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

New Day Senior Living Management LLC
Aspen Quality Care
9626 N Colfax Rd
Spokane, WA 99218

RE: Aspen Quality Care License # 2636

Dear Administrator:

This letter addresses Compliance Determination(s) 27012 (Completion Date 07/21/2023) and 24598 (Completion Date 06/06/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/21/2023 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-2480-1, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2320-1, WAC 388-78A-2120-4, WAC 388-78A-2120-3, WAC 388-78A-2120-3-a, WAC 388-78A-2120-3-b, WAC 388-78A-2100-1, WAC 388-78A-2150-1, WAC 388-78A-2160, WAC 388-78A-2210-1-a, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b, WAC 388-78A-2210-2

The Department staff who did the on-site verification:
Antonietta Lettieri-Parkin, Long Term Care Surveyor
Ann Demakas, LTC Licensor

If you have any questions, please contact me at (509)323-7315.

Sincerely,

J Salquist

Jessica Salquist, Field Manager
Region 1, Unit B
Residential Care Services

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

Statement of Deficiencies	License #: 2636	Compliance Determination # 24598
Plan of Correction	Aspen Quality Care	Completion Date
Page 1 of 11	Licensee: New Day Senior Living Management LLC	06/06/2023

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 the unannounced on-site full inspection on 05/31/2023, 05/31/2023, 06/02/2023 and 06/02/2023 of:
Aspen Quality Care
9626 N Colfax Rd
Spokane, WA 99218

The following sample was selected for review during the unannounced on-site visit: 5 of 16 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Ann Demakas, LTC Licensor
Janet Quirk, Long Term Care Surveyor
Veronica Jackson, Assisted Living Facility Licensor

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.

Residential Care Services — Date: 06/15/2023

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) 06/23/2023 Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete screening for tuberculosis for 1 of 6 staff (Staff D). This failed practice placed residents at risk of exposure to tuberculosis infection, a communicable respiratory disease.

Findings included...

Review of the facility's undated staff list showed Staff D, Caregiver, was hired on 02/25/2023. Review of Staff D's personnel file found no documentation to show Staff D was screened for tuberculosis (TB, a communicable respiratory disease).

In an interview on 06/01/2023 at 11:50 AM, Staff G, Manager, stated that they did not have any paperwork on Staff D's TB skin testing.

In an interview on 06/02/2023 at 12:13 PM, Staff F, Administrator, stated that Staff D had to restart TB testing as their initial first step TB skin test had not been read. Staff F further stated that Staff D did not complete their TB tests on time.

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, Aspen Quality Care is or will be in compliance with this law and / or regulation on (Date) 07/17/2023

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

Administrator (or Representative) 06/23/2023 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 that the registered nurse delegator re-evaluated residents and caregivers for nurse delegated tasks at least every 90 days for 1 of 5 residents (Resident 3). This failed practice placed residents at risk of receiving nurse delegated medication administration from caregivers who had not been re-evaluated to safely perform nurse delegated tasks.

Findings included...

Per WAC 246-840-930, Criteria for nurse delegation, before delegating a nursing task, the registered nurse delegator:
- Assesses the ability of the nursing assistant (NA) or home care aid (HCA) to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision.

- The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days.

Review of Resident 3's Negotiated Care Plan (the facility's titled negotiated service agreement, NSA), dated 06/02/2023, showed Resident 3 received nurse delegation for latanoprost (eye drops for glaucoma, an eye disease that causes damage to the optic nerve which can result in vision loss).

Review of Resident 3's March 2023, April 2023, and May 2023 MARs, showed Staff A, Medication Tech, Staff B, Medication Tech, and Staff C, Medication Tech, and Staff I, Assistant Manager, had administered latanoprost eye drops to Resident 3.

Review of Resident 3's most recent Nursing Visit form, dated 05/04/2022, showed the initial client assessment and initial caregiver nurse delegation training for latanoprost eye drops had been completed that day. The form showed the next registered nurse delegator (RND) visit to assess the resident and re-evaluate the medication tech's ability to safely perform latanoprost administration was due on or before 08/01/2022. This visit did not occur. Further review of the form showed no written instructions for administration of the latanoprost eye drops and no competency evaluation for Staff A, B, C, and I.

In an interview on 05/31/2023 at 2:20 PM, Staff I stated the last in-person visit with the RND for residents was "months ago".

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, Aspen Quality Care is or will be in compliance with this law and / or regulation on (Date) 07/17/2023

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

Administrator (or Representative) — Date: 06/23/2023

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

(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

(b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.

(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 evaluate changes in condition and take appropriate action regarding high blood pressure for 1 of 5 residents (Resident 4). This failed practice placed the resident at risk of health complications related to high blood pressure.

Findings included...

Review of Resident 4's March 2023, April 2023, and May 2023 medication administration records (MARs) showed an order for metoprolol (medication to treat high blood pressure, BP), which included instructions to notify the primary care provider (PCP) if the systolic blood pressure (SBP, top number of blood pressure) was greater than 160.

Review of March 2023, April 2023, and May 2023 MAR's showed the SBP was greater than 160 on the following dates:

<March 2023>

03/07/2023 SBP 168
03/08/2023 SBP 177
03/10/2023 SBP 171
03/12/2023 SBP 170
03/20/2023 SBP 172
03/22/2023 SBP 213
03/23/2023 SBP 193
03/24/2023 SBP 161
03/28/2023 SBP 168
03/29/2023 SBP 161
03/30/2023 SBP 166

<April 2023>

04/02/2023 SBP 166
04/09/2023 SBP 175
04/10/2023 SBP 180
04/11/2023 SBP 186
04/13/2023 SBP 191
04/16/2023 SBP 180
04/17/2023 SBP 203
04/19/2023 SBP 186
04/25/2023 SBP 179
04/29/2023 SBP 187

<May 2023>

05/03/2023 SBP 192
05/04/2023 SBP 189
05/05/2023 SBP 163
05/07/2023 SBP 169
05/14/2023 SBP 198
05/19/2023 SBP 168
05/25/2023 SBP 191
05/26/2023 SBP 163
05/28/2023 SBP 161
05/30/2023 SBP 189

Review of Resident 4's undated medical record showed no documentation that the resident's high blood pressure was rechecked or evaluated when their SBP was above 160. Resident 4's record did not show that contact had been made to the PCP, as per the MAR instructions.

In an interview on 06/02/2023 at 11:36 AM, Staff F, Administrator, stated that Medication Techs should document their contact to the provider in either the MAR or on the BP logs. Staff F reviewed the MARs for Resident 4 and confirmed there were no contacts to the provider documented. Staff F was unable to provide BP logs to show documentation of evaluation of the resident or contact with the provider.

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, Aspen Quality Care is or will be in compliance with this law and / or regulation on (Date) 07/17/2023

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

Administrator (or Representative) — Date: 06/23/2023

WAC 388-78A-2100 On-going assessments. The assisted living facility must:

(1) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete an annual safety assessment for 1 of 5 residents (Resident 2). This failed practice placed the resident at risk of harm due to not being assessed to safely use medical devices.

Findings included...

On 06/02/2023 at 9:24 AM Residents 2's room was observed to have a floor to ceiling transfer pole and a removable bedrail installed.

In an interview on 06/02/2023 at 9:45 AM, Staff F, Administrator, stated that Resident 2 had used the floor to ceiling transfer pole and bedrail "for at least a year and a half".

Review of Resident 2's Negotiated Care Plan (the facility's titled negotiated service agreement, NSA), dated 01/12/2023, showed the resident had a diagnosis of [redacted] and [redacted].

Review of Resident 2's physical therapy notes dated 01/15/2020, showed the resident required the use of a floor to ceiling transfer pole and bedrail due to decreased mobility.

Review of Resident 2's undated medical record showed no documentation of an annual safety assessment of the resident's ability to safely use a transfer pole and bedrail.

In an interview on 06/02/2023 at 12:12 PM, Staff F stated they were unaware that a safety assessment of equipment needed to be completed annually.

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, Aspen Quality Care is or will be in compliance with this law and / or regulation on (Date) 07/17/2023

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

Fnu Lnu Florencio — Administrator (or Representative)

06/23/2023 — 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 interview and record review, the facility failed to ensure negotiated service agreements were signed by the resident or their representative for 2 of 5 residents (Residents 3 and 4). This failed practice placed the residents at risk of not receiving needed care and services due to not signing and acknowledging their own care plan.

Findings included...

<Resident 3>

Review of Resident 3's Negotiated Care Plan (the facility's titled negotiated service agreement, NSA), dated 06/02/2022, showed that it was not signed by the resident or their representative to indicate agreement to the contents.

<Resident 4>

Review of Resident 4's NSA, dated 07/06/2022, showed that it was not signed by the resident or their representative to indicate agreement to the contents.

In an interview on 06/02/2023 at 11:30 AM, Staff F, Administrator, stated they did not have a signed copy of Resident 3's and Resident 4's NSA.

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, Aspen Quality Care is or will be in compliance with this law and / or regulation on (Date) 07/17/2023

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

Administrator (or Representative) — Date: 06/23/2023

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 observation, interview, and record review, the facility failed to ensure residents received the care and services outlined in their negotiated services agreement for 1 of 5 residents (Resident 5). This failed practice placed the resident at risk for health complications and decreased quality of life due to not receiving the care that was agreed upon in the negotiated service agreement.

Findings included...

Review of Resident 5's assessment, dated 03/13/2023, showed the resident was diagnosed with [redacted].

Review of Resident 5's Negotiated Care Plan (the facility's titled negotiated service agreement, NSA), dated 02/08/2023, showed Resident 5 was to be transferred using a Hoyer lift with two staff members present.

Observation on 06/02/2023 at 10:35 AM showed there was no Hoyer lift located in Resident 5's living area.

In an interview on 06/02/2023 at 10:40 AM, Staff J, Caregiver, stated two staff members physically assisted Resident 5 with transfers, and they did not use a Hoyer lift.

In an interview on 06/02/2023 at 11:10 AM, Staff A, Medication Tech, stated they did not use a Hoyer lift to transfer Resident 5.

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, Aspen Quality Care is or will be in compliance with this law and / or regulation on (Date) 07/17/2023

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

Erica Anderson — Administrator (or Representative)

06/23/2023 — Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that medications were administered as prescribed for 2 of 5 residents (Residents 3 and 4). This failed practice resulted in medications errors, contributed to uncontrolled blood pressure for Resident 4, and placed Resident 3 at risk for an ongoing infection.

Findings included...

<Resident 3>

Review of Resident 3's Negotiated Care Plan, (the facility's titled negotiated service agreement, NSA) dated 06/02/2023, showed the facility provided Resident 3 with medication assistance.

Review of Resident 3's April 2023 medication administration record (MAR) showed azithromycin (antibiotic for upper respiratory infection) was ordered daily for five consecutive days and initiated on 04/06/2023. The MAR showed documentation that azithromycin was not administered on 04/07/2023 and 04/08/2023.

In an interview on 06/02/2023 at 10:10 AM, Staff F, Administrator, confirmed the April 2023 MAR showed documentation that azithromycin was only administered for three out of the five days it was ordered.

<Resident 4>

Review of Resident 4's March 2023, April 2023, and May 2023 MARs showed an order for metoprolol (medication used to treat high blood pressure) written with the following parameters: Hold for a pulse less than 60 or for systolic blood pressure (SBP, top number of blood pressure) less than 110.

Review of Resident 4's March 2023, April 2023, and May 2023 MARs showed metoprolol was held, when it should have been administered due to a SBP greater than 110 and a pulse greater than 60, on the following dates:

03/10/2023: SBP 171, pulse 103
03/23/2023: SBP 193, pulse 86
03/24/2023: SBP 161, pulse 97
03/30/2023: SBP 166, pulse 92
04/01/2023: SBP 163, pulse 86
04/02/2023: SBP 167, pulse 87
04/29/2023: SBP 187, pulse 90
05/04/2023: (morning dose) SBP 189, pulse 80, and (evening dose) SBP 180, pulse 77
05/05/2023: SBP 163, pulse 94

Review of Resident 4's March 2023, April 2023, and May 2023 MARs showed metoprolol was administered, when the order stated it should be held for a SBP less than 110, on the following dates:

03/01/2023: SBP 108
04/11/2023: SBP 95
04/18/2023: SBP 85
05/31/2023: SBP 98

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, Aspen Quality Care is or will be in compliance with this law and / or regulation on (Date) 07/17/2023

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

Administrator (or Representative) — Date 06/23/2023

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

New Day Senior Living Management LLC
Aspen Quality Care
9626 N Colfax Rd
Spokane, WA 99218

RE: Aspen Quality Care # 2636

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 06/06/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Stephanie Jenks, Field Manager
Residential Care Services
Region 1, Unit B
8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

A resident's family member obtained some of the resident's medications from the pharmacy. The facility did not have a family assistance plan that detailed the assistance the family provided with obtaining the resident's medications. Technical assistance was given, and staff stated they would create a plan and have it signed by the resident's designated representative.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and

o Whether you want an IDR to occur in-person, by telephone or as a paper review.
o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:
• Please contact me at (509)993-7821.

Sincerely,

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

Enclosure

Attestation for on-site full inspection of

Aspen Quality Care, 9626 North Colfax Road

Spokane, Washington 99218

Inspection Dates: 05/31/2023, 06/01/2023, 06/02/2023

DSHS Washington State

I, Erica Anchondo, Administrator of Aspen Quality Care, hereby attest to the following:

Regarding WAC 388-78A-2480 – Tuberculosis Testing Required

To ensure all workers/care team are qualified and able to preform the job duties required with appropriate training and experience, as well as any necessary licensure or certification.

The facility to maintain accurate and complete records of all staff members including qualifications, training, and job performance.

-Management/Administrator to ensure that the facility/living environment is safe and healthy for the individuals served and workers/care team who provide service.

-Management/Administrator to maintain accurate and complete records of each individual worker/care team employed.

-Management/Administrator to ensure that all worker/care team individuals receive ongoing training to maintain required skills and knowledge.

Regarding WAC 388-78A-2320 – Intermittent nursing services systems

To ensure that the facility follows the guidelines per regulations with medication management policies and procedures, including administration and delegation, to provide a safe and effective environment for clients who require medication assistance and/or delegated task(s).

-Management/Administrator to ensure that qualified worker/care team individuals have the necessary training and experience to perform a delegated task safely, appropriately and effectively with ongoing supervision.

-Management/Administrator to ensure current and accurate RN delegation documentation, delegation process which include tasks delegated, individual who will perform the tasks, assessment of the individual's competency and any reevaluation of a client or task. Delegated documentation and updates required by facility in the parallel time frame of state regulation or sooner to reflect any changes in the delegated tasks or individuals to perform.

-Management/Administrator to ensure RN delegation documentation includes verification of worker/care team credentials, adequate supervision with appropriate training and monitoring of worker/care team performances and take corrective action, as needed, to meet clients specific care requirements.

Regarding WAC 388-78A-2120 – Monitoring residents' well-being

To ensure that all clients are receiving appropriate care and support to maintain their health and well-being.

-Management/Administrator to create and implement immediately a monitoring program regarding clients that covers physical, emotional and social well-being of clients to be outlined in regular assessments, of the client's health and functioning, as well as their emotional and social needs/desires and routine care plans updated for each resident to address their individual needs and preferences.

-Management/Administrator to create and implement a system in place immediately for monitoring and responding to any changes in a resident's condition or behavior and include communication protocols with worker/care team members, POA, guardian, PCP or any other designated individuals for significant changes in a resident's health or well-being.

-Management/Administrator to administer in house medication competency test to all medication technicians routinely to cover a range of topics related to medication administration, medication safety, dosage calculations, medication storage, abbreviations, various routes of administration, communication, routes of communication, importance of instructions, and documentation.

Regarding WAC 388-78A-2100 – On-going assessments

Requirement for monitoring the well being of clients with the aim of ensuring that clients receive appropriate care and support to maintain their health and overall care with an emphasis regarding the importance of ongoing assessments for clients to receive appropriate care.

-Management/Administrator to conduct and maintain ongoing and accurate assessments and consent of client's physical, emotional, and social well-being to ensure clients receive appropriate care.

-Management/Administrator to conduct ongoing assessments at regular time intervals parallel with regulations per state requirement and based on the individual needs of the client.

-Management/Administrator to ensure that all client assessments and consents be reviewed and updated, at regular time intervals parallel with regulations per state requirement.

Regarding WAC388-78A-2150 – Signing negotiated service agreements

To ensure all clients have a signed service agreement/care plan between the Facility and the client or their legal representative for both parties to understand the care the client receives, and any support needed.

-Management/Administrator to ensure that a service agreement/care plan be developed for each client that outlines their individual needs, preferences, abilities, and goals based on the clients' initial assessments and ongoing evaluations

-Management/Administrator to ensure that the client or legal representative agree with the services in the agreement/care plan and understand the supports that will be provided, with consent (written/signature) and at regular time intervals parallel with regulations per state requirement.

Regarding WAC 388-78a-2160 – Implementation of negotiated service agreement

To ensure all clients receive individualized care that meets their specific needs and preferences with implementation being a critical component of providing high-quality care with safety measures and instruction being essential structures to all care needs.

-Management/Administrator to ensure all worker/care team members are familiar with the service agreement/care plans and the specific care requirements for each resident with the understanding of the responsibility, importance, and dedication for aiding clients in a safe and comfortable environment.

-Management/Administrator to ensure each client have a written service agreement/care plan that is developed based on the clients' individual needs and preferences which includes specific instructions for providing assistance with all clients' cares/needs.

-Management/Administrator to ensure that worker/care team members are trained and competent to provide the necessary care of each individual client to be implemented.

-Management/Administrator to maintain documentation of the care provided to each client, including any changes to the service agreement/care plan and any significant events or incidents.

-Management/Administrator to ensure that all service agreements/care plans are reviewed and updated as necessary based on the clients' changing needs.

-Facility to provide thorough training to worker/care team members on protocols and procedures outlined in the clients' service agreement/care plan and will include feedback and coaching to address any areas where improvement or adjustment is needed.

-Management/Administrator to encourage reporting of any concern or issue related with protocol compliance verbally or written.

-Management/Administrator to establish clear expectations and consequences for non-compliance including disciplinary action, up to and including termination, for repeated and serious violations.

Regarding WAC 388-78A-2210 – Medication services

To ensure that medications are administered safely and appropriately to protect the health and well-being of clients and requires they receive medications they need in a timely and effective manner.

-Management/Administrator to ensure only licensed healthcare professionals or trained medication aides may administer medications to clients in the facility.

-Management/Administrator to ensure that all medications must be administered according to the client's physician's orders or other authorized prescriber's orders.

-Management /Administrator to ensure that all worker/care team member who administer medications are trained and competent to do so, and that they receive regular training and supervision.

-Facility to implement new system in place for reporting and investigating medication errors and refusals, including measures for preventing medication errors from occurring.

-Facility to implement new system for monitoring clients side effects and adverse reactions, and for reporting such events to the client's physician or other authorized prescriber.

All measures shall be obtained and completed by the date specified on the returned full investigation report (45 days from the date of last inspection).

Note: date of last inspection day differs from page 3 and page 6 of our inspection letter. Page 3 states only one day of 06/06/2023; Page 6 states four days of 05/31/2023, 05/31/2023, 06/02/2023, 06/02/2023

I certify that the above statements are true and accurate to the best of my knowledge.

06/23/2023

Erica Anchondo

Administrator

Aspen Quality Care

ericacompany1@gmail.com

509-850-5906

509-465-4041 (fax)