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

Salmon Creek Koelsch Operations LLC
The Inn at University Village at Salmon Creek
2723 NE 134th St
Vancouver, WA 98686

RE: The Inn at University Village at Salmon Creek License # 2668

Dear Administrator:

This letter addresses Compliance Determination(s) 42861 (Completion Date 06/21/2024) and 40896 (Completion Date 05/14/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/21/2024 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-2140, WAC 388-78A-2140-1, WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-b, WAC 388-78A-2140-1-c, WAC 388-78A-2140-1-d, WAC 388-78A-2140-1-e, WAC 388-78A-2140-2, WAC 388-78A-2140-2-a, WAC 388-78A-2140-2-b, WAC 388-78A-2140-3, WAC 388-78A-2140-4, WAC 388-78A-2140-5, WAC 388-78A-2140-6, WAC 388-78A-2140-7, WAC 388-78A-2140-8

The Department staff who did the off-site verification:
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

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 05/07/2024 and 05/09/2024 of:
The Inn at University Village at Salmon Creek
2723 NE 134th St
Vancouver, WA 98686

The following sample was selected for review during the unannounced on-site visit: 10 of 38 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jennifer Siharath, ALF Licensor
Kyle Gehlen, ALF Licensor - LTC

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

05/14/2024
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.

Eind
Administrator (or Representative)

5/20/24
Date

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:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2280 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

Administrator (or Representative) Date

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:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

(6) A communication plan, if special communication needs are present;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

(8) The assisted living facility must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of personal property or injury on the resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in the resident's Negotiated Service Agreements (NSA) the plan to provide necessary health support services from outside providers and specific resident identified care and service needs for 8 of 10 sampled residents (Resident 2, Resident 3, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, and Resident 10). Failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Resident 2 (R2)
During an unannounced full inspection on 05/08/2024 at 10:15 AM, R2's records showed that R2 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of the facility's resident characteristic roster showed that R2 had a medical device and that they were receiving home health services.

Record review of R2's NSA, dated 11/20/2023, showed no documentation of R2 using a medical device or that they were receiving home health services.

Resident 3 (R3)
On 05/08/2024 at 10:25 AM, R3's records showed that R3 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Record review of R3's NSA, dated 11/23/2023, showed no documentation of the type of diet that R3 was receiving.

Resident 5 (R5)
On 05/08/2024 at 11:30AM, R5's records showed that R5 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Review of the facility's resident characteristic roster showed that R5 was a diabetic receiving insulin injections.

Record review of R5's face sheet, printed on 05/07/2024, showed that the type of diet R5 was receiving was a diet with no concentrated sweets.

Record review of R5's NSA, dated 03/13/2024, documented that R5 was on a general diet with thin liquids.

During an interview on 05/09/2024 at 10:40 AM, Staff A, Executive Director, and Staff B, Director of Nursing Services, confirmed that R5 was on a no concentrated sweets diet and stated that August Health should have copied that over to all the documents.

Resident 6 (R6)
On 05/08/2024 at 11:00 AM, R6's records showed that R6 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R6's NSA, dated 04/11/2024, showed no documentation of the type of diet that R6 was receiving.

Resident 7 (R7)
On 05/08/2024 at 12:15 PM, R7's records showed that R7 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Review of the facility's resident characteristic roster showed that R7 had a medical device and that they were receiving hospice services.

Record review of R7's NSA, dated [redacted]/2024, showed no documentation of R7 using a medical device, no documentation that R7 were receiving hospice services, no documentation that R7 was using oxygen, and no documentation of the type of diet that R7 was receiving.

Resident 8 (R8)
On 05/08/2024 at 1:30 PM, R8's records showed that R8 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Record review of R8's NSA, dated 04/30/2024, showed no documentation of the type of diet that R8 was receiving.

Resident 9 (R9)
On 05/08/2024 at 10:30 AM, R9's records showed that R9 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Record review of R9's NSA, dated 12/15/2023, showed no documentation of the type of

diet that R9 was receiving.

Resident 10 (R10)
On 05/08/2024 at 1:45 PM, R10's records showed that R10 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted]

Record review of R10's NSA, dated 04/29/2024, showed no documentation of the type of diet that R10 was receiving.

In an exit interview on 05/09/2024 at 12:20 PM, Staff A, Executive Director, and Staff B, Director of Nursing Services, acknowledged that the NSAs for R2, 3, 5, 6, 7, 8, 9, and 10 were missing necessary health support services from outside providers and specific resident identified care and service needs.

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, The Inn at University Village at Salmon Creek is or will be in compliance with this law and / or regulation on (Date) 6/10/24.

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

Eim D

Administrator (or Representative)

5/20/24

Date

diet that R9 was receiving.

Resident 10 (R10)
On 05/08/2024 at 1:45 PM, R10's records showed that R10 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R10's NSA, dated 04/29/2024, showed no documentation of the type of diet that R10 was receiving.

In an exit interview on 05/09/2024 at 12:20 PM, Staff A, Executive Director, and Staff B, Director of Nursing Services, acknowledged that the NSAs for R2, 3, 5, 6, 7, 8, 9, and 10 were missing necessary health support services from outside providers and specific resident identified care and service needs.

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, The Inn at University Village at Salmon Creek is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Administrator (or Representative) Date