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

Cornerstone Court LLC
Cornerstone Court
12322 W Ruby Rd
Spokane, WA 99218

RE: Cornerstone Court License # 2644

Dear Administrator:

This letter addresses Compliance Determination(s) 33938 (Completion Date 12/18/2023) and 30750 (Completion Date 10/27/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/18/2023 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-2140-1-a, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1, WAC 388-78A-2140, WAC 388-78A-2130-3, WAC 388-78A-2130-3-a, WAC 388-78A-2130, WAC 388-78A-2483-2, WAC 388-78A-2483, WAC 388-78A-2100-1

The Department staff who did the on-site verification:
Joy Pipgras, LTC Surveyor
Tethra Wales, Assisted Living Facility Licensor

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

Sincerely,

S. Jm

Stephanie Jenks, 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 #: 2644	Compliance Determination # 30750
Plan of Correction	Cornerstone Court	Completion Date
Page 1 of 7	Licensee: Cornerstone Court LLC	10/27/2023

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 10/10/2023, 10/11/2023, 10/12/2023, 10/13/2023 and 10/17/2023 of:

Cornerstone Court
12322 W Ruby Rd
Spokane, WA 99218

The following sample was selected for review during the unannounced on-site visit: 7 of 38 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Joy Pipgras, LTC Surveyor
Veronica Jackson, Assisted Living Facility Licensor
Tethra Wales, Assisted Living Facility Licensor

RECEIVED
NOV 13 2023
DSHS ALTSA RCS
SPOKANE VALLEY WA

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.M
Residential Care Services

11/02/2023
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.

Administrator (or Representative) — Date: 11/3/2023

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that negotiated service agreements included a written plan with interventions to monitor and provide care for 1 of 6 sampled residents (Resident 4) who required a suprapubic catheter. This failure placed the resident at risk for improper catheter care and infection.

Findings included...

Review of Resident 4's undated medical file showed they had a diagnosis of [redacted] and [redacted]

Review of Resident 4's negotiated care plan (the facility's negotiated service agreement), dated 04/10/2023, showed the resident had a catheter but did not specify what kind of catheter. The negotiated care plan did not include instructions for suprapubic catheter care to include monitoring, instructions for care, signs and symptoms of infection or complications or what to do if the catheter was not draining.

In an interview on 10/17/2023 at 11:15 AM, Staff G, Supervisor, stated that Resident 4 had a Suprapubic catheter and that staff flushed it (in the absence of documented instructions).

Review of progress notes showed Resident 4 had urine leaking through the urethra due to a urinary tract infection (bladder infection) on 08/24/2023. Further review showed on 09/18/2023 the catheter was not draining.

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, Cornerstone Court is or will be in compliance with this law and / or regulation on (Date) 11/26/23 .

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

Ky Lee Mesu — Administrator (or Representative)

11/5/2023 — Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to update negotiated service agreements after a change in resident condition for 1 of 7 sampled residents (Residents 5). This failure placed the resident at risk of unmet care and services.

Findings included...

Review of Resident 5's progress note, dated 09/19/2023, showed the resident had gone to the dentist and had all their teeth removed due to an oral infection.

Review of Resident 5's negotiated care plan, dated 04/06/2023, showed no documentation of an update for the resident's change of condition regarding the extraction of their teeth and potential dietary changes. The care plan further showed the resident was on a regular diet.

In an interview on 10/17/2023 at 11:22 AM, Staff D, Registered Nurse, and Staff H, Resident Care Manager, confirmed no update had been made to Resident 5's negotiated care plan regarding their change of condition.

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, Cornerstone Court is or will be in compliance with this law and / or regulation on (Date) 11/20/23 .

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

Ky Lee Mose — Administrator (or Representative)

11/3/2023 — Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff received a one- step tuberculosis test for 1 of 6 sampled staff (Staff C). This failure placed residents at risk of possible exposure to tuberculosis.

Findings included...

Review of Staff C's, Caregiver, undated employee file showed they were hired on 07/21/2023. Staff C's file showed no documentation of a one-step tuberculosis (TB, a communicable respiratory infection) test. Further review showed TB test results from a previous employer completed on 01/27/2023 with negative results which would have required Staff C to have a one-step TB test done by the facility.

In an interview on 10/17/2023 at 1:10 PM, Staff A, Administrator, stated it was overlooked that Staff C required a one-step screening test for TB.

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, Cornerstone Court is or will be in compliance with this law and / or regulation on (Date) 11/20/23 .

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

Administrator (or Representative) — Date: 11/3/23

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:

Updated 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.

Based on observation, interview, and record review, the facility failed to ensure that residents were assessed to safely smoke and use medical devices for 3 of 7 sampled residents (Residents 3, 4, and 5). This failure placed the residents at risk of injury due to a lack of an assessment to evaluate their ability to safely smoke and use assistive medical devices.

Findings included...

<Resident 3>

Review of Resident 3's assessment, dated 11/05/2023, showed the resident was diagnosed with a [redacted] and [redacted] and [redacted] Further review of the assessment showed Resident 3 had a bed cane (a medical device used in repositioning).

Observation on 10/13/2023 at 9:45 AM showed Resident 3's bed had an attached bed cane.

Review of Resident 3's undated medical file showed no documentation of a bed cane safety assessment.

<Resident 4>

Review of Resident 4's assessment, dated 01/20/2023, showed the resident was diagnosed with [redacted] and [redacted] Further review of the assessment showed the resident used a transfer pole to assist with transferring next to their bed.

Observation on 10/17/2023 at 10:30 AM showed Resident 4's room had a transfer pole attached from the floor to the ceiling next to head of the bed.

Review of Resident 4's undated medical file showed an outdated safety assessment for the resident's transfer pole, dated 05/21/2021, that stated the resident would be reassessed annually.

<Resident 5>

Review of Resident 5's assessment, dated 04/06/2023, showed the resident was diagnosed with [redacted] and [redacted] Further review of the assessment showed the resident was a smoker.

Observation on 10/12/2023 at 1:48 PM showed Resident 5 smoked an e-cigarette in their room. In an interview at that time Resident 5 stated they smoked cigarettes outside in the designated smoking area and unsupervised.

In an interview on 10/17/2023 at 9:40AM, Staff D, Registered Nurse, stated they did not have a safety assessment for a medical device for Resident 3, an updated safety assessment for Resident 4, and had not completed a safe smoking assessment for 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, Cornerstone Court is or will be in compliance with this law and / or regulation on (Date) 11/20/23 .

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

Ryley Lee Mercer
Administrator (or Representative)

11/3/23
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

Cornerstone Court LLC
Cornerstone Court
12322 W Ruby Rd
Spokane, WA 99218

RE: Cornerstone Court # 2644

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 10/27/2023 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-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

Resident care plans were found to be in common area kitchenettes that could be accessed by visitors and residents. Staff were made aware and moved the confidential medical information to a locked area accessible only by facility staff.

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.

The facility failed to ensure timely assessments of the resident's delegated nursing care needs, the resident's condition was stable and predictable, and the ability of the delegated staff to continue to perform the delegated nursing tasks safely. The facility's registered nurse delegator agreed to provide detailed instructions for each task and perform the assessments every 90 days.

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 environmental tour numerous bottles of unlabeled peri-wash (rinse-free cleaner for genitals) were observed in common use restrooms. Staff promptly labeled all bottles, removed them from the open bathrooms, and placed them in areas not accessible to residents.

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,

S. M

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

Enclosure