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

Buena Vista ALF Operations LLC
Buena Vista Healthcare
151 Buena Vista Dr
Colville, WA 99114

RE: Buena Vista Healthcare License # 2672

Dear Administrator:

This letter addresses Compliance Determination(s) 40811 (Completion Date 05/06/2024) and 38715 (Completion Date 03/27/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/06/2024 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-2130-3, WAC 388-78A-2130-3-a, WAC 388-78A-2130-3-b, WAC 388-78A-2240, WAC 388-78A-2100-2-a, WAC 388-78A-2100-2, WAC 388-78A-2100

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
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 2672	Compliance Determination # 38715
Plan of Correction	Buena Vista Healthcare	Completion Date
Page 1 of 8	Licensee: Buena Vista ALF Operations LLC	03/27/2024

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 03/25/2024, 03/26/2024 and 03/27/2024 of:

Buena Vista Healthcare
151 Buena Vista Dr
Colville, WA 99114

The following sample was selected for review during the unannounced on-site visit: 6 of 20 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Veronica Jackson, Assisted Living Facility Licensor
Joy Pipgras, LTC Surveyor
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.

S.M
Residential Care Services

04/03/2024
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) 4.8.24 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

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to update negotiated service agreements to accurately reflect health status and care needs for 2 of 5 sampled residents (Resident 2 and 4). These failures contributed to falls, adverse urinary symptoms, and catheter malfunction for Resident 4 placed the residents at risk of unmet care needs.

Findings included...

<Resident 4>

Falls

Review of Resident 4's face sheet showed that the resident was admitted on [redacted]/2022 and was diagnosed with [redacted].

Review of Resident 4's Negotiated Service Plan/Annual Assessment (NSA), dated 05/05/2023, showed it did not include muscle weakness, difficulty walking, unsteadiness, or malaise. The NSA showed that the resident could transfer themselves unless they were feeling weak. Further review of the NSA showed no documented interventions for assistance that may be needed secondary Resident 4's diagnoses.

Review of Resident 4's progress notes showed the resident fell in their room on 02/06/2024, 03/11/2024, 03/16/2024, 03/18/2024, 03/25/2024 and 03/26/2024.

Review of Resident 4's progress note, dated 3/18/2024 at 3:45 PM, showed that Staff F,

Registered Nurse, documented the resident was "still not making good decisions and is still needing more help with all cares and mobility.

In an interview on 03/26/2024 at 10:30 AM, Resident 4 stated they had pushed their call pendant that morning and requested help to get up out of bed because they were too weak to stand.

Urinary Catheter Care

Review of Resident 4's pre-assessment, dated 03/05/2023 and signed by Staff F, showed the resident had a suprapubic catheter (a urinary catheter surgically inserted into the bladder from the lower stomach area).

Review of Resident 4's NSA, dated 05/05/2023, showed the resident was alert and oriented. Further review of the NSA showed that staff may need to help empty the resident's catheter bag. The NSA did not state what kind of catheter the resident had or what interventions were required to monitor and care for the catheter.

Observation on 03/26/2024 at 10:30 AM, showed Resident 4 had a urinary catheter that contained bright red urine (blood tinged). Further observation showed the catheter bag sat on a walker while the resident sat in a chair lower to the ground than the bag of urine, which impeded the drainage of urine into the bag.

In an interview on 03/26/2024 at 10:30 AM, Resident 4 stated they went to a clinic weekly to have the catheter changed. Resident 4 stated their catheter was not suprapubic and was a penile urinary catheter.

Review of Resident 4's January 2024, February 2024, and March 2024 medication administration records showed the resident was prescribed cephalexin (an antibiotic to prevent urinary tract infection) daily beginning on 08/25/2023.

Review of Resident 4 progress notes showed:

02/04/2024 6:00 PM, went to the emergency room (ER) for catheter issues.

02/10/2024 9:09 PM, went to the ER for catheter issues (leaking).

02/11/2024 at 9:09 PM, went to the ER for catheter issues (still leaking).

02/12/2024 at 2:35 PM, complained of bladder pain, asking staff to call family to take

them to ER and they did.

02/14/2024 8:48 PM, received instructions from doctor appointment (that day) to refer to urology (medical treatment for urinary tract system) for bladder issues and treatment for skin issues related to the catheter.

03/15/2024 at 9:05 PM, no complaints from ER visits X3, but is still in pain and not voiding (urinating) much.

03/16/2024 at 9:08 PM, still not voiding into catheter bag, but is voiding. Bedding and clothing needing to be changed because is soaking through everything.

03/17/2024 at 5:20 AM, still not voiding in catheter bag but is voiding.

03/18/2024 at 9:24 AM, complained of bladder pain and family took them to ER.

In an interview on 03/27/2024 at 10:45 AM, Staff E, Staff Coordinator/Resident Care Coordinator stated that Resident 4 was admitted to the facility with a penile (not suprapubic) urinary catheter.

<Resident 2>

Review of Resident 2's NSA, dated 01/30/2023, showed the resident was diagnosed with [redacted]

Review of a referral order for Resident 2, dated 02/27/2024, showed a request for speech therapy for cognitive decline.

Review of Resident 2's progress notes, dated 02/28/2024 stated, "Received a speech therapy order from MD, gave to speech therapy." Further review of the progress notes showed no documentation that the resident was showing signs of decline, that family was notified, or why Resident 2 needed speech therapy.

Review of Resident 2's electronic care plan, revised on 03/02/2024, showed no documentation that Resident 2 was receiving speech therapy.

In an interview on 03/26/2024 at 10:45 AM, Staff E stated that Resident 2 was referred to speech therapy "because they were having problems getting their words out," but was no longer receiving speech therapy when department staff inquired about the physician's order.

In an interview on 03/26/2024 at 2:03 PM, Staff E confirmed that Resident 2 was still receiving speech therapy and did not know why it was not on the care plan.

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, Buena Vista Healthcare is or will be in compliance with this law and / or regulation on (Date) 4.19.24 .

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

Administrator (or Representative) — Date: 4.8.24

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a blood pressure medication was renewed for 1 of 5 residents (Resident 2) sampled for medication services. This failure resulted in the resident not receiving their prescribed medication for eight days and placed the resident at risk of serious health complications.

Findings included...

Review of Resident 2's care plan, dated 01/30/2023, showed the resident was diagnosed with [redacted].

Review of Resident 2's January 2024 and February 2024 medication administration records (MARs) showed that the resident had an prescription order for losartan (a medication to control high blood pressure) daily. Further review of the MARs showed that Resident 2 did not receive the medication from 01/26/2024 through 02/02/2024 and was documented as, "On Order from Pharmacy."

Review of the facility's policy and procedure titled "Medication Ordering and Receiving from Pharmacy," showed that it stated the facility is to "Reorder medication five to seven days in advance of need, to assure an adequate supply is on hand."

Review of Resident 2's undated medical file showed no documentation that the physician, the pharmacy, or the family had been contacted regarding the unavailability of the medication.

In an interview on 03/26/2024 at 10:47 AM, Staff E, Staff Coordinator/Resident Care Coordinator, stated that they were responsible to order resident medication and did not know why Resident 2 had not received the losartan. Staff E stated they could not recall if the physician or pharmacy had been notified to obtain the medication.

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, Buena Vista Healthcare is or will be in compliance with this law and / or regulation on (Date) 4.8.24 .

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Administrator (or Representative) — Date: 4.8.24

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;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to complete a full assessment at least annually that included the resident's health history diagnoses for 1 of 6 sampled residents (Resident 4) and safety assessments for 2 of 2 residents (Residents 4 and 6) with medical devices. This failure placed Resident 4 at risk of not receiving care and services related to their healthcare needs and Residents 4 and 6 at risk of injury or entrapment.

Findings included...

Per WAC 388-78A-2090 resident assessments should include a licensed medical or health professional's diagnoses and an assessment of medical devices that may pose a danger to the individual or others.

<Resident 4>

Observation on 03/26/2024 at 10:30 AM showed that Resident 4 had a bed cane (a device attached to the bed to assist with mobility) attached to their bed.

Review of Resident 4's face sheet showed the resident was diagnosed with a [redacted], and [redacted].

Review of Resident 4's Negotiated Service Plan/Annual Assessment, dated 05/05/2023, showed the resident was admitted to the facility on [redacted]/2022. Further review showed no documentation of a history of prostate cancer with radiation treatment, urinary retention, or that the resident used a bed cane safely for mobility in their bed.

Review of Resident 4's device evaluation, dated [redacted]/2022, showed the resident used a device for mobility assistance. Further review showed no documentation of what the device was, if the device was safely attached to the bed, or if the resident was assessed to safely use the device for mobility.

In an interview on 03/26/2024 at 2:30 PM, Staff E, Staff Coordinator/Resident Care Coordinator indicated they did not have an annual safety assessment for Resident 4's bed cane.

<Resident 6>

Observation on 03/27/2024 at 1:25 PM showed that Resident 6 had a bed rail attached to their bed.

Review of Resident 6's device evaluation, dated 08/29/2022, showed the resident used a device described as a "mob bar" for mobility assistance. Further review showed no documentation assessing whether the device was safely attached to the bed or if the resident was assessed to safely use the device for mobility.

In an interview on 03/27/2024 at 3:15 PM, Staff A, Executive Director, indicated they did not complete safety assessments for medical devices on an annual basis.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2672	Compliance Determination # 38715
Plan of Correction	Buena Vista Healthcare	Completion Date
Page 8 of 8	Licensee: Buena Vista ALF Operations LLC	03/27/2024

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, Buena Vista Healthcare is or will be in compliance with this law and / or regulation on (Date) 4.19.24 .

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

Administrator (or Representative) 4.8.24 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

Buena Vista ALF Operations LLC
Buena Vista Healthcare
151 Buena Vista Dr
Colville, WA 99114

RE: Buena Vista Healthcare # 2672

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 03/27/2024 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-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

A facility caregiver had not completed dementia and mental illness specialty training within the time frame it was due (11/30/2023) due to taking some time off. The caregiver had provided resident care prior to their time off without the training. The facility administration stated the caregiver will complete the training upon their return.

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

The facility was unable to locate and produce documented family assistance plans for residents with over-the-counter medications supplied by their family or representative. Administration indicated they were completed for every resident at admission but were misplaced during a recent transition between paper and electronic records. During the inspection the facility actively worked to recover the written family assistance plans.

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