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) 52057 (Completion Date 12/19/2024) and 48996 (Completion Date 10/23/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/19/2024 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-2040-1, WAC 388-78A-2610-1, WAC 388-78A-2610-2-a

The Department staff who did the off-site verification:
Brian Zbylski, ALF 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 #: 2637	Compliance Determination # 46996
Plan of Correction	Vista Manor	Completion Date
Page 1 of 3	Licensee: New Day Senior Living Management	10/23/2024

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 the unannounced on-site full inspection on 10/21/2024, 10/22/2024 and 10/23/2024 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 15 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Joy Pipgras, LTC Surveyor
Patricia Eddy, Community 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.

Stephanie Jenka — Residential Care Services

10/31/2024 — 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.

Statement of Deficiencies	License #: 2637	Compliance Determination # 48096
Plan of Correction	Vista Manor	Completion Date
Page 2 of 3	Licensee: New Day Senior Living Management	10/23/2024

Administrator (or Representative) 11/05/2024 Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain a medical testing site waiver license to perform on-site testing for residents. Due to this failure, the facility performed medical tests for residents without oversight, which placed residents at risk of receiving inaccurate test results.

Findings included...

Review of the CLIA (Clinical Laboratory Improvement Amendments) database showed the facility did not have a Medical Testing Site Waiver (MTSW).

In an interview on 10/21/2024 at 4:00PM, Staff F, Director, stated they were only recently aware that the facility was required to obtain a MTSW license for medical tests for residents. Staff F further stated that they had completed COVID-19 (an infectious respiratory virus) testing, and blood glucose monitoring (a finger prick to check sugar levels in blood) for residents.

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) 12/06/2024.

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

Administrator (or Representative) 11/05/2024 Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(a) Develop and implement a system to identify and manage infections;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to develop and implement a respiratory protection program as required and failed to ensure staff were fit tested for 4 of 5 sampled staff (Staff A, B, C, and D). This failure placed residents at risk for respiratory infection.

Findings included...

Per Chapter 296-842 WAC, Respirators, the facility must implement a program/policy, conduct fit testing (test completed by specially trained personnel to ensure N95 masks seal effectively reducing chance of exposure to respiratory viruses), and provide effective training before employees are assigned duties that may require the use of respirators.

Per WAC 296-842-15005, facilities must conduct fit testing before employees are assigned duties that may require the use of respirators.

In an interview on 10/21/2024 at 4:00PM, Staff F, Director, stated that they were unaware the facility was required to have a Respiratory Protection Program.
Review of undated personnel files for Staff A, B, C, and D showed they did not contain a medical evaluation or fit testing.

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) 12/04/2024

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

Administrator (or Representative) 11/05/2024 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

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 10/23/2024 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-2100 Ongoing assessments.

(2) The assisted living facility must:

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

The facility had been utilizing the CARE (Comprehensive Assessment Reporting Evaluation) assessment provided by the DSHS (Department of Social and Health Services) case manager as the annual assessment. The facility was unaware they were required to complete their own assessment and agreed to do so going forward.

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

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

Enclosure

Attestation for on-site full inspection of

Vista Manor, 700 SE Brace St.

Wilbur, Washington 99185

Inspection Dates: 10/21/2024, 10/22/2024, 10/23/2024

DSHS Washington State

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

Regarding WAC 388-78A-2040 – Other Requirements

To ensure facility compliance and dedication to delivering accurate and reliable testing services, ultimately contributing to the health and safety of our community.

-The facility to ensure the highest standards of health and safety by maintaining a CLIA waiver for COVID-19 testing. This waiver allows the facility to perform tests that meet stringent regulatory requirements, thereby ensuring the accuracy and reliability of the facility's results.

-By adhering to these guidelines, the facility will be equipped to provide timely and effective testing services, which play a crucial role in the early detection and management of COVID-19. Our trained staff will conduct tests using approved methodologies, ensuring a safe and efficient process for all individuals.

Regarding WAC 388-78A-2610 – Infection control

To ensure the facility is committed to transparency and public health in promptly reporting infectious disease outbreaks to the department of health and relevant state authorities, in accordance with regulatory requirements.

-Management/Administrator to ensure that appropriate measures are taken to protect the health and safety of our facility.

-Collaborate with health officials to effectively manage and mitigate any potential spread of illness.

To ensure all workers/care team receive initial fit testing/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 conduct a needs assessment to identify the specific training needs of staff, which include reviewing client feedback, staff surveys and possible consultation with subject matter experts.

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

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

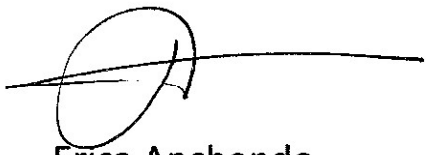
-To ensure that the Management team and/or Administrator provide ongoing training and supervision tailored to the needs and abilities of each individual worker to ensure all workers are competent to perform the services they are assigned.

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.

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.



Erica Anchondo

Administrator

Vista Manor

erica.anchondo@theNDSLM.com

509-464-9486

509-850-5906

509-465-4041 (fax)

11/05/2024