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

Greenlake Management Prosser, LLC
Amber Hills Assisted Living
4441 W. Airport FWY Ste 160
Irving, TX 75062

RE: Amber Hills Assisted Living License # 2616

Dear Administrator:

This letter addresses Compliance Determination(s) 31390 (Completion Date 10/20/2023) and 27887 (Completion Date 08/30/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/20/2023 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-2600-2-I

The Department staff who did the on-site verification:
Felicia Cantu, Community Complaint Investigator

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

Sincerely,

Gwin Kaercher

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Amber Hills Assisted Living **Provider Type:** Assisted Living Facility

License/Cert.#: 2616
Intake ID: 89895
Compliance Determination #: 27887
Region/Unit #: RCS Region 1 / Unit G
Investigator: Felicia Cantu
Investigation Date(s): 08/09/2023 through 08/30/2023
Complainant Contact Date(s):

Allegation(s):
1) The facility was not handling and destroying controlled substances correctly.

Investigation Methods:

Sample:	Total residents: 36 Resident sample size: 8 Closed records sample size:
Observations:	Residents Resident rooms Medication administration Resident to resident interactions Staff to resident interactions Medication room and medication carts
Interviews:	Residents Facility staff Others not associated with the facility
Record Reviews:	Characteristic roster Facility policies Personnel files State reporting log Incident investigations Medications destructions sheets, narcotic logs Resident records(face sheets, care plans, assessments, doctor orders, medication administration records)

Investigation Summary:
Observations, record reviews, and interviews showed that the facility failed to follow their policy on medications destruction for controlled substances. Failed practice identified at WAC 388-78A(2600)(2)(l). See statement of deficiencies dated 08/30/2023.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Amber Hills Assisted Living **Provider Type:** Assisted Living Facility

License/Cert.#: 2616
Intake ID: 93353
Compliance Determination #: 27887
Region/Unit #: RCS Region 1 / Unit G
Investigator: Felicia Cantu
Investigation Date(s): 08/09/2023 through 08/30/2023
Complainant Contact Date(s):

Allegation(s):
1)) The facility did not have medication destruction sheets for controlled substances.

Investigation Methods:

Sample:	Total residents: 36 Resident sample size: 8 Closed records sample size:
Observations:	Residents Resident rooms Medication administration Resident to resident interactions Staff to resident interactions Medication room and medication carts
Interviews:	Residents Facility staff Others not associated with the facility
Record Reviews:	Characteristic roster Facility policies Personnel files State reporting log Incident investigations Medications destructions sheets, narcotic logs Resident records(face sheets, care plans, assessments, doctor orders, medication administration records)

Investigation Summary:
Observations, record reviews, and interviews showed that the facility failed to follow their policy on medications destruction for controlled substances. Failed practice identified at WAC 388-78A(2600)(2)(l). See Statement of Deficiency dated 08/30/2023.

Conclusion / Action:

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

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

Statement of Deficiencies	License #: 2616	Compliance Determination # 27887
Plan of Correction	Amber Hills Assisted Living	Completion Date
Page 1 of 4	Licensee: Greenlake Management Prosser, LLC	08/30/2023

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

The department completed data collection for an unannounced on-site complaint investigation on 08/09/2023 and 08/09/2023 of:

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

This document references the following complaint number(s): 89895, 93353

The following sample was selected for review during the unannounced on-site visit: 8 of 36 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Felicia Cantu, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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

Gwin Kaercher
Residential Care Services

09/08/2023
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) 9-14-23 Date

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(l) To manage residents' medications, consistent with WAC 388-78A-2210 through 388-78A-2290 ; sending medications with a resident when the resident leaves the premises;

This requirement was not met as evidenced by:

Based on observation, interviews, and record review, the Assisted Living Facility (ALF) failed to implement their policies and procedures related to the destruction and documentation of resident's controlled medications on how to destroy and document controlled substances (a drug or chemical that is regulated by the government such as illicitly used drugs or prescription medications that are designated by law) for 7 of 8 residents (Residents 1, 2, 3, 4, 5, 6, and 7). This failure resulted in improper management of the resident's-controlled medications and placed residents and staff at risk of harm due to potential access to non-prescribed controlled substances.

Findings included...

Review of the facility's policy titled "Medication and Disposal Destruction", dated 08/10/2021, showed that the Wellness Director, Nurse, and Medication Technician would document destruction of the medication on the Medication Disposition Record. The destruction was documented by completing all items listed on the form, and a signature from both witnesses. Controlled substance medications were to be disposed of in a medical waste receptacle in accordance with the manufacturer's instructions.

Review of the facility's policy titled "Medication and Disposal Destruction", revised 03/10/2023, showed that expired, discontinued, or unneeded medications shall be destroyed per policy and state regulations. When controlled substance medication were to be destroyed, the destruction must be witnessed by the Nurse/Med Tech and/or Wellness Director/Nurse and/or Executive Director and another adult witness who was an employee of the Community. Controlled substance medications were disposed of in a medical waste receptacle in accordance with the manufacturer's instructions. Both staff members must witness the destruction of medication. The two employees would document destruction of the medication on the Medication Disposition Record. The destruction was documented by completing all items listed on the form, including the amount of medication destroyed and a signature from both witnesses.

Review of the facility's policy titled "Controlled Substance Management", dated 08/10/2021, showed that controlled substances have special requirements. Precautions will be enforced to ensure that all controlled substances have been properly accounted for and destroyed as indicated to prevent drug diversion.

Observation on 08/09/2023 at 11:43 AM showed that the facility's medication room did not have a drug waste container to dispose controlled substances.

On 08/09/2023 at 10:39 AM, Staff C, Med Technician, stated that they have worked for the ALF for 13 years and that their usual process for destroying controlled medications has been to run them through hot water, dispose of them into coffee grounds, and then throw the canister into the dumpster that is located outside.

On 08/09/2023 at 1:09 PM, Staff A, Administrator, stated that they would destroy controlled medications with hot water, place into coffee grounds, and then throw into the dumpster that is outside with one person.

On 08/10/2023 at 11:09 AM, Staff B, Regional Nurse, stated that she had not destroyed medications with any staff members in the facility. Staff B stated that their normal process was to destroy controlled medications in coffee grounds, which would then be thrown into the outside dumpster, by the person who was taking the trash out that day. Staff B further stated, "I am not sure if two people throw the medication out together."

Review of the facility's medication destructions sheets for controlled substances showed the following:

- On 02/28/2023 70 pills of clonazepam (a controlled medication used for sedation) and 38 pills of lorazepam (a controlled medication used for sedation) prescribed to Resident 1, were disposed of by Staff E, Medication Technician, but did not have a witnessed co-signer.
- On 02/28/2023 56 pills of clonazepam, 12 pills of morphine (a controlled pain medication), and six pills of lorazepam, prescribed to for Resident 2, were disposed of by Staff E, and did not have a witnessed co-signer.
- On 02/28/2023 24 pills of morphine, 11 pills of alprazolam (a controlled medication used for sedation), and 19 pills of lorazepam, prescribed to Resident 3, were destroyed in coffee grounds and was not documented as witnessed by any staff members.
- On 02/28/2023 56 pills of lorazepam and six pills of morphine, prescribed to Resident 4 were counted and disposed of by Staff E, and did not have a witnessed co- signer.
- On 02/28/2023 seven pills of lorazepam and 24 pills of morphine, prescribed to Resident 5 were documented as disposed of by Staff F, Medication Technician, and did not have a witnessed co-signer.
- On 02/28/2023 138 pills of lorazepam, prescribed to Resident 6, were documented as disposed of by Staff F, and did not have a witnessed co-signer.

• On 02/28/2023 92 pills of hydrocodone (a controlled pain medication), prescribed to Resident 7, were documented by Staff F, and did not have a witnessed co-signer.

On 08/11/2023 at 9:24 AM Staff D, Corporate Compliance Director, stated that no one should have disposed controlled substances in the facility's ALF's dumpster, and acknowledged that the staff members did not follow their policy.

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) 10-14-23.

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

Thomas McDaniel — Administrator (or Representative)

9.14.23 — Date