STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***800 NE 136th Ave Ste 200, Vancouver, WA 98684***

Belamour, INC.
Windsor Gardens Memory Care
1602 NE 162nd Ave
Vancouver, WA 98684

RE: Windsor Gardens Memory Care License # 2653

Dear Administrator:

This letter addresses Compliance Determination(s) 40491 (Completion Date 04/30/2024) and 37835 (Completion Date 03/07/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/30/2024 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-24642, WAC 388-78A-24642-1, WAC 388-78A-24642-2, WAC 388-78A-24642-3, WAC 388-78A-2464, WAC 388-78A-2464-1, WAC 388-78A-2464-2, WAC 388-78A-2480-1

The Department staff who did the off-site verification:
Richard Westom, NCI, ALF Complaint Investigator
Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***800 NE 136th Ave Ste 200, Vancouver, WA 98684***

| | | |
|---|---|---|
| Statement of Deficiencies | License #: 2653 | Compliance Determination # 37835 |
| Plan of Correction | Windsor Gardens Memory Care | Completion Date |
| Page 1 of 5 | Licensee: Belamour, INC. | 03/07/2024 |

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 03/06/2024 and 03/07/2024 of:
Windsor Gardens Memory Care
1602 NE 162nd Ave
Vancouver, WA 98684

The following sample was selected for review during the unannounced on-site visit: 4 of 8 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jennifer Siharath, ALF Licensor
Kyle Gehlen, ALF Licensor - LTC
Richard Westom, NCI, ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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: 03/08/2024

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 #: 2553 | Compliance Determination # 37835 |
|---|---|---|
| Plan of Correction | Windsor Gardens Memory Care | Completion Date |
| Page 2 of 5 | Licensee: Belamour, INC. | 03/07/2024 |

Administrator (or Representative)

3/27/24
Date

**WAC 388-78A-24642 Background checks National fingerprint background check.**

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

(2) After receiving the results of the national fingerprint background check the assisted living facility must not employ, directly or by contract, an administrator or caregiver who has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or that is disqualifying under WAC 388-78A-2470 .

(3) The assisted living facility may accept a copy of the national fingerprint background check results letter and any additional information from the department's background check central unit from an individual who previously completed a national fingerprint check through the department's background check central unit, provided the national fingerprint background check was completed after January 7, 2012.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to complete a national fingerprint background check within the required timeframe of 120 days for 2 of 5 sampled staff (Staff C and Staff D). This failure placed all residents and staff at risk for danger by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

On 03/06/2024 at 11:00 AM, during an unannounced licensing inspection, the department received the requested staff documents.

Record review for Staff C, Caregiver, showed that Staff C was hired on 03/06/2023. Review of Staff C's National fingerprint background check showed that it was completed on 07/18/2023, 134 days after hire.

Record review for Staff D, Caregiver, showed that Staff D was hired on 06/23/2021. Review of Staff D's National fingerprint background check showed that it was completed on 11/19/2021, 149 days after hire.

In an exit interview on 03/07/2024 at 11:45 AM, Staff A, Administrator, acknowledged that the National fingerprint background checks for Staff C and Staff D were completed late.

| Statement of Deficiencies | License #: 2653 | Compliance Determination # 37835 |
|---|---|---|
| Plan of Correction | Windsor Gardens Memory Care | Completion Date |
| Page 3 of 5 | Licensee: Belamour, INC. | 03/07/2024 |

**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, Windsor Gardens Memory Care is or will be in compliance with this law and / or regulation on (Date) 3/28/24.

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

Administrator (or Representative) — Date 3/28 3/27/24

**WAC 388-78A-2464 Background checks Process Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:**

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure a Washington State name and date of birth background check was completed prior to employment for 1 of 5 sampled staff (Staff C). This failure placed all residents and staff at risk by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

During an unannounced inspection on 03/06/2024 at 11:00 PM, the department received the requested staff documents.

Record review for Staff C, Caregiver, showed Staff C was hired on 03/06/2023. Review of Staff C's Washington State name and date of birth background check showed that it was completed on 05/12/2023.

In an exit interview on 03/07/2024 at 11:45 AM, Staff A, Administrator, acknowledged that the Washington State name and date of birth background check for Staff C was completed late.

| Statement of Deficiencies | License #: 2653 | Compliance Determination # 37835 |
|---|---|---|
| Plan of Correction | Windsor Gardens Memory Care | Completion Date |
| Page 4 of 5 | Licensee: Belamour, INC. | 03/07/2024 |

**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, Windsor Gardens Memory Care is or will be in compliance with this law and / or regulation on (Date) 3/28/24.

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

Administrator (or Representative) — Date: 3/27/24

**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 tuberculosis (TB), an infectious bacterial disease that often attacks the lungs, testing within three days of hire for 1 of 3 sampled staff (Staff C) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced inspection on 03/06/2024 at 11:00 AM, the department received the requested staff documents.

Record review for Staff C, Caregiver, showed Staff C was hired on 03/06/2023. Review of Staff C's two-step TB testing showed that the first step TB test was administered on 01/26/2024.

In an exit interview on 03/07/2024 at 11:45 AM, Staff A, Administrator, acknowledged that the two-step TB testing for Staff C was completed late.

**Plan/Attestation Statement**

| Statement of Deficiencies | License #: 2653 | Compliance Determination # 37835 |
|---|---|---|
| Plan of Correction | Windsor Gardens Memory Care | Completion Date |
| Page 5 of 5 | Licensee: Belamour, INC. | 03/07/2024 |

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, Windsor Gardens Memory Care is or will be in compliance with this law and / or regulation on (Date) 3/28/24.

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

Administrator (or Representative) [signature] Date 3/27/24

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***800 NE 136th Ave Ste 200, Vancouver, WA 98684***

03/08/2024

Belamour, INC.
Windsor Gardens Memory Care
1802 NE 162nd Ave
Vancouver, WA 98684

RE: Windsor Gardens Memory Care # 2653

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 03/07/2024 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:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit I
800 NE 136th Ave Ste 200

Vancouver, WA 98684

• 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-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:**

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a

substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

The facility failed to ensure a full assessment was completed within 14 days of admission for 1 of 1 sampled residents. The facility was able to show that they had created a procedure to correct this failure before the final exit.

**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 (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

Enclosure