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

GRANDE MANOR CARE INC
Grand Manor Care, Inc
1718 W 9th Ave
Spokane, WA 99204

RE: Grand Manor Care, Inc License # 2658

Dear Administrator:

This letter addresses Compliance Determination(s) 33968 (Completion Date 12/15/2023) and 31787 (Completion Date 11/03/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/15/2023 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-2730-1-a, WAC 388-78A-2730-1-b, WAC 388-78A-2730-1, WAC 388-78A-3090-1-a, WAC 388-78A-3090-1, WAC 388-78A-2070-1, WAC 388-78A-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c

The Department staff who did the on-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
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 2658	Compliance Determination # 31787
Plan of Correction	Grand Manor Care, Inc	Completion Date
Page 1 of 8	Licensee: GRANDE MANOR CARE INC	11/03/2023

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 11/01/2023, 11/02/2023 and 11/03/2023 of:
Grand Manor Care, Inc
1718 W 9th Ave
Spokane, WA 99204

The following sample was selected for review during the unannounced on-site visit: 4 of 12 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

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

11/15/2023

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.

Administrator (or Representative)

11/23/2023
Date

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

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

(a) The operation of the assisted living facility;

(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:

Findings included...

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

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

Review of a Department of Social and Health Services provider letter, dated 09/14/2023, showed that employers in Long Term Care settings are required to "follow regulations pertaining to respiratory protection".

In an interview on 11/1/23 at 12:25pm, Staff A, Manager, stated there was no respiratory protection program (RPP) in place, they had not been fit tested (test completed by specially trained personnel to ensure N95 masks seal effectively to reduce the chance of exposure to respiratory viruses) and that no fit testing had been completed for any staff members at the facility.

Review of the undated caregiver personnel files for Staff A, B, C, D, and E showed no documentation of respiratory fit testing required to safely wear a respirator to provide care should an outbreak occur.

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, Grand Manor Care, Inc is or will be in compliance with this law and / or regulation on (Date) 12/10/23.

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

Administrator (or Representative) 12/10/2023 Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure the environment was kept clean and in good repair. This failed practice placed 12 of 12 residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12) at risk of illness, injury and decreased quality of life due to an unsanitary kitchen, broken and unkept equipment, and exterior trash.

Findings included... .

During the environmental tour on 11/01/2023 at 2:15 PM with Staff A, Manager, the following was observed:

-Counter strip above dishwasher was missing and bare wood material showing.

-Caulking around kitchen sink was cracked, with areas of black and brown spots in the caulking.

-Cupboard frames held together by masking tape.

- Grates under the kitchen sink (that allow radiator heat into the kitchen) were covered with grey and brown powdery dirt substance and were cracked and broken with missing sections.

-Kitchen exterior door with window had a 12-inch by 4-inch long hard paint chip peeling and exposed on the right side of the door.
-Kitchen cupboard doors had blackened areas with worn paint.

- Multiple holes in kitchen walls were not covered.

-Paper towel holder was taped to the wall in the kitchen with masking tape which had been painted over.

Observation on 11/01/2023 at 2:30 PM, during the environmental tour with Staff A, showed an old mattress and trash outside behind the facility, on the ground.

In an interview on 11/03/2023 at 1:15 PM Staff A acknowledged the items listed above as needing to be repaired to cleaned.

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, Grand Manor Care, Inc is or will be in compliance with this law and / or regulation on (Date) 12/10/23.

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

Administrator (or Representative) — Date: 12/10/2023

WAC 388-78A-2070 Timing of preadmission assessment.

(1) Unless there is an emergency, the assisted living facility must complete the preadmission assessment of the prospective resident before each prospective resident moves into the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a preadmission assessment to ensure the residents' level of care needs could be met at the facility for 2 of 4 sampled residents (Resident 2 and 4). This failed practice placed residents at risk of improper admittance to the facility and unmet care needs and services.

Findings included...

Review of Resident 2's negotiated service agreement (NSA), dated 08/04/2023, showed the resident was admitted on [redacted]/2023.

Review of Resident 2's undated facility file showed no documentation of a preadmission assessment completed by the facility.

Review of Resident 4's NSA, dated [redacted]/2023, showed the resident was admitted on [redacted]/2023.

Review of Resident 4's undated facility file showed no documentation of a preadmission assessment completed by the facility.

In an interview on 11/02/2023 at 9:35 AM, Staff A, Manager, stated the facility did not complete preadmission assessments.

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, Grand Manor Care, Inc is or will be in compliance with this law and / or regulation on (Date) 12/10/23.

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

Administrator (or Representative) — Date: 12/10/2023

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.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure resident assessments were completed within 14 days of admission for 2 of 4 sampled residents (Resident 2 and 4). This failed practice placed residents at risk of unmet care needs and services.

Findings included...

Review of Resident 2's negotiated service agreement (NSA), dated 08/04/2023, showed the resident was admitted on [redacted]/2023.

Review of Resident 2's undated facility file showed no documentation of a 14-day

assessment completed by the facility.

Review of Resident 4's NSA, dated [redacted]/2023, showed the resident was admitted on [redacted]/2023.

Review of Resident 4's undated facility file showed no documentation of a 14-day assessment completed by the facility.

In an interview on 11/02/2023 at 9:35 AM, Staff A, Manager, stated the facility did not do 14-day assessments.

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, Grand Manor Care, Inc is or will be in compliance with this law and / or regulation on (Date) 12/10/23.

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

Administrator (or Representative)

12/10/2023
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

GRANDE MANOR CARE INC
Grand Manor Care, Inc
1718 W 9th Ave
Spokane, WA 99204

RE: Grand Manor Care, Inc # 2658

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 11/03/2023 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-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 provider had been using the residents' Home and Community Services Comprehensive Assessment Reporting Evaluation (CARE) assessment for residents' annual assessments which did not meet regulatory requirements. The facility management stated they were unaware of the requirement to complete facility assessments and would ensure residents were assessed annually by qualified facility staff.

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