STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

06/14/2024

Ferndale AL, LLC
Avista Senior Living Ferndale
2240 Main St
Ferndale, WA 98248

RE: Avista Senior Living Ferndale License # 2677

Dear Administrator:

This letter addresses Compliance Determination(s) 42228 (Completion Date 06/04/2024) and 39154 (Completion Date 04/12/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/04/2024 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-2240

The Department staff who did the on-site verification:
Cristina Gonzalez, ALF Licensor
Roger Harrington, Assisted Living Facility Licensor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 an unannounced on-site follow-up on 03/29/2024 and 04/03/2024 of:
Avista Senior Living Ferndale
2240 Main St
Ferndale, WA 98248

This document references the following SOD dated: 04/12/2024

The following sample was selected for review during the unannounced on-site visit: 8 of 31 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley

Residential Care Services

04/24/2024

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) Date

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 Assisted Living Facility (ALF) failed to obtain prescribed medications for 2 of 2 residents (Resident 1 and 2). This failure resulted in Resident 1 and 2 not receiving their medications as ordered and placed them at risk for medical complications.

Findings included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed that on 12/22/2023, the Assisted Living Facility (ALF) received a citation for this regulation. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 02/05/2024.

Review of the ALF's undated policy titled, "Obtaining and Refilling Medications," showed the ALF was responsible for executing medication refills according to medical practitioner's orders. The policy showed medications that required a refill would be submitted to the pharmacy for processing and delivery prior to medications being depleted. The policy showed that if an order was rejected, the Health Service Director would help coordinate necessary interventions to obtain or refill the medications.

Resident 1

Review of an undated Face Sheet showed Resident 1 was admitted to the ALF on [redacted]/2022. Resident 1 was admitted with multiple medical diagnoses which included [redacted] and [redacted].

Review of Resident 1's undated Negotiated Service Agreement (NSA) showed Resident 1 required staff assistance with self-medication administration.

Review of Resident 1's After-Visit Summary from their care provider, dated 03/14/2024,

showed Resident 1’s Rybelsus (a medication used to control blood sugar) dose was increased to 14 milligrams (mg), once daily.

Review of Resident 1's March 2024 Electronic Medical Administration Record (EMAR) showed that on 03/15/2024, 03/16/2024, and 03/17/2024, Resident 1’s did not receive 14 mg of Rybelsus as ordered.

Review of Resident 1's February 2024 EMAR showed an order for Donepezil (a medication used to help treat the cognitive and behavioral symptoms of Alzheimer's), one time a day. The EMAR showed that on 02/22/2024, 02/23/2024, 02/24/2024, and 02/26/2024, Resident 1 did not receive the ordered Donezepil.

Review of Resident 1's progress note (PN), dated 02/22/2024, showed Resident 1’s Donepezil was not given due to the medication “not [being] on cart”. The PNs dated 02/23/2024, 02/24/2024, and 02/26/2024 showed Resident 1’s Donepezil was not given due to the medication not arriving from the pharmacy.

Resident 2

Review of an undated Face Sheet showed Resident 2 was admitted to the ALF on [redacted]/2024. Resident 2 admitted with multiple medical diagnoses which included [redacted] and [redacted].

Review of Resident 2's undated NSA showed Resident 2 required staff assistance with self-medication administration.

Review of Resident 2's March 2024 EMAR showed Resident 2 did not receive a total of 57 doses of routine medications due to the medication being unavailable. The March 2024 EMAR showed Resident 2 was prescribed and missed the following medications:

Aspirin (a medication used to help prevent heart attacks and strokes) one time a day for heart health. Resident 2 missed a total of five doses.

Cerovite (a multivitamin and mineral supplement designed for seniors to prevent or treat vitamin deficiencies) one time a day. Resident 2 missed a total of two doses.

Guaifenesin (a medication that clears congestion and makes breathing easier by thinning and loosening mucus in the airways) two times a day for congestion. Resident 2 missed a total of 19 doses.

Niacin (a supplement for Vitamin B3, a nutrient that helps convert food into energy and improves cholesterol levels) once a day. Resident 2 missed a total of one dose.

Pantoprazole (a medication that relieves symptoms such as heartburn, difficulty swallowing, and cough by decreasing the amount of acid your stomach makes) twice a day for stomach acid suppression. Resident 2 missed a total of 11 doses.

Potassium Chloride (a medication used to treat and prevent low blood potassium) once a day. Resident 2 missed a total of two doses.

Sodium Chloride (a medication used to moisten airways to loosen mucus in the chest which allows the mucus to be coughed up) twice a day for COPD. Resident 2 missed a total of seven doses.

Torsemide (a medication used to help treat high blood pressure and fluid retention/swelling) once a day for hypertension. Resident 2 missed a total of one dose.

Vitamin D3 (a supplement of Vitamin D, a nutrient responsible for building and maintaining healthy bones) once a day for a Vitamin D deficiency. Resident 2 missed a total of nine doses.

In an interview on 03/28/2024 at 1:41 PM, Staff B, Resident Care Coordinator, stated that there were issues with Resident 2's physician approving refill orders. Staff B stated that there were issues with the pharmacy sending Resident 2's medications to the ALF.

In an interview on 04/03/2024 at 2:09 PM, Staff A, Executive Director, stated that every day, the management staff checked the resident EMARs to see if any residents needed an order filled. Staff A stated that any medications that needed to be filled, the staff reached out to the prescriber to get the medication refilled. Staff A stated that if the ALF staff were unable to get the medication refilled, staff asked families to send the resident to urgent care or emergency room to get the prescription refilled.

This is an uncorrected deficiency previously cited on 12/22/2023.

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, Avista Senior Living Ferndale 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Avista Senior Living Ferndale
License/Cert.#: 2677
Compliance Determination #: 33431
Investigator: Judith Mellon
Provider Type: Assisted Living Facility
Intake ID: 109451
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 12/05/2023 through 12/22/2023
Complainant Contact Date(s): 12/08/2023

Allegation(s):

1) The Assisted Living Facility (ALF) had issues with safe medication administration practices including improper insulin administration, handling bare-handed medications, picking up medications off the floor and proceeding to administer it, falsifying documents (documenting the administration of medications when they have not, or documenting vitals when they have not), pre-popping pills, giving wrong medications to residents, administering other residents medications to a resident because a resident was out of theirs.
2) The ALF had issues with care and services including rushing through care, rough care, and staff being rude to residents.

Investigation Methods:

Sample:	Total residents: 32 Resident sample size: 7 Closed records sample size: 0
Observations:	Named and sampled Residents, medication carts, electronic medication administration record program, medication blister packs, medication pass with staff, staff response to resident care needs, staff to resident interactions
Interviews:	Executive Director, Regional Registered Nurse, Resident Care Coordinator, Medication Technicians, named and sample residents, resident representatives
Record Reviews:	Facility records including staff training records and resident records

Investigation Summary:

1) The ALF failed to implement a safe medication service system when their electronic medication administration system did not provide accurate instructions on how to administer prescribed medications and failed to obtain prescribed medications in a timely manner. Failed practice was identified. A citation was issued for noncompliance with WAC 388-78A-2210(1)(b) Medication services and WAC 388-78A-2240 Nonavailability of medications.
2) Sample residents and resident representatives interviewed on the care and services

received and staff to resident interactions, had no concerns. Staff members interviewed, had no concerns regarding any negative staff to resident interactions. No failed practice was identified.

Conclusion / Action:

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

01/05/2024

Licensee: Ferndale AL, LLC
Avista Senior Living Ferndale
2240 Main St
Ferndale, WA 98248

RE: Avista Senior Living Ferndale License # 2677

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 12/22/2023 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

• Wrote the enclosed Statement of Deficiencies (SOD) report; and
• May take licensing enforcement action based on any deficiency listed on the enclosed report; and
• May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  o Mail the Plan/Attestation Statement and report with original signatures to:

Kimberley Ripley, Field Manager
Residential Care Services
Region 2, Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

• 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.

You May:

• Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

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 (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Enclosure

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 and complaint investigation on 12/05/2023, 12/06/2023, 12/07/2023 and 12/08/2023 of:

Avista Senior Living Ferndale
2240 Main St
Ferndale, WA 98248

This document references the following complaint numbers: 109451.

The following sample was selected for review during the unannounced on-site visit: 7 of 32 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Judith Mellon, RN, Licensor
Allison Nunn, Long Term Care Surveyor
Cristina Gonzalez, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley
Residential Care Services

01/05/2024
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) Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on observations and interviews the Assisted Living Facility (ALF) failed to keep interior facilities and exterior ALF structure clean and in good repair. This resulted in an unkept living environment and decreased quality of life for all 32 Residents.

Findings included…

The ALF was a one-story facility. During a facility tour on 12/05/2023, the following was observed:

At 9:58 AM, the kitchen doors at the entrance from the dining room were dirty, had surface abrasions, and had paint missing.

At 10:08 AM, the door to the furnace room, exit door and door to the staff lounge had surface abrasions and were dirty, including rooms 102, 104 and 106.

At 10:11 AM, hallway carpeting had blackish colored stains on the carpets in various areas near room 114.

At 10:27 AM, the laundry room door had multiple surface abrasions with paint missing and the wood doorframe had areas exposed.

At 10:39 AM, the vent in the activity room had a buildup of dust.

At 10:46 AM, an exterior electrical/internet room had several large, cardboard boxes blocking the lower vents.

At 10:53 AM, on the exterior, back side of the ALF a piece of the ALF's vinyl siding had broken off and was repositioned onto the wall with wood areas exposed to inclement weather.

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, Avista Senior Living Ferndale 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

WAC 246-215-03526 Temperature and time control Ready-to-eat, time/temperature control for safety food, date marking (FDA Food Code 3-501.17).

(4) A date marking system that meets the criteria stated in subsections (1) and (2) of this section may include:

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure multiple food items were labeled with an expiration date in 2 of 2 food storage areas, (the kitchen and the activity room kitchenette.) This failure resulted in food that was potentially harmful being readily available to serve to residents and placed all 32 residents at risk for food borne illness.

Findings included…

On 12/05/2023 at 10:05 AM, four see-through bins in the kitchen containing cereal were observed with no item label or a date to mark when the food expired or was placed into the bin.

In an interview on 12/05/2023 at 10:06 AM, Staff D, Head Chef, stated that usually staff do label and date mark food items that are removed from their original packaging. Staff D stated that for certain food items like cereal, staff used it daily, so it never reach the point of going bad.

On 12/05/2023 at 10:34 AM, the activity room kitchenette cupboard was observed to have two undated plastic Ziploc bags, one bag had a brown and white powder inside and the second bag had brown crumbs inside.

On 12/05/2023 at 10:34 AM, Staff E, Activities Director, stated that one bag was brown sugar and white sugar mixed together, and the other bag was crushed up graham crackers.

At 10:36 AM, the activity room refrigerator was observed to have a square plastic container, unlabeled and undated that a contained a pink fluffy cream.

On 12/05/2023 at 10:36 AM, Staff E stated that they didn't know what was in the plastic container.

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, Avista Senior Living Ferndale 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

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure chemicals were safely stored away in 2 of 2 common areas (dining room kitchenette and

beauty salon). This failure placed 12 Residents with a diagnosis of [redacted] at risk of harm from exposure to hazardous supplies.

Findings included…

Review of the ALF's Resident Characteristic Roster received on 12/05/2023 showed 12 Residents were identified as having diagnosis of [redacted].

During a tour of the ALF on 12/05/2023 at 10:00 AM, the dining room area contained a kitchenette area with various cabinets with no locks. Inside the cabinets were two unlabeled, spray bottles with yellow and orange colored, unknown liquids. The kitchenette area was accessible to residents in the dining room. The dining room area was used throughout the day by Residents for meals or socializing.

In an interview on 12/05/2023 at 10:00 AM, Staff C, Maintenance Director, stated that they thought the liquid in the bottles were cleaning fluids and was unsure what exactly was in the spray bottles. Staff C stated that they would follow up with staff and make sure the bottles were labeled.

On 12/05/2023 at 10:30 AM, the beauty salon door was observed to be unlocked.

In an interview on 12/05/2023 at 10:30 AM, Staff A, Executive Director, stated that the door should be locked at all times and that the hairdresser must have left the door open.

On 12/05/2023 at 8:45 AM showed a blue liquid in a container sitting on the counter. In an unlocked cabinet were eight bottles of Fanci-Full temporary hair color rinse, and a container labeled barbicide.

Review of an online Safety data sheet dated 06/24/2019, showed barbicide is a clear, dark blue liquid disinfecting solution. The safety data sheet classified barbicide as hazardous with skin irritation, serious eye irritation, and if swallowed, to immediately call a poison center/Physician.

Review of the online Safety data sheet dated 02/09/2005, showed Fanci-Full Temporary Hair Color rinse may cause eye irritation.

In an interview on 12/08/2023 at 8:45 AM, Staff A stated the blue liquid on the counter was barbicide, a disinfectant that was diluted with water to sterilize combs.

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, Avista Senior Living Ferndale 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

WAC 246-215-03351 Preventing contamination from the premises Food storage (FDA Food Code 3-305.11).

(1) Except as specified in subsections (2) and (3) of this section, food must be protected from contamination by storing the food:

(b) Where it is not exposed to splash, dust, or other contamination; and

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observations and interviews the Assisted Living Facility (ALF) failed to ensure 1 of 1 sheet cake was placed in an area of the Kitchen to prevent contamination. This failure placed all 32 residents at risk for a food-borne illness.

Findings included…

On 12/05/2023 at 10:04 AM, the ALF's main Kitchen was observed to have a large, sheet pan with a yellow cake sitting diagonal on an open wooden shelf. Next to the shelf was a fan in the on position, blowing over top of the cake. The fan was observed blowing strings of black, dust debris over the fan blade cover.

In an interview on 12/05/2023 at 10:06 AM, Staff D, Head Chef, stated that the cake was sitting on the shelf to cool down before cutting the cake.

In an interview on 12/05/2023 at 10:07 AM, Staff A, Executive Director, stated that the fan should not be blowing on the cake. Staff A stated that the ALF would clean the fan.

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, Avista Senior Living Ferndale 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

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to implement a safe medication service system when their electronic medication administration system did not provide accurate instructions on how to administer prescribed medications for 2 of 7 residents (Resident 4 and 5). This failure resulted in the Medication Technicians (MTs) viewing inaccurate medication orders and placed Residents 4 and 5 at risk for medical complications related to medication errors.

Findings included…

Resident 4

Resident 4 was admitted to the ALF on [redacted]/2017 with multiple diagnoses including [redacted].

Order Transcription

Review of the negotiated service agreement (NSA) dated 06/13/2023 showed that Resident 4's daughter would handle the injection of Resident 5's monthly B-12 shot (a medication prescribed to treat a Vitamin B12 deficiency) either by administering it themselves or taking Resident 5 to the doctor for administration starting with the April 2023 dose.

Review of an order summary dated 12/08/2023 showed Resident 4 had a prescription for a

Cyanocobalamin Injection (Vitamin B12) to be injected intramuscularly (into the muscle) every month related to Resident 4's diabetes starting on 10/19/2023.

Review of an Electronic Medical Administration Record (EMAR) dated October 2023 showed that Resident 4's Vitamin B12 Injection order was entered into the EMAR system on 10/19/2023 as an order that was to show on the EMAR every day reading "Remove (at) 0759" and "Apply (at) 0800".

Review of an EMAR dated October 2023 showed Resident 4 received their Vitamin B12 injection six times in October. An EMAR dated November 2023 showed Resident 4 received the injection 12 times in November. An EMAR dated December 2023 showed Resident 4 received the injection five times. On the days that the medication was not administered, the EMAR showed the code PN, meaning "See progress notes" according to the chart code key, along with the MT's initials.

An observation on 12/07/2023 at 1:53 PM of the EMAR showed that MTs were required to select a chart code every day stating that they either administered the injection or did not with a list of reasons as to why the injection was not given. When MTs select the chart code "PN", they are required to manually type out the reasoning of why the medication was not given.

Review of Resident 4's progress notes dated from October 2023 to December 2023 showed the following reasoning for not administering Resident 4's Vitamin B12 injection: expired order, med techs do not administer this medication, only registered nurses can give this medication, waiting for clarification from doctor, and discontinued order.

In an interview on 12/07/2023 at 1:55 PM, Staff F, Resident Care Coordinator/MT, stated that the order for the Vitamin B12 injection needed to be discontinued. Staff F stated that all ALF MTs were aware that they were not the ones responsible for giving this injection although it popped up on their EMAR to give every day. Staff F stated that once they went from a paper charting system to the EMAR system, a lot of orders were entered in wrong.

In an interview on 12/08/2023 at 2:15 PM, Staff A, Executive Director, stated that Resident 4 was no longer taking a Vitamin B12 injection and it is concerning that this order has been popping up everyday in the EMAR to click off. Staff A stated that the order for the Vitamin B12 injection was entered into the EMAR incorrectly. Staff A stated that they have noticed quite a few orders that were not entered right during the transition from their paper medication record system to the new EMAR.

Self-Administered Medications

Review of the NSA dated 06/13/2023 showed that Resident 4 had 18 scheduled medications and nine as needed medications. The NSA did not show Resident 4 had any medications that were self-administered.

Review of an order summary dated 12/08/2023 showed Resident 4 had a prescription for an Aerochamber (a device used with an inhaler to get medication deeper into the lungs) to be used along with Flovent FHA (a medicated inhaler) twice daily.

Review of an EMAR dated October 2023 showed that Resident 4's Flovent FHA with the Aerochamber was entered into the EMAR system on 10/19/2023 as an order that was to show on the EMAR for staff to give twice daily with no indication this was a self-administered medication.

Review of a progress note (PN) dated 10/19/2023 showed that staff did not administer Resident 4's Flovent inhaler as it was at bedside due to it being a self-administered medication.

Review of an order summary dated 12/08/2023 showed Resident 4 had a prescription for Ipratropium bromide/albuterol solution (also known as Duoneb, a medication used to open up the airways making it easier to breathe) to be used via a nebulizer (a small machine that turns liquid medicine into a mist that can be easily inhaled) twice daily.

Review of EMAR dated October 2023 showed that Resident 4's Duoneb solution was entered into the EMAR system on 10/19/2023 as an order that was to show on the EMAR for staff to give twice daily with no indication this was a self-administered medication.

Review of a PN dated 10/29/2023 showed that Resident 4's Duoneb was not given by staff because Resident 4 self-administers this medication.

In an observation on 12/08/2023 at 10:00 AM, a prescription inhaler was seen on the nightstand next to Resident 4's recliner in their room.

In an interview on 12/08/2023 at 10:00 AM, Resident 4 stated that they keep their inhaler in their room and they administer it themselves. Resident 4 stated that they believe they have a nebulizer machine in their room and can use it themselves if they need.

Resident 5

Resident 5 was admitted to the ALF on [redacted]/2022 with multiple medical diagnoses including [redacted] and [redacted].

Review of the NSA dated 01/29/2023 showed that Resident 5 takes 15 medications and was able to use an albuterol inhaler without assist. The NSA did not show any further

medications were self-administered.

Review of EMAR dated October 2023 showed that Resident 5's Fluticasone/Salmeterol inhaler (also known as Advair, a medication used to open up airways, making it easier to breathe) was entered into the EMAR system on 10/19/2023 as an order that was to show on the EMAR for staff to give twice daily with no indication this was a self-administered medication.

Review of a PN dated 10/19/2023 showed that staff did not administer Resident 5's Advair inhaler as Resident 5 self-administers this medication and keeps it in their room.

Review of an EMAR dated October 2023 showed that Ipratropium Nasal Spray (also known as Atrovent, a medication used to relieve a runny nose caused by the common cold or seasonal allergies) was entered into the EMAR system on 10/19/2023 as an order that was to show on the EMAR for staff to give twice daily with no indication this was a self-administered medication.

Review of a PN dated 10/19/2023 showed that staff did not give Resident 5's Atrovent spray as Resident 5 stated that they would like to self-administer this medication and that this medication was already kept in their room.

In an interview on 12/08/2023 at 2:59 PM, Staff F stated that medications that the residents administer themselves still show up the EMAR as an order for staff to give. Staff F stated that the EMAR does not clarify if a medication is self-administered and that they only know not to give these medications because they have worked at the ALF for a while. Staff F stated that this needs to be fixed in the system to prevent staff from double-dosing a resident who self-administers their medications.

In an interview on 12/08/2023 at 3:19 PM, Staff L, Medication Technician, stated that the EMAR does not show if a medication is a self-administered by the resident. Staff L stated that the EMAR is confusing and that they only know if a medication is self-administered due to their orientation where they shadowed a MT who has been at the ALF for a long time.

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, Avista Senior Living Ferndale 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

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the resident's physician for 2 of 7 residents (Resident 1 and 4) when Resident 1 and 4 chose not to take their medications. This failure resulted in the resident's physicians not being aware of the missed medications and placed Resident 1 and Resident 4 at risk for not receiving informed decisions by their health care provider and complications related to untreated health care needs.

Findings included…

Review of the ALF's undated policy, "Medications Administration" showed that if a resident refuses medication, it will be documented and reported to the Health Services Director or designee and the resident's Medical Practitioner and any instructions provided will be followed.

Resident 1

Resident 1 was admitted to the ALF on [redacted]/2023 with multiple medical diagnoses including [redacted] and [redacted].

Resident 1's negotiated service agreement (NSA) dated [redacted]/2023 entries showed staff were required to administer medications.

Review of an electronic medication administration record (EMAR) for the Month of

November 2023 showed Resident 1 was to receive Diclofenac Gel 1% (anti-inflammatory treatment) four time daily for low back pain. The November 2023 EMAR showed Resident 1 had refused a total of 91 doses of the Diclofenac Gel for the month.

Review of progress notes showed on 11/27/2023 Resident 1 refused the Diclofenac Gel because of skin irritation.

In an interview on 12/08/2023 at 11:14 AM, Staff B, Regional Registered Nurse, stated that the process for when a resident has multiple medication refusals: the Medication Technicians or Resident Care Coordinator contact the physician to see if the medication needs to be discontinued or if an appointment for a follow-up visit is needed and follow-any orders received.

In an interview on 12/08/2023 at 3:25 PM, Staff L, Medication Technician, stated that if a Resident refuses their medication multiple times the Physician was to be notified. Staff F stated that Resident 1 refused Diclofenac Gel multiple times because it irritated Resident 1's skin.

Review of Resident 1's medical records showed no physician fax notifications to show Resident 1 had refused medication.

Resident 4

Resident 4 was admitted to the ALF on [redacted]/2017 with multiple diagnoses including [redacted].

Review of the assessment/NSA dated 06/13/2023 showed Resident 4 required ALF staff to administer their medications.

Review of an undated EMAR showed Benadryl cream was to be applied to Resident 4’s affected area three times a day for itching/rash. An EMAR dated October 2023 showed Resident 4 refused 28 out of 39 prescribed doses. An EMAR dated November 2023 showed Resident 4 refused 21 of the 58 prescribed doses. An EMAR dated December 2023 showed Resident 4 refused 6 of the 17 prescribed doses.

Review of an undated EMAR showed Diphenhydramine-Zinc cream was to be applied to Resident 4’s affected area twice a day for itching and rash. An EMAR dated October 2023 showed Resident 4 refused 15 of the 24 prescribed doses. An EMAR dated November 2023 showed Resident 4 refused 8 of the 31 prescribed doses. An EMAR dated December 2023 showed Resident 4 refused 3 of the 11 prescribed doses.

Review of an undated EMAR showed Nystatin powder was to be applied to Resident 4's affected area once a day for chronic candidiasis (a fungal infection caused by an overgrowth of yeast). An EMAR dated October 2023 showed Resident 4 refused 5 of the 12 prescribed doses. An EMAR dated November 2023 showed Resident 4 refused 5 of the 29 prescribed doses. An EMAR dated December 2023 showed Resident 4 refused 2 of the 6 prescribed doses.

In an interview on 12/08/2023 at 3:19 PM, Staff L stated that if a resident refuses their medication, staff should fax their doctor to let them know their resident refused. Staff L stated that faxes to the doctor would be in the resident's file.

In an interview on 12/08/2023 at 2:08 PM, Staff A, Executive Director, stated that the resident's physician should be notified of a resident continually refusing their medication, so that the order can be moved towards discontinuation or to scheduling as needed. Staff A stated that medication refusals should be faxed to the resident's physician and would be stored in the resident's chart.

Review of Resident 4's chart showed no physician fax notifications were located to show Resident 4 had refused medication.

In an interview on 12/08/2023 at 4:35 PM, Staff A stated that they were unable to locate any faxes or provide documentation that the ALF staff had notified Resident 4's physician about their frequent medication refusals.

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, Avista Senior Living Ferndale 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

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 Assisted Living Facility (ALF) failed to obtain prescribed medications in a timely manner for 1 of 7 residents (Resident 5). This failure resulted in Resident 5 not having prescribed medications available and placed Residents 5 at risk for medical complications.

Findings included...

Review of the ALF's undated policy titled "Ordering and Refilling Medications" showed medications that require refill will be submitted to the pharmacy for processing and delivery prior to medications being depleted.

Resident 5 was admitted to the ALF on [redacted]/2022 with multiple medical diagnoses including [redacted] and [redacted].

Review of an assessment/negotiated service agreement dated 01/29/2023 showed Resident 5 required medication services from the ALF.

Review of Resident 5's undated Electronic Medical Administration Record (EMAR) showed Exemestane was to be given one time a day related to Resident 5's [redacted] diagnosis starting on 11/16/2023 to prevent certain cancers from returning. Resident 5's EMAR dated November 2023 showed the first dose of Exemestane was given on 11/20/2023.

Review of an undated EMAR showed Resident 5 was to be given Rybelsus one time a day to control blood sugar levels. Resident 5's EMAR dated November 2023 showed Rybelsus was marked as not available from 11/19/2023 to 11/24/2023.

Review of a progress note (PN) dated 11/19/2023 showed Resident 5's Rybelsus was not given as staff were waiting for a refill of the medication to arrive. PNs dated 11/20/2023, 11/21/2023, and 11/22/2023 showed Resident 5's Rybelsus was not given due to the medication not arriving from the pharmacy. A PN dated 11/23/2023 and 11/24/2023 showed Resident 5's Rybelsus was not in the medication cart to give.

In an interview on 12/08/2023 at 11:42 AM, Staff B, Regional Registered Nurse, stated that staff are educated to refill medications once the medication is down to approximately a one week supply to ensure there is enough time for the pharmacy to process the order and deliver the medication before the medication runs out.

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, Avista Senior Living Ferndale 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

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.

This requirement was not met as evidenced by:

Based on record reviews and interviews, the Assisted Living Facility (ALF) failed to ensure that a written plan for family assistance with medications was in place for 2 of 7 residents (Residents 2 and 7). This failure resulted in the ALF not having the family member's name who was going to assist the resident with their medications, a back up plan if the first family member was unavailable, or emergency contact information and placed Residents 2 and 7 at risk of not receiving prescribed medications in the event of an emergency or if assistance could not be provided by a designated family member.

Findings included…

Resident 2

Resident 2 was admitted to the ALF on [redacted]/2018 with multiple medical diagnoses including [redacted] and [redacted].

Review of the Negotiated Service Agreement (NSA) dated 05/23/2023 showed that Resident 2 was independent with medication administration and that Resident 2's son helped them to fill their mediset (organization of medications into weekly dispensing boxes). There was no record found in Resident 2's chart of a written family plan as required.

On 12/07/2023 at 10:56 AM, Resident 2 stated that they have no problems with taking their medications. Resident 2 stated that if they run out or have any problems with their medication, they call their son.

Resident 7

Resident 7 was admitted to the ALF on [redacted]/2021 with multiple medical diagnoses including [redacted] and [redacted].

Review of Resident 7's most recent NSA dated 01/04/2023 showed that Resident 7 was able to manage their own medications and that medications were obtained from a pharmacy. There was no record found in Resident 7's chart of a written family plan.

On 12/15/2023 at 12:08 PM, Collateral Contact 1 (CC1), Family, stated that they bring medications to Resident 7 every month or as needed. CC1 stated that they don't remember completing a written plan for medications.

On 12/08/2023 at 2:04 PM, Staff A, Executive Director, stated that if a family member was unable to bring the medications, the ALF would ask if another family member could bring the medication. Staff A stated that Residents' who handle their own medications will tell the ALF if they are out of medication.

On 12/15/2023 at 9:12 AM, Staff A stated that the ALF does not currently have a written family plan for Residents who manage their own medications.

On 12/08/2023 at 11:14 AM, Staff B, Regional Registered Nurse, stated that the ALF completes a Self-Medication Assessment every six months. Staff B stated that the Self-Medication Assessment is the only document the ALF used to establish a self-medication plan.

On 12/08/2023 at 1:49 PM, Staff F, Resident Care Coordinator, stated that they don't know about a written plan for family that supplied medications. Staff F stated that residents who take their own medication are checked every day to be sure they took their pills. Staff F stated that the residents' will let the ALF know if they are running out of medication and the ALF will call the resident's family to let them know. Staff F stated that if a family member cannot bring the medication the ALF will send a staff member to pick up the medication from the pharmacy.

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, Avista Senior Living Ferndale 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

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on record reviews and interviews the Assisted Living Facility (ALF) failed to obtain resident or resident representative signatures on the Negotiated Service Agreement (NSA) at least annually for 3 out of 7 sampled residents (Residents 2, 3, and 5). This failure resulted in Residents 2, 3, and 5 receiving care that was not agreed to and placed residents at risk for receiving care from the ALF that doesn't support their needs and preferences.

Findings included…

Resident 2

Resident 2 was admitted to the ALF on [redacted]/2018 with multiple medical diagnoses including [redacted] and [redacted].

Review of Resident 2's most recent NSA dated 05/23/2023 showed four lines in which to place signatures, (Resident or Responsible party, Director or Designee, Nurse and Additional Staff). The NSA showed one signature that was unreadable on the line titled Nurse. The signature was dated 06/20/2023. No other signatures were observed on the document.

Resident 3

Resident 3 was admitted to the ALF on [redacted]/2023 with multiple medical diagnoses including [redacted] and [redacted].

Review of Resident 3's most recent NSA had no date and no signatures.

On 12/06/2023 at 2:26 PM, Staff A, Executive Director, stated that they did not know why Resident 3's NSA was unsigned and undated. Staff A stated that the NSA should have been filled out completely including a signature and date.

Resident 5

Resident 5 was admitted to the ALF on [redacted]/2022 with multiple medical diagnoses including [redacted] and [redacted].

Review of Resident 5's NSA dated 01/29/2023 showed no signatures from either the resident or resident representative.

In an interview on 12/07/2023 at 1:27 PM, Staff A stated that when an NSA is updated by the ALF, Staff A would contact the resident's representative to let them know of the changes. Staff A requests a signature, but family members don't remember to sign the NSA when they visit. Staff A stated that they had email confirmations from the residents' representatives that agreed to the NSA but they no longer had access to the email account because of the ALF's change of ownership in July 2023.

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, Avista Senior Living Ferndale 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

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 :

(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 observations, interviews and record reviews the Assisted Living Facility (ALF) failed to ensure 2 of 7 residents' (Resident 1 and 4) Negotiated Service Agreements (NSA) adequately addressed Resident 1 and 4's assessed needs. This failure resulted in the care staff not having accurate care needs identified in the NSA and placed Residents 1 and 4 at risk for unmet care needs.

Findings included…

Resident 1

Resident 1 was admitted to the ALF on [redacted]/2023 with multiple medical diagnoses including [redacted] and [redacted].

Resident 1's medical record showed there were two different copies of the NSA. One NSA was dated from 06/30/2023 to the current date, and the second NSA (identified as appendix B) was dated 06/28/2023.

In an interview on 12/06/2023 at 2:16 PM, Staff A, Executive Director stated that the ALF was using the former Management's documentation for Resident 1's NSA. Staff A stated that one copy was an electronic version and the other copy (Appendix B) was a paper version. Staff A stated that the ALF was using both copies.

In an interview on 12/08/2023 at 11:14 AM, Staff B, Regional Registered Nurse, stated that the current management company was using the “Appendix B” form as the current NSA and that the Appendix B form should be current on all residents.

Review of the NSA dated 06/30/2023 showed Resident 1 needed assistance with dressing and grooming and in the section orientation/behavior/safety information, no information was entered.

Review of the NSA dated 06/28/2023, showed Resident 1 was “independent” for dressing and grooming. The NSA also showed that staff were to stay with and physically assist Resident 1 to dress/groom. The NSA showed Resident 1 did not have trouble recalling the day, date, time or location and multiple areas on the NSA were left blank. The NSA showed Resident 1 was “independent” in the bathroom and needed staff “assistance” in the bathroom.

On 12/08/2023 at 10:34 AM Resident 1 was observed sitting in a manual wheelchair while Staff G, Caregiver, escorted Resident 1 from the ALF’s dining room to Resident 1’s living quarters.

In an interview on 12/08/2023 at 10:34 AM Resident 1 stated that the staff help get morning medications, coffee, and help Resident 1 with putting clothes on and removing them at bedtime. Resident 1 stated that they can’t dress themselves; the Staff have to help them because they forget and sometimes they hallucinate and can’t help what they do. Resident 1 stated that they are not able to use the bathroom independently or get up by themselves because of having a lot of falls because of their Parkinson’s Disease.

In an interview on 12/07/2023 at 11:05 AM, Staff F, Resident Care Coordinator, stated that Resident 1 needed help with transfers, dressing/grooming, hygiene care and medications. Staff F stated that Resident 1 was cognitively impaired.

Resident 4

Resident 4 was admitted to the ALF on [redacted]/2017 with multiple diagnoses including [redacted].

Review of Resident 4’s NSA dated 06/13/2023 showed Resident 4 required an insulin pen (an injectable device that delivers a medication used to control blood sugar). The NSA showed that staff will draw up the insulin and hand it to Resident 4 to administer themselves.

In an interview on 12/08/2023 at 10:00 AM, Resident 4 stated that they had not self-

administered their insulin for a while due to dexterity issues. Resident 4 stated that staff dial up the insulin pen and administer it to Resident 4.

In an interview on 12/08/2023 at 10:35 AM, Staff F, Resident Care Coordinator/Medication Technician, stated that staff give the insulin injection via pen to Resident 5.

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, Avista Senior Living Ferndale 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

WAC 388-78A-2270 Resident controlled medications.

(2) The assisted living facility must allow a resident to control and secure the medications that he or she self-administers or self-administers with assistance if the assisted living facility assesses the resident to be capable of safely and appropriately storing his or her own medications and the resident desires to do so.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 2 residents (Resident 4 and 5) had completed an assessment that addressed if the resident was able to independently self-administer their own medications. This failure resulted in Resident 4 and 5 not having a current assessment that determined if they were able to safely and appropriately administer their own medications and placed Residents 4 and 5 at risk for unmet care needs.

Findings included…

Review of the ALF's undated policy titled "Self-Administration of Medication" shows that in order for a resident to self-administer their own medications, they should have a Self-Med Evaluation completed and will be periodically observed to ensure that ordered medication regimen is being followed.

Resident 4

Resident 4 was admitted to the ALF on [redacted]/2017 with multiple diagnoses including

[redacted].

Review of an assessment dated 06/13/2023 showed that Resident 4 had 18 scheduled medications and nine as needed medications. Under a section titled "Medication Assistance", a box read “Do you need us to administer or supervise self-administration of your medications?” The assessment did not clarify if Resident 4 was receiving assistance or supervised self-administration of medications.

Review of a progress note (PN) dated 10/19/2023 showed that staff did not administer Resident 4's Flovent inhaler (a medicated inhaler used to open up the airways making it easier to breathe) that was prescribed to be given twice daily as it was at bedside due to it being a self-administered medication.

Review of a PN dated 10/29/2023 showed that Resident 4's Ipratropium bromide/albuterol solution (also known as Duoneb, a medication used to open up the airways) prescribed to be given twice daily was not given by staff because Resident 4 self-administers this medication.

In an interview on 12/08/2023 at 10:00 AM, Resident 4 stated that they keep their inhaler in their room and they are the ones to administer it themselves. Resident 4 stated that they have the nebulizer machine used to take the Duoneb medication in their room and can use it themselves if they need, but that they haven’t used it in a long time.

Review of an Self-Med Assessment dated 07/26/2017 showed that the latest assessment completed to evaluate whether Resident 4 could safely self-administer their medications was completed over six years ago. The assessment did not show information on whether Resident 4 could safely self-administer their Flovent inhaler or their Duoneb.

Resident 5

Resident 5 was admitted to the ALF on [redacted]/2022 with multiple medical diagnoses including [redacted] and [redacted].

Review of an assessment dated 01/29/2023 showed that Resident 5 takes 15 medications and was able to use an albuterol inhaler without assist. The assessment did not clarify if Resident 5 was receiving assistance or supervised self-administration of medications.

Review of a PN dated 10/19/2023 showed that staff did not administer Resident 5's Fluticasone/Salmeterol inhaler (also known as Advair, a medication used to open up airways, making it easier to breathe) as Resident 5 self-administers this medication and

keeps it in their room.

Review of a PN dated 10/19/2023 showed that staff did not give Resident 5's Ipratropium Nasal Spray (also known as Atrovent, a medication used to relieve a runny nose caused by the common cold or seasonal allergies) spray as Resident 5 stated that they would like to self-administer this medication and that this medication is already kept in their room.

In an interview on 12/08/2023, Staff A, Executive Director, stated that Resident 5 should have a self-med assessment completed as Resident 5 keeps their inhaler and other medication at bedside, but that unfortunately, they did not have one currently completed for them.

In an interview on 12/08/2023 at 11:16 AM, Staff B, Regional Registered Nurse, stated that self-med assessment should be completed when first requested with doctor approval and then the assessment should be repeated every six months or sooner if a resident is noticed to be struggling with self-administering their medications.

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, Avista Senior Living Ferndale 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

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to investigate and document investigative actions for 2 of 7 Residents (Resident 1 and 5) following fall incidents for Resident 1 and 5. This resulted in the circumstances surrounding these incidents not being determined and placed Resident 1 and 5 at risk for unmet care needs related to falls.

Findings included…

Resident 1

Resident 1 was admitted to the ALF on [redacted]/2023 with multiple medical diagnoses including [redacted] and [redacted].

Resident 1's negotiated service agreement (NSA) dated 06/28/2023 entries showed Resident 1 had two falls every two weeks in the last three months.

Review of Resident 1's progress notes showed the following:
Resident 1 had an unwitnessed fall on 11/10/2023, was found in the corner of Resident 1's room with a leg injury and was sent to the emergency room. Another unwitnessed fall on 11/18/2023 occurred in the bathroom.

In an interview on 12/07/2023 at 11:30 AM, Staff A, Executive Director, stated that Resident 1 just had a recent unwitnessed fall on 11/29/2023. No documentation in Resident 1's progress notes were available related to the fall.

In an interview on 12/07/2023 at 11:45 AM, Staff A stated that unfortunately the incident reports and investigations for Resident 1 are not done, they were not completed.

Resident 5

Resident 5 was admitted to the ALF on [redacted]/2022 with multiple medical diagnoses including [redacted] and [redacted].

Review of a progress note dated 11/28/2023 showed Resident 5 was found on the floor of their room on 11/27/2023.

In an interview on 12/07/2023 at 2:37 PM, Staff A stated that they were unable to locate a completed incident report and investigation for the fall on 11/27/2023.

In an interview on 12/08/2023 at 11:14 AM, Staff B, Regional Registered Nurse, stated that the ALF's incident investigation reports were now done in PCC (Point Click Care computer system). Staff B stated that the reports are started the day the incident happened, within 24 hours, and that staff should be looking into falls and why it happened.

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, Avista Senior Living Ferndale 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

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to follow the required infection prevention control measures for communicable diseases by not having a written Respiratory Protection Program (RPP) and did not obtain medical clearance approval for N-95 respirator fit testing in 3 of 5 Staff, (Staff C, H, and L). This failure resulted in the ALF not having a program in place to provide respiratory protection and Staff C, H, and L not having a medical clearance to wear an N-95 respirator. This failure placed all residents, staff, and visitors at risk of contracting a communicable disease.

Findings included…

Review of the ALF's undated policy, "Infection Control Policy and Procedures" showed that Staff training would include the proper use of personal protective equipment. The ALF's policy also stated the Director of Nursing or designee would evaluate and protect residents from communicable disease.

Review of WAC 296-842-12005 Develop and maintain a written program, showed the ALF was to develop a worksite specific written RPP.

Review of WAC 296-842-14005 Provide medical evaluations, showed the ALF was to identify a licensed health care professional to perform medical evaluations. The ALF was to provide a medical evaluation before respirators are fit tested or used in the workplace.

Review of the Departmentof Health's RPP for Long-TermCare Facilities (https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/healthcare-

associated-infections/respiratory-protection-program)showed five steps including a Written Program, Respirator Medical Evaluation, Training, Fit testing, and Record Keeping.

On 12/07/2023 at 9:52 AM, Staff A, Executive Director, stated that they were not sure if the ALF was currently using an outside company to conduct medical clearance approvals. Staff A stated that they were not aware the ALF was to have a written RPP.

On 12/07/2023 at 2:34 PM, Staff C, Maintenance Director stated that they had not been fit tested to wear an N-95 mask.

On 12/07/2023 at 10:49 AM, Staff H, Business Office Manager, stated that they had not been fit tested to wear an N-95 mask.

On 12/08/2023 at 3:45 PM, Staff L, Medication Technician, stated that they had not been fit tested to wear an N-95 mask.

On 12/08/2023 at 11:28 AM, Staff B, Regional Registered Nurse, stated that N-95 fit testing was done at the ALF. Staff B stated that they were not aware of a RPP.

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, Avista Senior Living Ferndale is or will be in compliance with this law and / or regulation on (Date)_____ .

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff A and G) had a background check every two years. This failure resulted in Staff A and Staff G not having an updated background check and placed the safety of all 32 residents at risk of being cared for by a staff person with a disqualifying background.

Findings included…

Review of the ALF's employee files showed:

Staff A, Executive Director, was hired on 12/19/2022. Staff A did not have a Washington State Department of Social and Health Services (DSHS) background check in their employee file.

In an interview on 12/06/2023 at 9:54 AM, Staff A stated that they were unable to locate this background check. Staff A stated that all staff should have a DSHS Washington state name and date of birth background check on file.

Staff G, Caregiver, was hired on 02/12/2012. Staff G's background check was dated 07/01/2021 with an expiration date of 07/01/2023.

In an interview on 12/06/2023 at 10:33 AM, Staff H, Business Office Manager, stated that Staff G's background check looked a couple of months overdue and that they would have to rerun it.

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, Avista Senior Living Ferndale 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

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete the national fingerprint background check upon hire for 4 of 6 sampled staff (Staff G, I, J, and K). This failure resulted in Staff G, I, J, and K not having a cleared criminal background check and placed all 32 residents at risk for harm by allowing staff with possible disqualifying convictions access to them.

Findings included…

Review of the ALF's employee files showed the following:

Staff G, Caregiver, was hired on 02/12/2012. There was no documentation a fingerprint background check was conducted for Staff G.

Staff I, Medication Technician, was hired on 02/24/2023. There was no documentation a fingerprint background check was conducted for Staff I.

Staff J, Medication Technician, was hired on 06/06/2023. There was no documentation a fingerprint background check was conducted for Staff J.

Staff K, Caregiver, was hired on 08/02/2023. There was no documentation a fingerprint background check was conducted for Staff K.

In an interview on 12/06/2023 at 10:41 AM, Staff A, Executive Director, stated that in August 2023, the ALF lost access to register staff for fingerprint testing due to the ALF changing ownership. Staff A stated that in addition to losing access, information including previous fingerprint background tests that were not printed were lost during this transition.

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, Avista Senior Living Ferndale 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

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties, including:

(i) Organization of the assisted living facility;

(ii) Physical assisted living facility layout;

(iii) Specific duties and responsibilities;

(iv) How to report resident abuse and neglect consistent with chapter 74.34 RCW and assisted living facility policies and procedures;

(v) Policies, procedures, and equipment necessary to perform duties;

(vi) Needs and service preferences identified in the negotiated service agreements of residents with whom the staff persons will be working; and

(vii) Resident rights, including without limitation, those specified in chapter 70.129 RCW.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff I and K) had documentation that a facility orientation was completed prior to providing care. This failure resulted in Staff I and Staff K not having documentation of receiving a timely orientation and placed all 32 residents at risk for compromised care and safety.

Findings included…

Review of the ALF's employee files showed the following:

Staff I, Medication Technician, was hired on 02/24/2023. There was no documentation an orientation was conducted for Staff I.

Staff K, Caregiver, was hired on 08/02/2023. There was no documentation an orientation was conducted for Staff K.

In an interview on 12/06/2023 at 10:19 AM, Staff A, Executive Director, stated that they did not have a copy of Staff I or Staff K’s orientation.

In an interview on 12/08/2023 at 11:39 AM, Staff B, Regional Registered Nurse, stated that new employees should have orientation done on their first day of work.

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, Avista Senior Living Ferndale 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

WAC 388-112A-0400 What is specialty training and who is required to take it?

(3) Assisted living facility administrators or their designees, enhanced services facility administrators or their designees, adult family home applicants or providers, resident managers, and entity representatives who are affiliated with homes that service residents who have special needs, including developmental disabilities, dementia, or mental health, must take one or more of the following specialty training curricula:

(b) Dementia specialty training as described in WAC 388-112A-0440 ;

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;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff J & K) completed specialized dementia training. This failure resulted in Staff J and K not being trained to provide care to residents with dementia and placed all 12 residents with a diagnosis of [redacted] at risk of not receiving proper care.

Findings included…

Review of the ALF's Resident Characteristic Roster, dated 12/05/2023, showed 12 residents living in the ALF had a diagnosis of [redacted].

Review of the ALF's employee files showed:

Staff J, Medication Technician, was hired on 06/06/2023. There was no documentation of specialized dementia training in Staff J's file.

Staff K, Caregiver, was hired on 08/02/2023. There was no documentation of specialized dementia training in Staff K's file.

In an interview on 12/06/2023 at 10:21 AM, Staff A, Executive Director, stated that Staff J and Staff K do not have their dementia specialty training completed. Staff A stated that Staff K is currently in the process of completing these classes.

In an interview on 12/20/2023 at 1:37 PM, Staff K stated that they are currently completing the dementia training and are almost done with the class.

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, Avista Senior Living Ferndale 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

WAC 246-215-02120 Food worker cards.

(2) The permit holder and person in charge of the foodestablishment shall display or file the original or a copy of the foodworker card of each foodemployee at the employee's place of employment, to be available for inspection by the regulatory authority upon request.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on record review and interview the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff K) obtained a food worker card before handling food that was served to residents. This failure resulted in Staff K not having the proper training to handle food safely and placed all residents at risk for a food borne illness.

Findings included…

Review of the ALF's employee file showed that Staff K, Caregiver, was hired on

08/02/2023. No documentation of a food worker card was found in Staff K's file.

On 12/06/2023 at 10:18 AM, Staff A, Executive Director, stated that they did not know why Staff K's food worker card was not in the employee file. Staff A stated that they would have Staff K complete the food worker card training.

On 12/08/2023 at 11:40 AM, Staff B, Regional Registered Nurse, stated that when staff complete training, the certificate of completion is kept in the employee's file.

On 12/20/2023 at 9:34 AM, Staff K stated that they had a food worker card but it was expired. Staff K stated that they will take the food worker card training.

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, Avista Senior Living Ferndale 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

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(i) A certified home care aide;

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:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff F and G) completed twelve hours of continuing education (CE) per year. This failure resulted in Staff F and G not having 12 hours of CE and placed all 32 residents at risk of being cared for compromised care and quality of life.

Findings included…

Review of the ALF's staff files showed the following:

Staff F, Resident Care Coordinator, was hired on 01/24/2019 and had one hour of CE certificates.

Staff G, Caregiver, was hired on 02/13/2012 and had no completed or documented CE certificates.

In an interview on 11/06/2023 at 10:57 AM, Staff A, Executive Director, stated that there was not any tracking to ensure CE's were completed.

In an interview on 11/08/2023 11:30 AM, Staff G, Caregiver, stated that she Staff E stated that she was unsure if she had completed any of the CE training and was unable to recall any computer training available.

In an interview on 12/06/2023 at 10:14 AM, Staff A, Executive Director, stated that the does not have any CE training assigned to staff members. Staff F and G had no CE certificates or completed training completed other than Staff F had only one hour.

In an interview on 12/08/2023 at 11:14 AM, Staff B, Regional Registered Nurse, stated that the ALF's current management is still working on getting a system in place in a week or so for Staff to be able to complete CE training.

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, Avista Senior Living Ferndale 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

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure 5 of 6 staff (Staff A, F, I, J and K) were screened for tuberculosis (TB) within three days of employment. This failure placed all residents at risk of exposure to a communicable disease.

Findings included...

Review of the ALF's Staff files showed the following:

Staff A, Executive Director, was hired on 12/19/2022. Staff A's TB was not completed until 01/05/2023.

Staff F, Resident Care Coordinator, was hired on 01/24/2019. Staff F's TB was not completed until 02/06/2019.

Staff I, Medication Technician, was hired on 02/24/2023. No documentation of a completed TB test was available for review.

Staff J, Medication Technician, was hired on 06/06/2023. No documentation of a completed TB test was available for review.

Staff K, Caregiver, was hired on 08/02/2023. Staff K's TB was not completed until 08/11/2023.

In an interview on 12/06/2023 at 10:14 AM, Staff H, Business Office Manager stated that there was no documentation of a completed TB in Staff I's file.

In an interview on 12/06/2023 at 10:30 AM, Staff A, Executive Director, stated the previous nurse was supposed to complete the TB testing and did not record or read the TB testing.

In an interview on 12/08/2023 at 11:14 AM, Staff B, Regional Registered Nurse, stated that the TB testing had not been completed correctly by previous staff. Staff B stated that the ALF was to complete TB testing within three days of hire.

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, Avista Senior Living Ferndale 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