings included…

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Review of the veterinary record for Pet 3 (Cat) showed that their last veterinary examination was conducted on 12/07/2023. The record showed that Pet 3's rabies vaccination was due on 12/06/2024.

In an interview on 04/14/2025 at 2:32 PM, Staff G, Business Office Manager, stated that there were no current veterinary records for Pets 1, 2 and 3.

Per facility Administrator, Thomas McDaniel, via telephone on 05/05/2025, the BIC date has been changed to 06/01/2025.

**Plan/Attestation Statement**

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

Thomas McDaniel — Administrator (or Representative)

5·2·2025 — 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;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

**This requirement was not met as evidenced by:**

Based on observation and interview the facility failed to ensure the entry way, east and west hallways, and dining room carpet was without stains and discoloration for 3 of 3 common areas (entry way, east and west hallway, and dining room). The facility also failed to ensure the dining room chairs were kept clean and without stains for 1 of 1 dining room. This failure contributed to residents voicing concerns about not having a clean and sanitary living environment.

Findings included...

Observation during the environmental tour, on 4/14/2025 at 11:24 AM, showed the carpet down the east and west hallways to be worn and stained. Observations showed that there were dark stained lines on the carpet running down the east and west hallways.

During the resident group meeting, on 4/14/2025 at 1:30 PM, residents voiced concerns that the hall carpets throughout the facility had never been cleaned, the carpet had stains and that it was dirty. The residents voiced concerns that the dining room chairs were dirty, sticky, and the cloth areas on the chairs had stains.

In an interview on 04/14/2025 at 2:32 PM, Staff G, Business Office Manager, stated that there were no current veterinary records for Pets 1, 2 and 3.

**Plan/Attestation Statement**

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Administrator (or Representative) Date

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(a) Provide a safe, sanitary and well-maintained environment for residents;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

**This requirement was not met as evidenced by:**

Based on observation and interview the facility failed to ensure the entry way, east and west hallways, and dining room carpet was without stains and discoloration for 3 of 3 common areas (entry way, east and west hallway, and dining room). The facility also failed to ensure the dining room chairs were kept clean and without stains for 1 of 1 dining room. This failure contributed to residents voicing concerns about not having a clean and sanitary living environment.

Findings included…

Observation during the environmental tour, on 4/14/2025 at 11:24 AM, showed the carpet down the east and west hallways to be worn and stained. Observations showed that there were dark stained lines on the carpet running down the east and west hallways.

During the resident group meeting, on 4/14/2025 at 1:30 PM, residents voiced concerns that the hall carpets throughout the facility had never been cleaned, the carpet had stains and that it was dirty. The residents voiced concerns that the dining room chairs were dirty, sticky, and the cloth areas on the chairs had stains.

In an interview on 4/14/2025 at 3:10 PM, Resident 10, Resident Council President, stated that the dark lines on the carpet was a result from staff dragging resident garbage bags out of their apartments and down the halls to the outside.

In an interview on 04/16/2025 at 12:12 PM, Resident 11 pointed to a dark area on the dining room carpet near the glass wall and on the back of the dining room chair and stated that it was so dirty they would never have tolerated it in their own home.

In an interview on 04/17/2025 at 9:44 AM, Staff I, Maintenance Director, stated that the carpet cleaning machine had been broken since last summer. Staff I stated that they had to rent a small machine when they needed to clean carpets, but it had been "a couple months" since they had cleaned any carpets.

Observation on 04/17/2025 at 9:50 AM showed that the carpet in the dining room near the coffee counter had a stained area approximately 12 inches by 12 inches, discolored black to dark brown.

In an interview on 04/17/2025 at 9:50 AM, Staff I stated that the black stain under the coffee counter had been there for "a couple of months."

Observation on 04/17/2025 at 10:00 AM showed that 16 of 27 dining room chairs had discoloration to the fabric on the backrest of the chairs.

This is a recurring citation previously cited on the Statement of Deficiencies dated 11/23/2022 for Washington Administrative Code 388-78A-3090(1, a, c).

Per facility Administrator, Thomas McDaniel, via telephone on 05/05/2025, the BIC date has been changed to 06/01/2025.

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Thomas McDaniel — Administrator (or Representative)

5-2-2025 — Date

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Observation on 04/17/2025 at 9:50 AM showed that the carpet in the dining room near the coffee counter had a stained area approximately 12 inches by 12 inches, discolored black to dark brown.

In an interview on 04/17/2025 at 9:50 AM, Staff I stated that the black stain under the coffee counter had been there for “a couple of months.”

Observation on 04/17/2025 at 10:00 AM showed that 16 of 27 dining room chairs had discoloration to the fabric on the backrest of the chairs.

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Administrator (or Representative) Date