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

VOP Bishop Place, LLC
Bishop Place Senior Living
815 SE Klemgard St
Pullman, WA 99163

RE: Bishop Place Senior Living # 2675

Dear Administrator:

This document references Compliance Determination 30244 (09/27/2023), which included complaint number(s) 98323, 98976, 99558, 99840.
The Department completed a complaint investigation of your Assisted Living Facility on 09/27/2023 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-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:

(iii) On-going assessments of the resident;

Facility was utilizing interventions to protect resident from bruising however, it failed to

address 1 of 5 sample resident's bruising in their care plan. Facility planned to update the resident's care plan.

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

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

(d) Ensure each resident or staff person maintains the resident's quarters in a safe and sanitary condition consistent with the negotiated service agreement.

Weekly housekeeping services was addressed in facility's housekeeping schedule and on residents' care plans. For 1 of 5 sample residents whose carpet was observed soiled, facility planned to provide immediate steam-cleaning of the carpet.

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)323-7315.

Sincerely,

J Salquist

Jessica Salquist, Field Manager
Region 1, Unit B
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Bishop Place Senior Living **Provider Type**: Assisted Living Facility

License/Cert.#: 2675
Intake ID: 98323
Compliance Determination #: 30244
Region/Unit #: RCS Region 1 / Unit B
Investigator: Sylvia Shauvin
Investigation Date(s): 09/27/2023 through 09/27/2023
Complainant Contact Date(s): 09/21/2023, 10/02/2023

Allegation(s):
1 - Resident with bruises
2 - Improper transfer assistance resulting in injuries
3 - Lack of response to resident falls
4 - Difficulty contacting facility

Investigation Methods:

Sample:	Total residents: 93 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents' safety and well-being Any injuries Any signs of unmet needs Staff's care and treatment of residents Staff's response to residents' needs
Interviews:	Five residents Five resident representatives Two caregivers Medication aide Activity staff Two housekeepers Facility nurse Administrator
Record Reviews:	Sample residents' Face Sheets, assessments, care plans, medication records, and Progress Notes Facility investigation documents Staffing schedules - August and September 2023 Sample three staff's credentials Facility policy and procedures - falls

Investigation Summary:
1 - As observed, named resident had bruises on their arms. This resident stated they bruised easily, and did not provide specific information about the cause(s) of the

bruising. The medication record for this resident showed they were on blood-thinning medication. The facility did not outline care plan interventions, as needed, to protect the resident's skin from injuries, such as bruising. Written consultation was provided regarding Washington Administrative Code 388-78a-2140(1)(a)(iii) Negotiated Service Agreement Contents, SOD date 09/27/2023.
2 - Residents interviewed had no concerns about staff's assistance related to transfers. Interviews with staff showed they provided transfer assistance as outlined in care plans, and obtained additional staff to assist with transfers when necessary. Investigation findings did not support failed facility practices/warrant citation(s) related to allegation.
3 - Staff was observed providing residents with prompt assistance with transfers and ambulation. Staff interviewed was familiar with residents' risk for falls and individualized interventions to promote safety, which were outlined in care plans. Facility had a system for investigating falls to rule out abuse and neglect, and address ongoing safety. Investigation findings did not support failed facility practices/warrant citation(s) related to allegation.
4 - Staff was observed readily available to address residents' needs/concerns, and no observations were made of unmet needs of residents. Residents interviewed had no concerns about the availability of staff to meet their needs. Investigation findings did not support failed facility practices/warrant citation(s) related to allegation.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Bishop Place Senior Living **Provider Type**: Assisted Living Facility

License/Cert.#: 2675
Compliance Determination #: 30244
Investigator: Sylvia Shauvin
Intake ID: 99840
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 09/27/2023 through 09/27/2023
Complainant Contact Date(s): 09/27/2023, 09/28/2023

Allegation(s):
1 - Apartments e.g. toilets, are unclean
2 - Lack of hygiene/grooming assistance
3 - No shower schedule

Investigation Methods:

Sample:	Total residents: 93 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents' safety and well-being Hygiene Environment cleanliness and maintenance
Interviews:	Five residents Five resident representatives Two caregivers Medication aide Activity staff Two housekeepers Facility nurse Administrator
Record Reviews:	Sample residents' Face Sheets, assessments, care plans, medication records, and Progress Notes Shower and housekeeping schedules Staffing schedules - August and September 2023 Sample three staff's credentials

Investigation Summary:
1 - As observed, bathrooms of sample residents, including sample resident, were observed clean. Residents interviewed had no concerns about housekeeping. One sample resident's carpet had several stains that the resident said was from a spill or unknown source. Per interviews with two housekeepers, the facility identified the need to increase housekeeping services therefore, recently adjusted housekeepers' schedules and recruited additional housekeepers. When investigator notified facility

about sample resident's soiled carpet, facility planned to immediately steam clean the carpet. Written consultation was provided under Washington Administrative Code 388-78a-3090(1)(a)(d) Maintenance and housekeeping. This was related to the need for facility to clean the carpet in sample resident's apartment.
2 - Residents were observed clean and appropriately groomed, and no lingering, objectionable odors were detected. Residents interviewed had no concerns about the assistance they received with hygiene. Investigation findings did not support failed facility practices/warrant citation(s) related to allegation.
3 - Sample residents, including named resident, were observed clean and without objectionable odors. Residents interviewed had no concerns about showers. Named resident stated they recently refused two week's showers, but took one the day of investigation. Resident and staff interviews showed staff addressed missed showers by re-scheduling them. Staff interviewed were aware of residents' right to refuse care, and stated when residents refused showers, they re-approached them, utilized alternate staff, and re-scheduled showers. Observations and staff interviews showed facility had shower schedules. Investigation findings did not support failed facility practices/warrant citation(s) related to allegation.

Conclusion / Action:

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