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

Tekoa Operations, LLC
Tekoa Care Center
330 N Madison St
Tekoa, WA 99033

RE: Tekoa Care Center License # 2642

Dear Administrator:

This letter addresses Compliance Determination(s) 47876 (Completion Date 10/01/2024) and 44939 (Completion Date 07/30/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/01/2024 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-2484-1, WAC 388-78A-2730-1-b

The Department staff who did the off-site verification:
Joy Pipgras, LTC Surveyor

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

Sincerely,

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

STATE OF WASHINGTON
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Tekoa Operations, LLC
Tekoa Care Center
330 N Madison St
Tekoa, WA 99033

RE: Tekoa Care Center # 2642

Dear Administrator:

This document references the following complaint numbers 139294.

The Department completed a full inspection of your Assisted Living Facility on 07/30/2024 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-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

The facility failed to provide residents with a means to lock up their belongings to protect them from theft. When the facility was notified of residents who requested lock boxes or their doors to have locks installed, they proactively worked to solve the issue and agreed to change their process to include asking residents if they would like the option to lock up their belongings.

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

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 #: 2642	Compliance Determination # 44939
Plan of Correction	Tekoa Care Center	Completion Date
Page 4 of 7	Licensee: Tekoa Operations, LLC	07/30/2024

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 and complaint investigation on 07/25/2024, 07/26/2024, 07/29/2024 and 07/30/2024 of:

Tekoa Care Center
330 N Madison St
Tekoa, WA 99033

This document references the following complaint numbers: 139294.

The following sample was selected for review during the unannounced on-site visit: 7 of 53 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Carla Rose, NCI Community Licensor
Tethra Wales, 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

08/02/2024
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) 8/8/2024 Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that new employees completed the initial skin test for their tuberculosis screening by the third day of employment for 3 of 6 sampled staff (Staff B, C, and D). This failure placed residents at risk for exposure to tuberculosis.

Findings included...

<Staff B>

Review of Staff B's, Medication Assistant, personnel file showed they were hired 08/22/2022 and had an initial skin test to screen for tuberculosis (a communicable respiratory disease, TB) on 09/13/2022.

<Staff C>

Review of Staff C's, Nurse Aide in Training, personnel file showed they were hired on 01/29/2024 and had an initial skin test to screen for TB on 03/01/2024.

<Staff D>

Review of Staff D's, Certified Nursing Assistant, personnel file showed they were hired on 12/28/2023 and had an initial skin test to screen for TB on 02/24/2024.

In an interview on 07/29/2024 at 2:45 PM, Staff G, Activities Manager, stated that a "lapse" had occurred with some staff member's first step TB tests due to miscommunication. Staff G confirmed that some TB tests were completed more than three days after staff started working.

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, Tekoa Care Center is or will be in compliance with this law and / or regulation on (Date) 8/8/2024 .

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

Administrator (or Representative) 8/8/2024 Date

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had completed respirator fit testing for 5 of 6 staff (Staff A, B, C, D and F) sampled for infection control . This failure placed residents and staff at risk of exposure to infectious communicable diseases should an outbreak occur.

Findings included...

Per WAC 296-842-15005, facilities must conduct fit testing before employees are assigned duties that may require the use of respirators and at least every twelve months after initial testing.

Review of a Department of Social and Health Services provider letter, dated 09/14/2023, showed that employers in Long Term Care settings are responsible to "follow regulations pertaining to respiratory protection" including respirator fit testing for long term care workers.

Review of Staff A's, Administrator, personnel file showed a hire date of 02/14/2022. Further review showed respirator fit testing (test completed by specially trained personnel to ensure N95 mask seals effectively to reduce the chance of exposure to respiratory viruses) was last completed on 01/29/2023 and expired on 01/29/2024.

Statement of Deficiencies	License #: 2642	Compliance Determination # 44939
Plan of Correction	Tekoa Care Center	Completion Date
Page 7 of 7	Licensee: Tekoa Operations, LLC	07/30/2024

Review of Staff B's, Medication Assistant, personnel file showed a hire date of 08/22/2022. Further review showed fit testing was completed 01/23/2023 and expired on 01/23/2024.

Review of Staff C's, Nurse Aid in Training, personnel file showed a hire date of 01/29/2024. Further review showed no documentation of respirator fit testing.

Review of Staff D's, Certified Nursing Assistant (CNA), personnel file showed a hire date of 12/28/2023. Further review showed no documentation of respirator fit testing.

Review of Staff F's, CNA, personnel file showed a hire date of 09/06/2018. Further review showed no documentation of respirator fit testing.

In an interview on 07/29/2024 at 3:00 PM, Staff A stated that they had not completed fit testing since the last respiratory illness outbreak a year ago.

In an interview on 07/30/2024 at 11:45 AM, Staff A stated that they provided care for residents that had respiratory illnesses and they required fit testing. Staff A further stated, Staff B, C, D, and F also required 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, Tekoa Care Center is or will be in compliance with this law and / or regulation on (Date) 9/13/2024 .

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

Administrator (or Representative) 8/8/2024 Date