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) 40777 (Completion Date 05/03/2024) and 35921 (Completion Date 03/06/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/03/2024 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-2160

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: 116338
Compliance Determination #: 35921
Region/Unit #: RCS Region 1 / Unit G
Investigator: Felicia Cantu
Investigation Date(s): 01/29/2024 through 03/06/2024
Complainant Contact Date(s): 03/06/2024

Allegation(s):
The facility staff did not remove a named resident's boot that caused skin breakdown.

Investigation Methods:

Sample:	Total residents: 36 Resident sample size: 4 Closed records sample size:
Observations:	Identified resident Residents Resident care equipment 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 Facility policies Resident records(face sheet, care plan, assessments, chart notes, doctor orders). Other agency records

Investigation Summary:
Observations showed that the named resident's skin breakdown was healed. The facility failed to follow the named resident's Negotiated Service Agreement (NSA) that directed staff to assist the named resident with attending doctor appointments and leaving the facility. Failed practice identified. WAC388-78A-2160 reference Statement of Deficiencies dated 03/06/2024.

Conclusion / Action:

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Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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Statement of Deficiencies	License #: 2616	Compliance Determination # 35921
Plan of Correction	Amber Hills Assisted Living	Completion Date
Page 1 of 4	Licensee: Greenlake Management Prosser, LLC	03/06/2024

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 01/29/2024 and 02/09/2024 of:

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

This document references the following complaint number(s): 114714, 116338, 116769

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 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

03/13/2024
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.

Administrator (or Representative) 3.18.24 Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement the Negotiated Service Agreement (NSA) that directed facility staff to ensure 2 of 3 residents (Residents 2,3) had an escort when leaving the facility and attending their medical appointments. This failure placed residents at risk changes in physician's orders not being implemented and placed residents who required supervision at risk of injury.

Findings included...

Review of the ALF's policy "Resident Assessment and Negotiated Service Agreement" dated 08/10/2021, showed that assessments and NSA's will be updated as frequently and as necessary to ensure they reflect current resident care needs and preferences. The ALF must provide the care and services as agreed upon in the NSA.

Resident 2

Review of Resident 2's NSA dated 05/28/2023 showed that Resident 2 "may not leave the facility unassisted." Facility staff would also remain with client during all appointments.

Review of Resident 2's physician visit notes dated 01/24/2024 showed that Resident 2 was seen at an area clinic for follow-up wound check to for previous injury/wounds to the right foot. Resident 2 presented to clinic with boot on the foot, which had previously been ordered to be removed in September 2023.

Review of Resident 2's updated assessment dated 01/29/2024 showed that Resident 2 had a memory impairment with dementia (impaired ability to remember, think or make decisions, that interfere with daily activities).

On 02/09/2024 at 12:20 PM Staff A, Administrator stated that Resident 2 normally went to appointments by themselves.

On 02/09/2024 at 12:42 PM Resident 2 stated that the facility provided them with a ride thru an outside transportation agency but normally goes to their appointments outside the facility by themselves.

On 02/27/2024 at 9:30 AM CC1, Collateral Contact, stated that they were concerned that Resident 2 had been going to their doctor appointments in their clinic with no escort, and due to the resident's cognition, the facility did not implement the order to remove the boot from the resident's foot as ordered in September 2023. CC1 expressed that this could have been prevented if someone went to their appointment with them to ensure that the boot was removed from their foot when they returned to the ALF.

Resident 3

Review of Resident 3's initial care plan dated 03/20/2023 showed that Resident 3 required assistance with arranging appointments, transportation, and required an escort.
Review of Resident 3's updated NSA dated 05/21/2023 showed that Resident 3 "may not leave the ALF unassisted."

Review of Resident 3's outside physician visit notes dated 10/30/2023 showed that Resident 3 presented to their doctor appointment alone, did not recall why they had an appointment scheduled, and was confused.

Review of Resident 3's assessment dated 02/09/2024 showed that Resident 3 had dementia and was not to leave the ALF unassisted.

On 02/27/2024 at 8:16 AM Collateral Contact 2 (CC2) stated that there were times that Resident 3 would take the facility bus to their appointments without a caregiver with them. The ALF staff would only assist Resident 3 on the bus and the bus driver would drop them off and pick them up from the appointment. CC2 expressed that Resident 3 is usually confused and that it would be helpful if the facility would provide an escort to go to all doctor appointments with them.

On 03/06/2024 at 1:33 PM Staff A acknowledged that Resident 2 and Resident 3 may need to be reassessed by their facility nurse and their NSA's were not followed.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2616	Compliance Determination # 35921
Plan of Correction	Amber Hills Assisted Living	Completion Date
Page 4 of 4	Licensee: Greenlake Management Prosser, LLC	03/06/2024

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) 4.19.24 .

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

Thomas McDaniel — Administrator (or Representative)

3.18.24 — Date