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***

Veda Living Spokane Cataldo LLC
Colonial Court Assisted Living and Memory Care
12016 E Cataldo Ave
Spokane Valley, WA 99206

RE: Colonial Court Assisted Living and Memory Care # 2674

Dear Administrator:

This document references Compliance Determination 36225 (02/12/2024), which included complaint number(s) 115225.
The Department completed a complaint investigation of your Assisted Living Facility on 02/12/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Sylvia Shauvin, Complaint Investigator

**Consultation:**

**WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:**

(2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:

(a) Departure from the resident's customary range of functioning; or

(b) Recurring condition in a resident's physical, emotional, or mental functioning that has previously required intervention by others.

(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section; and

(4) Take appropriate action in response to each resident's changing needs.

Facility failed to monitor sampled residents' resistive behaviors that were new/recurring, and planned to develop a system to monitor, and determine if actions were needed to address residents' resistance to care.

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

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(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.

Facility failed to update care plans related to sampled residents' resistance to care and responsibility for laundry services, and planned to ensure interventions for resistance to care, and laundry services were negotiated in writing with residents or their representatives.

**WAC 388-78A-2560 Administrator responsibilities. The licensee must ensure the administrator:**

(5) When the administrator is not available on the premises, either:

(a) Is available by telephone or electronic pager; or

(b) Designates a person approved by the licensee to act in place of the administrator. The designee must be:

(i) Qualified by experience to assume designated duties; and

(ii) Authorized to make necessary decisions and direct operations of the assisted living facility during the administrator's absence.

Facility failed to ensure Administrator or designee was available to address concerns related to care of sampled residents. Facility planned to ensure Administrator or qualified

staff was always available to address concerns/questions.

**You Must:**
- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

**You Are Not:**
- Required to submit a plan-of-correction for the deficiency or deficiencies found.

**The Department May:**
- Inspect the facility to determine if you have corrected all deficiencies.

**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

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** Colonial Court Assisted Living and Memory Care
**License/Cert.#:** 2674
**Compliance Determination #:** 36225
**Investigator:** Sylvia Shauvin
**Provider Type:** Assisted Living Facility
**Intake ID:** 115225
**Region/Unit #:** RCS Region 1 / Unit B
**Investigation Date(s):** 02/01/2024 through 02/12/2024
**Complainant Contact Date(s):** 01/30/2024, 02/12/2024

**Allegation(s):**

1 - Lack of hygiene assistance
2 - Lack of laundry services
3 - Lack of bladder/urinary care
4 - Difficult to reach staff that can address concerns

**Investigation Methods:**

**Sample:**
Total residents: 22
Resident sample size: 8
Closed records sample size: 2

**Observations:**
Residents' well-being and comfort
Extent of assistance residents need
Hygiene and clothing
Toileting/bladder management
Staff's care of residents, response to residents' needs

**Interviews:**
Three residents
Four resident representatives, including rep for alleged victim (AV)
Medication Aide
Two facility caregivers
Health Services Director/facility nurse
Private Duty Caregiver
Administrator

**Record Reviews:**
Sampled residents' Face Sheets, care plans, and Narratives (Progress Notes)
Disclosure of Services
Admission Agreement

**Investigation Summary:**

1 - Residents were observed clean and properly groomed. No lingering, objectionable odors were observed. Staff were observed promptly responding to residents' needs for hygiene assistance. Interviews with residents and representatives did not yield current concerns related to hygiene. Staff interviewed stated some residents sometimes

exhibited resistance related to hygiene. The staff were knowledgeable about interventions to use when residents resisted care however, facility did not assess and document recurrence/departures related to behaviors, and care plans did not address resistance to care. Facility planned to develop its system for monitoring, assessing, and care-planning residents' resistance to care. Written consultation was provided regarding Washington Administrative Codes WAC 388-78a-2120(2)(a)(b),(3)(a),(4) Monitoring residents' well-being and (WAC) 388-78a- 2130(3)(a-b) Service agreement planning.
2 - Residents were observed with clean clothing. Staff interviewed stated facility furnished laundry services, and in few cases, families opted to launder residents' clothing. Available laundry services were outlined in Admission Agreement and Disclosure of Services, but not negotiated in 7 of 10 sampled residents' care plans. Facility planned to ensure laundry services were negotiated in writing with residents or their representatives. Written consultation was provided regarding WAC 388-78a-2130(1) Service agreement planning.
3 - Residents interviewed did not yield concerns related to allegation. Caregivers were familiar with their responsibility to provide catheter care that was within their scope of practice (i.e. they provided hygiene and emptied catheter bags). When AV could no longer independently perform straight catheterization, facility contacted prescriber and advised AV's representative of staff's inability to provide this type of care at frequency that prescriber ordered. Representative opted to move the resident. Investigation findings did not support failed facility practices/warrant citations however, technical assistance was provided regarding WAC 388-78a-2660 (1)(2)(4)(5) Resident rights; reference to Revised Code of Washington 70.129.110(3)(4) Disclosure, transfer, and discharge requirements. Facility planned to develop its system to try to preserve residents' placement, and ensure a smooth transition for residents that need to move.
4 - Two representatives and a collateral contact interviewed stated that it was difficult to make contact with the Administrator or a designee that could address their concerns/questions. Interviews with residents and representatives did not yield information that showed adverse impact on residents. Facility planned to ensure Administrator or qualified staff were always available to address concerns/questions. Written consultation was provided regarding WAC 388-78a-2560(5)(a)(b)(i-ii) Administrator responsibilities.

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**Conclusion / Action:**

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A