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

12/13/2024

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) 51732 (Completion Date 12/13/2024) and 47808 (Completion Date 10/24/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/13/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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;

(2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:

(a) Departure from the resident's customary range of functioning; or

(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section; and

(4) Take appropriate action in response to each resident's changing needs.

The Department staff who did the On Site verification:
Felicia Cantu, Community Complaint Investigator

If you have any questions, please contact me at (509)225-2823.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, 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: 147056
Compliance Determination #: 47808
Region/Unit #: RCS Region 1 / Unit G
Investigator: Felicia Cantu
Investigation Date(s): 09/26/2024 through 10/24/2024
Complainant Contact Date(s): 10/24/2024

Allegation(s):

1) A named resident was not monitored after they returned from a same-day surgery.
2) A named resident was not cleaned after going to the bathroom frequently.
3) A named resident passed away.

Investigation Methods:

Sample:	Total residents: 36 Resident sample size: 3 Closed records sample size:
Observations:	Residents Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions Facility environment
Interviews:	Residents Facility staff Others not associated with the facility
Record Reviews:	Characteristic roster

Investigation Summary:

1) Observations showed that the named resident was no longer at the facility. Interviews and record review showed that the named resident was emergently transported to the hospital following an out patient surgery. The facility failed to monitor the named resident post-operatively. Failed practice identified. WAC388-78A-2120.
2) Observations showed that the named resident was no longer in the facility. Residents in the facility appeared dressed and groomed. Interviews and record review showed that the facility provided cares and services per their care plans. No failed practice identified.
3) Interviews and record review showed that the named resident was emergently transported to the hospital following an out patient surgery. The facility failed to

monitor the named resident post-operatively. Failed practice identified. WAC388-78A-2120.

Conclusion / Action:

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2616	Compliance Determination # 47808
Plan of Correction	Amber Hills Assisted Living	Completion Date
Page 1 of 4	Licensee: Greenlake Management Prosser, LLC	10/24/2024

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 09/26/2024 and 09/26/2024 of:

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

This document references the following complaint number(s): 147056, 148717

The following sample was selected for review during the unannounced on-site visit: 3 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.

J Salquist
Residential Care Services

11/05/2024
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)

11-7-2024
Date

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

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(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section; and

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to monitor and take appropriate action for 1 of 3 residents (Resident 1) after a change in condition. This failure resulted in an emergent hospitalization for the resident and may have contributed to the resident's death.

Review of the facility's policy titled, "Alert Charting," dated 08/10/2021, showed that alert charting would be implemented for residents who needed closer monitoring that included returning from the hospital or any reason deemed appropriate from the Health and Wellness Director. The policy showed the alert charting process would include placing the resident on alert charting and monitoring for at least 48 hours. Further review of the policy showed there would be an alert charting entry in the resident's record each shift and an alert charting entry form would be filled out.

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

Review of Resident 1's Negotiated Service Agreement (NSA), dated 05/10/2023, showed that they required two-person total assist for transfers to wheelchair and bed and required total assistance from staff. The NSA showed the facility was to ensure resident safety.

In an interview on 09/25/2024 at 10:15 AM Collateral Contact 1(CC1), Resident Representative, stated that Resident 1 had an outpatient surgical procedure on

Administrator (or Representative) Date

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In an interview on 09/25/2024 at 10:15 AM Collateral Contact 1(CC1), Resident Representative, stated that Resident 1 had an outpatient surgical procedure on

[redacted]2023 and they were not monitored by the facility staff after they returned to the facility at 8:30 PM on [redacted]/2023 (day of surgery). CC1 stated, "The facility was supposed to check on [Resident 1] every two hours."

Review of Resident 1's post-surgical discharge instructions, dated [redacted]/2023, showed that they had a peripheral angioplasty (a minimally invasive procedure that widens blocked arteries in arms or legs) done to left lower leg. The post-operative instructions showed staff needed to monitor Resident 1 for signs of infection, bleeding to surgical site, dizziness, or shortness of breath.

In an interview on 10/23/2024 at 11:34 AM Collateral Contact 2(CC2), Resident Representative and durable power of attorney (DPOA), stated that they were at the facility on [redacted]/2023 when Resident 1 arrived from their surgical procedure at 8:30 PM and gave the post-surgical discharge instructions to a caregiver. CC2 explained that they helped Resident 1 change into their pajamas, helped them into bed, and fed them dinner. CC2 stated that Resident 1 was alert, oriented, in stable condition, and that the surgical dressing to their left leg was dry and intact. CC2 stated that they left the facility around 9:45 PM and had not seen staff check on Resident 1. CC2 stated that the following night they were notified by the local hospital that Resident 1 was in a fatal health condition. Additionally, CC2 expressed that they felt that the facility failed to monitor Resident 1, which they believed may have contributed to Resident 1's death.

Review of Resident 1's local hospital record, dated 09/23/2023, showed that Resident 1 had a cardiac catheterization on [redacted]/2023. The record showed that the facility had called 911 because Resident 1 was found to be short of breath. The document showed that the facility was unable to give any further information. The document showed that Resident 1 was found in bed with a large hematoma (a pool of clotted blood that forms under skin) to their right thigh from a recent surgery that staff had no information on. The document showed that Resident 1 was diagnosed with [redacted]. The hospital record further showed that the imaging report of Resident 1's left thigh showed that it was suspected that Resident 1 was actively bleeding at the post-operative site (left thigh).

Review of Resident 1's death certificate showed that they passed away on [redacted]2023 at 5:12 PM. It also showed that the cause of death was [redacted].

Review of Resident 1's facility notes showed that there was no documentation of alert charting for Resident 1 for the months of August 2023 thru [redacted]/2023.

In an interview on 10/24/2024 at 10:35 AM Staff A, Administrator, stated that they recalled that the facility did not have a nurse in [redacted]2023. Additionally, Staff A acknowledged that Resident 1 should have been closely monitored after their outpatient surgical procedure and should have had documentation available.

Statement of Deficiencies	License #: 2616	Compliance Determination # 47808
Plan of Correction	Amber Hills Assisted Living	Completion Date
Page 4 of 4	Licensee: Greenlake Management Prosser, LLC	10/24/2024

Review of Resident 1's records showed no documentation of monitoring for post-surgical risks (bleeding/infection) or action taken following the resident's surgical procedure.

This is a recurring deficiency previously cited on 11/23/2022.

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) 12-5-2024.

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

Thomas McDaniel 11-7-2024

Administrator (or Representative) Date

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Plan/Attestation Statement

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

Administrator (or Representative) Date