STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Sapphire at Brighton Court LLC
Brighton Court Assisted Living
1308 N Vercler Rd
Spokane Valley, WA 99216

RE: Brighton Court Assisted Living License # 2629

Dear Administrator:

This letter addresses Compliance Determination(s) 43761 (Completion Date 07/09/2024) and 40853 (Completion Date 05/23/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/09/2024 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-2320-1-a, WAC 388-78A-2320-1-b

The Department staff who did the on-site verification:
Sandra Fast, Community Complaint Investigator

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Brighton Court Assisted Living
License/Cert.#: 2629
Compliance Determination #: 40853
Investigator: Sandra Fast
Provider Type: Assisted Living Facility
Intake ID: 126479
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 05/06/2024 through 05/23/2024
Complainant Contact Date(s): 05/06/2024, 05/23/2024

Allegation(s):

1. Fall, deception by the facility.
2. Facility did not allow family preferred staff to participate in care meeting.
3. Facility had not updated negotiated service agreement for 8 months.
4. Missing clothing items, facility would not reimburse.
5. Missing lower denture, facility would not pay for them.
6. Nurse delegation

Investigation Methods:

Sample:	Total residents: 43 Resident sample size: 5 Closed records sample size: 0
Observations:	Dining area Activities Common area Corridor Resident apartments Named residents Sample residents Caregiver Medication aid
Interviews:	Complainant Regional operations director Business office manager Medication aid Caregiver Named resident Sampled residents Sampled residents' representatives
Record Reviews:	Characteristic roster Staff list Disclosure of services (Resident handbook) Residency agreement Personnel documents

Named resident's face sheet
Named resident's negotiated service agreement
Named resident's progress notes
Named resident's incident report
Named resident's temporary service plan
Sampled residents' face sheets
Sampled resident's medication administration record

Investigation Summary:

1. The named resident's negotiated service agreement (NSA) stated that the resident was prone to falls and that staff were to do frequent safety checks. The facility investigated the named resident's fall, notified appropriate parties, and had ruled out abuse and neglect. The named resident's progress notes showed that the resident had been checked on 30 minutes prior to the resident's fall. The staff correctly identified steps to take when a resident has had a fall. The sampled residents' representatives stated that the facility did an excellent job of keeping them informed of any issues and had no concerns. No failed facility practice was identified.
2. The facility had a process for meeting with the resident and/or their representative/s routinely for care planning. The facility's resident handbook stated that the resident/representative was allowed to have persons of their choosing at care meetings. The facility was given technical assistance that they needed to allow people of the residents/representatives choosing to attend care meetings in the future. No failed facility practice was identified.
3. The facility's resident handbook stated that the NSA would be addressed every 3 months with the resident/representative. The facility had not updated the named resident's NSA for 8 months. Technical assistance was provided to the facility that they need to honor what they have written in their resident handbook. The sampled residents' representatives stated no concerns regarding NSA planning. No failed facility practice was identified.
4. The named resident had a diagnosis that contributed to forgetfulness and was oriented to self only. The facility had a process for labeling and tracking resident's personal laundry. The facility's resident agreement stated that the facility was not responsible for missing clothing items. The facility met with the named resident's representative to attempt to resolve their concerns. The sampled residents' representatives stated no concerns regarding missing items of clothing. No failed facility practice was identified.
5. The named resident had a diagnosis that contributed to forgetfulness and misplacing items. The facility met with the named resident's representative to attempt to resolve the issue. The director of operations stated that the facility had offered to pay to replace the denture and that the resident would not cooperate with going to the denture clinic to have the denture replaced. The facility's resident agreement stated that the facility was not responsible for missing items including bridgework and dentures. No failed facility practice was identified.
6. A routine credential check was done for one caregiver and one medication technician on the facility's memory care unit. Record review showed that the medication technician had been performing special diabetic blood sugar checks and administering insulin without the appropriate credentials, or nurse delegation basic and special care training. Failed practice was identified based on WAC 388-78A-2340(1)(a)(b) based and per WAC 246-840-930 (8)(a)(b)(c)(d)(e).

Conclusion / Action:

- [x] 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 #: 2629	Compliance Determination # 40853
Plan of Correction	Brighton Court Assisted Living	Completion Date
Page 1 of 3	Licensee: Sapphire at Brighton Court LLC	06/23/2024

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 05/06/2024 and 05/06/2024 of:

Brighton Court Assisted Living
1308 N Vercler Rd
Spokane Valley, WA 99216

This document references the following complaint number(s): 126479

The following sample was selected for review during the unannounced on-site visit: 5 of 43 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Sandra Fast, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

S. [signature]
Residential Care Services

05/24/2024
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.

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Administrator (or Representative)

5.28.24
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.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure nurse delegation criteria was followed and failed to ensure staff were credentialed and qualified to provide nurse delegated services for 1of 1 staff (Staff C). This failure placed residents at risk of unsafe medication administration from caregivers who were not trained, delegated, registered, or certified to perform nurse delegated tasks.

Findings included...

Per WAC 246-840-930, Criteria for delegation

- Verify that the nursing assistant or home care aid:

- Is currently registered or certified as a nursing assistant or home care aid in Washington state without restriction.

- Has completed both the basic caregiver training and core delegation training before performing any delegated task.

- Has evidence as required by the department of social and health services of successful completion of nurse delegation core training and special focus diabetes training when providing insulin injections to a diabetic client.

Review of Resident 1's medication administration record (MAR) showed Staff C, Medication Technician, performed blood sugar checks (measures the level of sugar in the blood) and insulin administration (an injectable medication that regulates the level of sugar in the blood) for Resident 1 on 04/21/2024, 04/22/2024, 04/28/2024, 04/29/2024, and

Administrator (or Representative) Date

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05/06/2024.

In an email communication on 05/06/2024, at 10:28 AM, Staff B, Business Office Manager wrote that the facility was just made aware that Staff C was not nurse delegated and did not have core or diabetes delegation trainings (as required).

In an interview on 05/06/2024, at 10:30 AM, Staff B stated that Staff C had accidentally been placed on the schedule as a Medication Technician without the appropriate certification or training.

A record review of personnel documents for Staff C, Medication Technician, showed that Staff C was not registered or credentialed and had not completed the required approved educations for nurse delegation basic and special focus diabetes training. The personnel records also lacked proof of Staff C being checked off for delegated tasks by the registered nurse delegator.

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, Brighton Court Assisted Living is or will be in compliance with this law and / or regulation on (Date) 6-28-24.

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

Administrator (or Representative) 5-28-24 Date

05/06/2024.

In an email communication on 05/06/2024, at 10:26 AM, Staff B, Business Office Manager wrote that the facility was just made aware that Staff C was not nurse delegated and did not have core or diabetes delegation trainings (as required).

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

_____ _____

Administrator (or Representative) Date