



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
Vista Manor
700 SE Brace St
Wilbur, WA 99185

RE: Vista Manor License # 2637

Dear Administrator:

This letter addresses Compliance Determination(s) 25924 (Completion Date 06/28/2023) and 23433 (Completion Date 05/09/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/28/2023 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-2305-1, WAC 388-78A-2060, WAC 388-78A-2060-1, WAC 388-78A-2060-2, WAC 388-78A-2060-3, WAC 388-78A-2060-4, WAC 388-78A-2060-5, WAC 388-78A-2060-6, WAC 388-78A-2060-7, WAC 388-78A-2060-8, WAC 388-78A-2100-2-a, WAC 388-78A-2100-2-b, WAC 388-78A-2100-2, WAC 388-78A-2100-2-c, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1, WAC 388-78A-2320-1-b, WAC 388-78A-2320-2-c

The Department staff who did the on-site verification:

Carla Rose, NCI Community Licensor
Antonietta Lettieri-Parkin, Long Term Care Surveyor

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

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit B

This document was prepared by Residential Care Services for the Locator website.

Vista Manor # 2637

06/28/2023

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Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



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 #: 2637	Compliance Determination # 23433
Plan of Correction	Vista Manor	Completion Date
Page 1 of 10	Licensee: New Day Senior Living Management LLC	05/09/2023

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 05/04/2023, 05/05/2023 and 05/08/2023 of:

Vista Manor
700 SE Brace St
Wilbur, WA 99185

The following sample was selected for review during the unannounced on-site visit: 4 of 14 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Antionietta Lettieri-Parkin, Long Term Care Surveyor
Carla Rose, NCI Community Licensor

RECEIVED

MAY 23 2023

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

DSHS ALTSA RCS
SPOKANE VALLEY WA

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

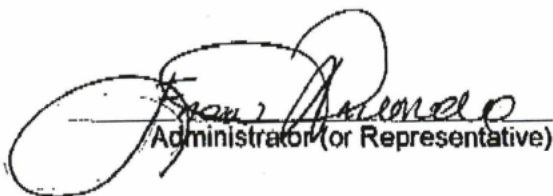
Residential Care Services

05/15/2023

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.

This document was prepared by Residential Care Services for the Locator website.


Administrator (or Representative)

05/23/2023
Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to maintain on-site food service in compliance with Washington State Retail Food Code related to hand hygiene/glove use, cross contamination of ready to eat foods. This placed residents at increased risk of food borne illness.

Findings included...

Per the Washington State Retail Food Code 02310 (8), (9), food workers shall clean their hands before donning gloves for working with ready to eat foods and after engaging in other activities that contaminate the hands or gloves.

Observation of lunch service on 05/04/2023 from 12:10 PM to 12:35 PM showed the following:

-Staff B, Cook, discarded their disposable gloves, and put on another pair of gloves without washing their hands.

-With the same gloved hands, Staff B obtained a thermometer, rinsed the thermometer in bleach water, tested the temperature of meal entrees, and returned the thermometer to where it was obtained.

-With the same gloved hands, Staff B touched the handles of a pot, stirred sauce with a utensil, opened a drawer, handled a bag of ravioli, opened the freezer door, used a utensil to plate ravioli, and touched the ravioli on the plate with their gloved hand that was served to a resident.

- With the same gloved hands, Staff B served a plate of food to a resident, touched the coffee and water dispenser handles to fill beverage cups, then returned to the kitchen area.

-With the same gloved hands, Staff B tossed a green salad in a bowl with their hands.

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-With the same gloved hands, Staff B touched ravioli on a resident's plate, opened the refrigerator by the handle, obtained and touched a bottle of salad dressing, used their hand to obtain the green salad from the bowl and placed the salad on a resident plate.

-Staff B discarded their gloves and put on another pair without washing their hands.

-Staff B sanitized their hands with a hand sanitizer, put on a pair of gloves, touched ravioli on a plate as Staff B was cutting it up, and used their gloved hand to obtain green salad from a bowl and placed the salad on a resident plate.

-Staff B changed their gloves without washing their hands on two more consecutive occasions.

-With the same gloved hands, Staff B used their hand to obtain green salad from a bowl and held ravioli on a plate as they cut it up on two consecutive resident plates.

-With the same gloved hands, Staff B used their right gloved hand to obtain ravioli from the pot on the stove, placed it on a plate, and held the ravioli on the plate as they cut it up.

-With the same gloved hands, Staff B held ravioli on a plate as they cut it up, used their right hand to obtain salad from a bowl, and placed the salad on the resident plates on two consecutive occasions.

In an interview on 05/04/2023 at 1:45 PM, Staff B stated their understanding of proper hand hygiene and washing hands prior to donning gloves involved whether or not they touched wet or dry food.

Observation of lunch service on 05/05/2023 from 11:40 AM to 12:19 PM showed the following:

-Staff C, Cook, washed their hands in the adjacent kitchen sink. Staff C opened the gate to the kitchen with their hands and put on gloves after entering the kitchen area. With gloved hands, Staff C obtained a dry packet of a juice beverage, opened the packet, poured it into a pitcher, turned on the sink by the handle, filled the pitcher, opened a drawer for a utensil, mixed the juice beverage with the utensil, opened the refrigerator, placed the pitcher in the refrigerator, and then opened the gate and left the kitchen area. Staff C then obtained utensils and napkins, set the resident tables with the utensils and napkins, and touched the prongs of three resident forks in the process of setting the tables.

-Staff C washed their hands, opened the gate to the kitchen area, and put on gloves. Staff

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05/09/2023

C obtained a bag of corn chips, opened a drawer, obtained and touched the inside of a bowl, opened the refrigerator, obtained and touched a bag of shredded cheese, opened the bag of cheese, and used their right gloved hand to place the cheese in the bowl.

-Staff C washed their hands, opened the gate to the kitchen with their hands, obtained and put on a pair of gloves. Staff C handled and used a ladle to scoop chili in bowls.

-With the same gloved hands, Staff C used their hands to crush corn chips and placed the chips in resident bowls of chili. Staff C then used their right gloved hand to place shredded cheese in the resident bowls of chili.

-With the same gloved hands, Staff C opened a drawer for a utensil, opened a bottle of salad dressing, and placed salad dressing on the resident salads.

-With the same gloved hands, Staff C used a ladle to scoop chili in bowls, used their hands to crush corn chips, placed the chips in the bowls of chili, and used their hand to place shredded cheese in the bowls of chili.

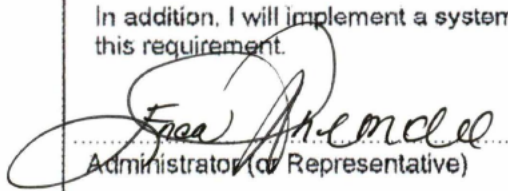
-With the same gloved hands, Staff C touched green salad on resident plates as they guided the salad onto the plate, used their hands to crush corn chips and placed shredded cheese on top of bowls of chili for residents.

In an interview on 05/05/2023 at 2:38 PM. Staff C stated if they were in the kitchen area, they thought it was okay to touch multiple surfaces and ready to eat foods, but not okay if outside the kitchen area. Staff C further stated they had been directed to wear gloves for contact with ready to eat food and it was not necessary to use utensils.

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, Vista Manor is or will be in compliance with this law and / or regulation on (Date) 06/22/2023

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


Administrator (or Representative)

05/22/2023
Date

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WAC 388-78A-2060 Preadmission assessment. The assisted living facility must conduct a preadmission assessment for each prospective resident that includes the following information, unless unavailable despite the best efforts of the assisted living facility:

- (1) Medical history;
- (2) Necessary and contraindicated medications;
- (3) A licensed medical or health professional's diagnosis, unless the prospective resident objects for religious reasons;
- (4) Significant known behaviors or symptoms that may cause concern or require special care;
- (5) Mental illness diagnosis, except where protected by confidentiality laws;
- (6) Level of personal care needs;
- (7) Activities and service preferences; and
- (8) Preferences regarding other issues important to the prospective resident, such as food and daily routine.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a pre-admission assessment that provided the facility with the necessary information to care for residents timely for 1 of 4 residents (Resident 3). This failure placed residents at risk of unmet care needs and preferences.

Findings included...

Review of the facility's undated resident characteristic roster showed Resident 3 was admitted to the facility on [REDACTED]/2023.

Review of Resident 3's CARE (Comprehensive Assessment Reporting Evaluation) dated 03/08/2023, showed the department completed that assessment after Resident 3 was admitted to the facility.

Review on 05/05/2023 of Resident 3's undated facility file, found no preadmission assessment.

In an interview on 05/05/2023 at 11:23 AM, Staff A, Manager, stated they didn't think the facility did preadmission assessments. When asked how the facility determined if the facility could meet the prospective resident's needs and obtain information about the prospective resident, Staff A jokingly stated they "prayed." Staff A further stated the facility was provided the department's CARE assessment and that served as the facility's

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preadmission assessment.

Upon further interview on 05/05/2023 at 2:55 PM, Staff A stated Resident 3's department CARE assessment dated 02/16/2023 was then facility's preadmission assessment. Staff A was informed that the assessment was completed by the department to determine Resident 3's functional eligibility for placement in an assisted living facility or adult family home. Staff A stated they were told this met the facility's requirement for the preadmission assessment by the facility's previous owner.

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, Vista Manor is or will be in compliance with this law and / or regulation on (Date) 06/22/2023.

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

Francis R. Randle
Administrator (or Representative)

05/22/2023
Date

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

- (2) Complete an assessment specifically focused on a resident's identified problems and related issues:
 - (a) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;
 - (b) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;
 - (c) When the resident has an injury requiring the intervention of a practitioner.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to update and complete an assessment for a resident who developed pressure ulcers that required interventions for a care plan for 1 of 4 residents (Resident 2). This failure placed residents at risk of skin issues reoccurring and not healing.

Findings included...

Review of Resident 2's Resident Assessment dated 12/01/2022, showed resident's groin area was prone to skin irritation, the resident's skin was fragile, and was prone to bleeding related to blood thinning medication.

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Review of Resident 2's Negotiated Care Plan, the facility's identified negotiated service agreement (NSA), dated 01/14/2023 showed the resident had very thin skin and their skin may easily tear. The plan documented Resident 2 may bleed a lot related to their blood thinning medication. The caregiver support documented for Resident 2's skin care included staff were to monitor skin. The plan further documented Resident 2 slept in their recliner and "does not have nor does [Resident 2] want a bed in [their] room."

Review of both Resident 2's assessment (12/01/2022) and care plan (01/14/2023) showed no information regarding Resident 2 having issues or concerns with pressure ulcers.

Review of Resident 2's daily documentation forms of "wound care or skin care that is delegated" showed the following:

-Date observation started: 02/18/2023, open wound, documented observations from Sunday through Saturday. The documentation on the form noted "cleaned, dried, buttpaste [sic] applied." Staff A, Manager, further documented "Wound is/has healed. [Ancillary provider nurse] cont. butt paste, prop from side to side."

-Date observation started: 04/03/2023, open sore, documented observations from Sunday through Saturday. The documentation on the form included "noticed bleeding and open sore on butt crack, applied cream. Cleaned and dried" and "Home healthcare cleaned and applied medihoney."

Review of a note on the form dated 04/24/2023 showed "noticed persistent sore on right buttock. Was red and starting to open again. Applied cream. In same area we have been treating for some time."

Review of Resident 2's ancillary provider notes showed the following:

-03/17/2023: Previous wound to backside continues to be epithelialized (tissue that is healing). RN educated on positioning to reduce pressure.

-03/21/2023 and 03/28/2023: Previous wound to backside continues to be epithelialized (healing of wound). RN educated on positioning to reduce pressure. {The resident} was no longer using a bed and sleeping in their recliner permanently.

-04/08/2023: {Resident 2} seen for recertification for wound care. New wound to coccyx (tailbone). RN educated on positioning to reduce pressure as {the resident} is in their recliner most of the day. Wound is in a difficult area. Hard to cover with bandage. Covered with a clean brief. {Resident 2} and staff verbalized understanding of teaching today. {Resident 2} needs repetition to retain.

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-04/13/2023: Wound to coccyx healing. Educated on positioning to reduce pressure. In recliner most of day. {Resident} and staff verbalized understanding of teaching today. {Resident} needs much repetition to retain.

-04/21/2023: Wound care provided per PCP (primary care provider).

In an interview on 05/05/2023 at 10:12 AM, Staff A confirmed the assessment and negotiated care plan reviewed were the most up to date plans for Resident 2. When asked about Resident 2's wounds and if there was a repositioning schedule, Staff A stated that it may or may not be in Resident 2's care plan. Staff A further stated that staff go into Resident 2's room and that the resident does get up from their chair and walked to their kitchen in their living unit.

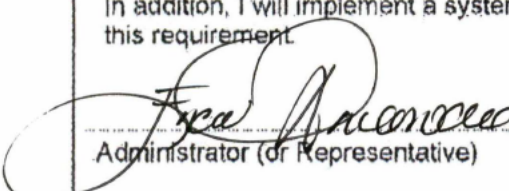
Upon further interview on 05/05/2023 at 2:55 PM, Staff A confirmed skin issues and pressure wounds were ongoing for Resident 2.

In an observation and interview on 05/08/2023 at 9:53 AM, Resident 2 stated they had a bed in their room, but the springs of the bed were bothering them, and didn't like sleeping on it. Observation of Resident 2's room at that time showed no bed in the room and the resident was sitting in their recliner. When asked about their wound, Residents 2 stated, "it's still there, but it's better."

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, Vista Manor is or will be in compliance with this law and / or regulation on (Date) 05/22/2023

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


Administrator (or Representative)

05/22/2023
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.

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05/09/2023

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(c) Initial and on-going assessments of the nursing needs of each resident;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the Registered Nurse Delegator (RND) evaluated new delegated tasks, re-evaluated residents and caregivers with delegated tasks at least every 90 days and obtained written consents for nurse delegated tasks for 4 of 4 residents (Residents 1, 2, 3, & 4). This failure placed residents at risk of receiving delegated nursing tasks that may not have been safe, effective, or agreed upon.

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.
- Obtains written consent from the authorized representative for nurse delegation within 30 days.

Record review of Resident 4's Consent for Nurse Delegation Process, dated 11/03/2021, showed only a verbal consent had been obtained by the resident's POA.

Record review of Resident 1's most recent Nursing Visit form, showed Resident 1 received delegation for insulin, blood sugar checks and PRN (as needed) oral and topical medications. The form showed the RND conducted a 90-day assessment on 01/21/2023 and the next visit was due on or before 04/21/2023.

Record review of Resident 2's most recent Nursing Visit form, showed Resident 2 received delegation for blood sugar checks and topical medication. The form showed the RND conducted a 90-day assessment on 01/21/2023 and the next visit was due on or before 04/21/2023.

Record review of Resident 4's most recent Nursing Visit form, showed Resident 4 received

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Licensee: New Day Senior Living Management LLC

05/09/2023

delegation for PRN oral, topical, eye drops, and inhalants. The form showed RND conducted a 90-day assessment on 01/21/2023 and the next visit was due on or before 04/21/2023.

Record review of Resident 3's Consent for Nurse Delegation Process, dated 03/01/2023, showed only a verbal consent had been obtained by the resident's Power of Attorney (POA). Further review of the document showed that "if verbal consent is obtained, written consent is required within 30 days of verbal consent."

Record review of Resident 3's nurse delegation form, Instructions for Nursing Task, dated 05/03/2023, showed an order for a Fentanyl patch (controlled medicated pain patch applied to the skin for pain control) was delegated on 05/03/2023. The record showed no assessment of the resident for this medication and no assessment of caregivers' competency in administering the medicated patch.

In an interview on 05/05/2023 at 10:35 AM, Staff A stated that Resident 3's nurse delegation for the fentanyl patch was done via email with the RND and there is no additional documentation for Resident 3's nurse delegation tasks.

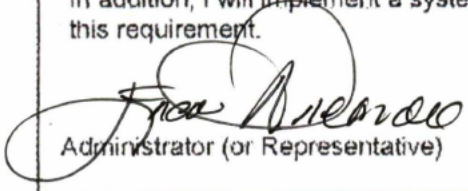
In an interview on 05/08/2023 at 10:25 AM, Staff A, Manager, stated the last in person visit with the RND was over three months ago and they should have returned on 04/24/2023, at the time the 90-day evaluations were due. Staff A stated the RND was taking on a new job and the facility needed to find a new delegator. Staff A stated the RND "had too much on [their] plate".

In an interview on 05/08/2023 at 11:05 AM, Staff A confirmed most consents are done as verbal consents only. Staff A further confirmed that only verbal consents were obtained for Residents 3 and 4.

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, Vista Manor is or will be in compliance with this law and / or regulation on (Date) 06/22/2023

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


Administrator (or Representative)

05/22/2023
Date



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

RECEIVED

MAY 23 2023

DSHS AL TSA RCS
SPOKANE VALLEY WA

New Day Senior Living Management LLC
Vista Manor
700 SE Brace St
Wilbur, WA 99185

RE: Vista Manor # 2637

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 05/09/2023 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:

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

This document was prepared by Residential Care Services for the Locator website.

Vista Manor # 2637

05/09/2023

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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-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

- (1) The residents' characteristics and needs;
- (2) The degree of hazardousness or toxicity posed by the supplies or equipment;

During the kitchen inspection, the drawer containing knives was unlocked and accessible to residents. The characteristic roster showed several residents were diagnosed with [REDACTED] indicating the need for increased safety. Upon discussing the accessibility of the knives with staff, a lock was placed on the drawer and gates were installed on both entrances of the kitchen.

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

Vista Manor # 2637

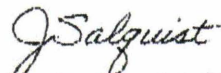
05/09/2023

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If You Have Any Questions:

- Please contact me at (509)323-7315.

Sincerely,



Jessica Salquist, Field Manager

Region 1, Unit B

Residential Care Services

Enclosure

RECEIVED

Attestation for on-site full inspection of

MAY 23 2023

Vista Manor, 700 SE Brace Street

DSHS ALTSA RCS
SPOKANE VALLEY WA

Wilbur, Washington 99185

Inspection Dates: 05/04/2023, 05/05/2023, 05/08/2023

DSHS Washington State

I, Erica Anchondo, Administrator of Vista Manor, hereby attest to the following:

Regarding WAC 388-78A-2305 – Food Sanitation

To ensure all workers/care team receive initial training before providing services to clients including ongoing training thereafter covering included topics although not limited to client right, infection control and basic caregiving skills.

-Management/Administrator will identify the specific training needs of staff as well as resident satisfaction survey and/or monthly food committee meetings which can include residents and family members.

-Management/Administrator to develop a training plan that outlines the specific topics, learning objectives, and evaluation methods.

-Resources can include although not limited to training courses, facility training manual and in-person training sessions.

-To ensure that the Management team and/or Administrator provide ongoing training and supervision tailored to the needs and abilities of each individual worker to ensure all workers are competent to perform the services they are assigned.

This document was prepared by Residential Care Services for the Locator website.

To document the training and supervision; maintain in management/worker's file.

- Management/Administrator to monitor and evaluate training effectiveness by soliciting feedback from staff and clients, to improve the training program and ensure the training is within the needs of all parties involved.

Regarding WAC 388-78A-2060 – Pre-Admission Assessment

To ensure all clients receive high-quality care that is tailored to their individual needs and preferences, that staff/providers are qualified and responsible for delivering these services in a safe and effective manner.

- Ensure all staff receive initial and ongoing training that is appropriate for their job, duties and responsibilities.

- Management/Administrator to develop and implement a system for monitoring and evaluating the quality of care and services provided to the clients.

- Management/Administrator to develop new system for addressing resident grievances and complaints.

- Assessing and addressing the needs of clients with specialized care needs.

- Management/Administrator to conduct regular inspections of the facility to ensure cleanliness, safety, and in compliance with all applicable regulations.

- Facility to ensure all staff and outside services are in good standing regarding certifications and licensing.

-All staff to ensure that all clients receive appropriate medical care, including medication administration and management.

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

To ensure that all client agreements are signed by the resident and/or their legal representative; also includes facility Management and Administrator signature.

-All agreements to be in facility in appropriate time parallel to state requirements, reviewed and updated annually or frequently as needed to reflect any changes in the client's needs or the services provided by services or facility.

Regarding WAC 388-7A-2320 - Intermittent Nursing Service Systems

To ensure that the facility follows the guidelines per regulations with medication management policies and procedures, including administration and storage, to provide a safe and effective environment for clients who require medication assistance.

-Facility to ensure RN Delegator has all paperwork required for resident/staff overview, training, and timely reporting, in accordance with Washington State WAC regulations.

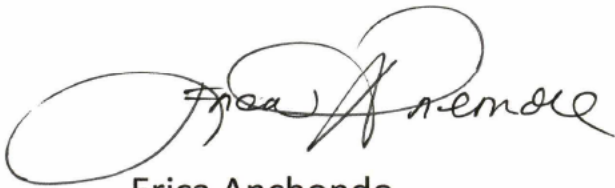
-Facility to ensure that medication is administered as ordered and stored securely in accordance with instructions.

-Facility to ensure that staff members who provide medication assistance are trained and competent to administer, if needed.

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

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

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

A handwritten signature in black ink, appearing to read 'Erica Anchondo', with a large, stylized loop at the beginning.

Erica Anchondo

Administrator

Vista Manor

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May 22, 2023