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
125 N Wamba Rd
Prosser, WA 99350

RE: Amber Hills Assisted Living License # 2616

Dear Administrator:

This letter addresses Compliance Determination(s) 45614 (Completion Date 08/14/2024) and 42613 (Completion Date 06/24/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/14/2024 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-2150-1

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

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit Z
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: 132772
Compliance Determination #: 42613
Region/Unit #: RCS Region 1 / Unit G
Investigator: Felicia Cantu
Investigation Date(s): 06/12/2024 through 06/24/2024
Complainant Contact Date(s):

Allegation(s):
A named resident touched another named resident's breast.

Investigation Methods:

Sample:	Total residents: 35 Resident sample size: 4 Closed records sample size:
Observations:	Identified residents Resident rooms Staff to resident interactions Resident to resident interactions Facility environment
Interviews:	Identified resident Residents Facility staff Others not associated with the facility
Record Reviews:	Characteristic roster Other agency records Incident investigation State reporting log Facility policies Resident records (face sheets, care plans, assessments, chart notes)

Investigation Summary:
Observations showed that the two named residents were separated. The named resident did not appear emotionally or psychologically harmed. The named resident stated that they felt safe in the facility. Interviews and record review showed that the facility notified all required entities, investigated, initiated a temporary service plan for increased monitoring for both residents. The facility's investigation showed that the allegation was not substantiated. No failed practice identified. Incidental finding- Interviews and record review showed that the facility failed to ensure sampled resident's negotiated service agreements were signed and updated. Failed practice

identified 388-78A-2150 (1).

Conclusion / Action:

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

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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 complaint investigation on 06/12/2024 and 06/12/2024 of:

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

This document references the following complaint number(s): 134376, 132772

The following sample was selected for review during the unannounced on-site visit: 4 of 35 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.

Michelle Closner
Residential Care Services

06/26/2024
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 McDaniel
Administrator (or Representative)

7-8-24
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 interviews and record review the Assisted Living Facility (ALF) failed to ensure that the negotiated service agreement (NSA) was signed and updated annually for two of four residents (Resident 1 and 2). This failure put the residents at risk of their needs and plan of care not being met as agreed upon between the ALF and the residents.

Findings included...

Review of the ALF's policy titled "Resident Assessment and Negotiated Service Agreement" dated 08/10/2021 showed that the ALF must ensure that the NSA was agreed to and signed at least annually by the resident or the resident's representative. The resident assessment should be updated and completed at the same time as the NSA.

Resident 1

Review of Resident 1's face sheet showed that thy were admitted to the ALF on [redacted]2022.

Review of Resident 1's most current NSA showed that it was last updated by the ALF on 06/01/2023.

On 06/24/2024 at 3:45 PM Staff A, Health and Wellness Director stated that Resident 1's assessment and NSA needed to be updated, and that it was overdue.

Resident 2

Review of Resident 2's face sheet showed that they were admitted to the ALF on [redacted]2017.

Review of Resident 2's most current NSA showed that it was last updated by the ALF on 05/28/2023.

On 06/24/2024 at 12:39 PM Collateral Contact (CC1) stated that they signed Resident 1's NSA over a year ago. Additionally, CC1 stated that they did not recall discussing the contents of Resident 2's NSA with facility staff within a year ago.

On 06/24/2024 at 3:45 PM Staff A acknowledged that Resident 2's NSA and assessment was last updated and signed May 2023.

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) 8-9-24 .

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

Thomas McDaniel — Administrator (or Representative)

7-8-24 — Date