STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Ellensburg AL, LLC
Avista Senior Living Ellensburg
1008 East Mountain View Ave
Ellensburg, WA 98926

RE: Avista Senior Living Ellensburg License # 2683

Dear Administrator:

This letter addresses Compliance Determination(s) 43537 (Completion Date 07/03/2024) and 40046 (Completion Date 05/02/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/03/2024 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-2090-3, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5-b, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2130-2, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-b, WAC 388-78A-2140-1-c, WAC 388-78A-2140-1-d, WAC 388-78A-2140-2-a, WAC 388-78A-2140-6, WAC 388-78A-2240, WAC 388-78A-2320-1, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2466-1-a, WAC 388-78A-2474-2-b, WAC 388-112A-0080-5, WAC 388-78A-2474-2-c, WAC 388-112A-0495-4, WAC 388-78A-2474-2-e, WAC 388-112A-0611-1-a-iii, WAC 388-112A-0611-1-a-v, WAC 388-78A-2474-2-d, WAC 388-112A-0720-2-a, WAC 388-78A-2480-1, WAC 388-78A-2730-1-b, WAC 388-78A-2850-1-b-i

The Department staff who did the on-site verification:
Anna Cairns, ALF Long Term Care Surveyor
Elaine Lopez, Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,
Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2693	Compliance Determination # 40046
Plan of Correction	Avista Senior Living Ellensburg	Completion Date
Page 1 of 25	Licensee: Ellensburg AL, LLC	05/02/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 04/22/2024, 04/23/2024 and 04/24/2024 of:
Avista Senior Living Ellensburg
1008 East Mountain View Ave
Ellensburg, WA 98926

The following sample was selected for review during the unannounced on-site visit: 5 of 18 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Elaine Lopez, Licensor
Robin Rainville, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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.

Gwin Kaercher
Residential Care Services

05/07/2024
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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Residential Care Services _____ 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.

Sherri Undercoffler
Administrator (or Representative)

5/14/24
Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(b) Hearing.

(5) Individual's communication abilities, including.

(b) Ability to make self understood; and

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including.

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to complete assessments of residents' ability to leave the facility for 5 of 5 residents (Resident 1, 2, 3, 4, 5), resident's ability to safely use a medical device for 1 of 1 resident (Resident 3), and failed to complete an assessment within 14 days of move-in for 2 of 3 residents (Resident 3, 5). This failure placed the residents at risk of harm from unassessed needs.

Findings included...

On 04/22/2024 at 3:52 PM, Staff B, Health Service Manager/Licensed Practical Nurse, stated that they started working at the ALF on 03/11/2024, and that the facility had gone through several nurses prior to that.

Resident 1

Administrator (or Representative) Date

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(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(b) Hearing.

(5) Individual's communication abilities, including:

(b) Ability to make self understood; and

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(d) Individual's ability to leave the assisted living facility unsupervised; and

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Findings included…

On 04/22/2024 at 3:52 PM, Staff B, Health Service Manager/Licensed Practical Nurse, stated that they started working at the ALF on 03/11/2024, and that the facility had gone through several nurses prior to that.

Resident 1

Observations on 04/23/2024 at 9:30 AM showed Resident 1 to use their feet to wheel themselves down the hallway in their wheelchair. Resident 1 stopped to speak to a staff member, but their words were mixed up and did not make sense.

On 04/23/2024 at 9:30 AM, Staff F, Medication Technician (MT), stated that Resident 1 was confused and not able to speak clearly.

On 04/24/2024 at 9:23 AM, Staff E, Assistant Administrator, stated that Resident 1 was very confused and very hard of hearing, and would be difficult to interview.

Review of Resident 1's full assessment dated 01/18/2024 showed that they had a diagnosis of [redacted]. The assessment showed that the resident had trouble communicating verbally.

Resident 1's assessment did not show that they had been assessed for their ability to leave the facility unescorted, nor did the assessment address their hearing problem.

Resident 2

Observation on 04/23/2024 at 10:24 AM showed that Resident 2 had clutter in their room, on their floor, and on all their counters and dressers. A glass of light brown liquid was on their bedside table. Resident 2 stated that they had a car but was not currently driving due to having increased dizziness and falls recently.

Observation of the medication room on 04/24/2024 at 1:50 PM showed a dry erase board in the room which had a note written on it that stated Resident 2, "should not be driving, call non-emergency police if [Resident 2] was seen driving." The board also showed that Resident 2 had two cars parked at the facility.

Review of the progress notes in Resident 2's record showed that on 04/05/2024 Resident 2 had been out of the facility by themselves from 1:00 PM- 2:40 PM that day.

The progress note written on 04/22/2024 in Resident 2's record showed that they had been out of the facility unescorted from 10:56 AM – 11:30 AM that day, and upon return they had been dizzy.

The progress note written on 04/19/2024 at 2:30 AM showed that the resident had fallen at 1:30 AM that day, and another progress note written at 9:15 AM by Staff A, Administrator, showed that the resident had been drinking alcohol the night before they fell. A third progress note on 04/19/2024 at 1:47 PM showed that Resident 2 was shaky and disoriented.

Observations on 04/23/2024 at 9:30 AM showed Resident 1 to use their feet to wheel themselves down the hallway in their wheelchair. Resident 1 stopped to speak to a staff member, but their words were mixed up and did not make sense.

On 04/23/2024 at 9:30 AM, Staff F, Medication Technician (MT), stated that Resident 1 was confused and not able to speak clearly.

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The progress note written on 04/22/2024 in Resident 2's record showed that they had been out of the facility unescorted from 10:58 AM – 11:30 AM that day, and upon return they had been dizzy.

The progress note written on 04/19/2024 at 2:30 AM showed that the resident had fallen at 1:30 AM that day, and another progress note written at 9:15 AM by Staff A, Administrator, showed that the resident had been drinking alcohol the night before they fell. A third progress note on 04/19/2024 at 1:47 PM showed that Resident 2 was shaky and disoriented.

Review of Resident 2's February 2024 through April 2024 progress notes showed that there were numerous other occasions where the resident went out of the facility unescorted.

Review of physician orders for Resident 2, dated 03/28/2024, showed that the resident had diagnoses which included [redacted] and [redacted] and showed that the resident was prescribed a blood thinner medication (to prevent blood clots and causes increased risk of bleeding).

Review of Resident 2's 03/29/2024 full assessment showed that the resident was a heavy alcohol drinker and liked to frequent a specific bar in town. The assessment showed that their drinking alcohol often contributed to Resident 2 falling.

Resident 2's assessment did not show that they had been assessed for the ability to leave the facility unescorted. Additionally, Resident 2's assessment did not show that they had been assessed for the risks associated with atrial fibrillation and their use of a blood thinner medication.

Resident 3

Review of Resident 3's demographic page showed that the resident admitted to the facility on [redacted]2024. Resident 3's record showed a preadmission assessment completed on 01/30/2024. Resident 3's record did not show that a complete assessment was done again with 14 days.

Observation on 04/23/2024 at 9:15 AM showed Resident 3 seated alone outside in front of the facility in their manual wheelchair.

Observation on 04/24/2024 at 11:40 AM showed that Resident 3 was seated in a manual wheelchair in their room, and they were trying to change their pants. A transfer pole (a medical device used for a person to grab onto to aid in standing) was observed to be installed next to their bedside. Resident 3 stated that they would use the pole to stand up, and that they did not need help.

Resident 3's 01/30/2024 assessment showed that the resident had a diagnosis of [redacted] The assessment showed that the resident needed assistance to stand and that they used a manual wheelchair.

Resident 3's assessment did not show that they used a transfer pole at their bedside, nor did the assessment show that the resident had been assessed to be able to safely use the

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transfer pole. Additionally, Resident 3's assessment did not show that they had been assessed to leave the facility unescorted.

Resident 4

Review of Resident 4's demographic page showed that the resident admitted to the facility on [redacted]/2023. Resident 4's record showed that they had diagnoses which included [redacted]

Resident 4's record showed a preadmission assessment completed on 07/07/2023 and a 14-day assessment completed on 07/10/2023. Resident 4's assessments did not show that they had been assessed for their ability to leave the facility unescorted.

Resident 5

Observation on 04/23/2024 at 11:00 AM showed Resident 5 walking to their apartment with a walker and they were slightly dragging their right foot. Resident 5 stated that they went out for walks and that was their recreation. Resident 5's speech was difficult to understand.

Review of Resident 5's demographic page showed that the resident admitted to the facility on [redacted]2023. The demographics page showed that Resident had diagnoses of [redacted] and [redacted], and [redacted]

Review of Resident 5's progress notes dated 03/16/2024 and 04/17/2024 showed that the resident had gone outside for a walk.

Resident 5's record showed a nursing assessment dated 10/23/2023. Resident 5's assessment showed that their musculoskeletal system was within normal limits with no gait abnormalities, and their neurological system (brain, spinal cord, and nerves) was within normal limits.

Resident 5's assessment did not show that the resident had mobility and speech problems. The assessment did not show that the resident was assessed for their ability to leave the facility unescorted. Additionally, Resident 5's record did not show that the facility completed an assessment within 14 days of the resident moving into the facility as required.

On 04/24/2024 at 10:10 AM, Staff B stated that the 10/23/2023 assessment was the only assessment completed on Resident 5. Staff B stated that they were unsure why, and that

transfer pole. Additionally, Resident 3's assessment did not show that they had been assessed to leave the facility unescorted.

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Review of Resident 4's demographic page showed that the resident admitted to the facility on [redacted] 2023. Resident 4's record showed that they had diagnoses which included [redacted].

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this assessment was done prior to Staff B coming to the ALF.

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 Ellensburg is or will be in compliance with this law and / or regulation on (Date) 06/07/2024.

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

Sherri Underdeffer — Administrator (or Representative)

5/14/24 — Date

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

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a full Negotiated Service Agreement (NSA) within 30 days of move in for residents who had admitted to the ALF within the last six months, for 3 of 3 residents (Resident 3, 4, 5). This failure placed residents at risk of unmet care needs.

Findings included...

Resident 3.

Review of Resident 3's demographic page showed that the resident admitted to the facility on [redacted]2024.

Resident 3's record included an initial NSA dated 01/31/2024. Resident 3's record did not show that an NSA had been completed within 30 days of their move into the ALF.

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Review of Resident 4's demographic page showed that the resident admitted to the facility on [redacted]/2023.

Resident 4's record showed an initial NSA dated 07/07/2023. The resident's record did not contain an NSA completed within 30 days of their moving into the ALF.

Resident 5

Review of Resident 5's demographic page showed that the resident admitted to the facility on [redacted]2023.

Review of Resident 5's record showed an NSA dated 12/15/2023. The ALF could not provide an initial or a 30-day NSA on Resident 5 for the staff to follow for the resident's care and services.

On 04/24/2024 at 10:10 AM, Staff B stated that they could not find an initial or 30-day NSA for Resident 5 and did not know why the NSAs were not completed for all three residents.

On 04/24/2024 at 11:00 AM, Staff B, Health Services Manager/Licensed Practical Nurse, stated that the facility's service planning software did not have the ability to trigger the completion of a 30-day NSA when it was due for a resident.

Plan/Attestation Statement

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Sherri Underwood — Administrator (or Representative)

5/14/2024 — Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

Resident 4's record showed an initial NSA dated 07/07/2023. The resident's record did not contain an NSA completed within 30 days of their moving into the ALF.

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Review of Resident 5's demographic page showed that the resident admitted to the facility on [redacted] 2023.

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Administrator (or Representative) Date

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(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:

(ii) The resident's full assessments;

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

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

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

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

(a) Exclusively for the individual resident; or

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to develop and document in the resident's record, the plan to meet individual residents' identified needs and diagnoses which imposed risks to their health and safety, and the plan for providing intermittent nursing services for 3 of 3 residents (Resident 1, 3, 5). This failure placed residents at risk of harm from needs not being met and complications from their chronic medical conditions.

Findings included...

Resident 1

Observation on 04/23/2024 at 9:30 AM showed Resident 1 to use their feet to wheel themselves down the hallway in their wheelchair. Resident 1 stopped to speak to a staff member, but their words were mixed up and did not make sense.

On 04/23/2024 at 9:30 AM, Staff F, Medication Technician (MT), stated that Resident 1 was confused and not able to speak clearly.

On 04/24/2024 at 9:23 AM, Staff E, Assistant Administrator, stated that Resident 1 was very confused and very hard of hearing.

Review of Resident 1's full assessment dated 01/18/2024 showed that they had a

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

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Review of Resident 1's full assessment dated 01/18/2024 showed that they had a

diagnosis of [redacted]. The assessment showed that the resident had trouble communicating verbally.

Resident 1's assessment showed that they used an outside provider to assist them with bathing. Additionally, the assessment showed that Resident 1 had home health for wound care for a pressure sore to their left hip, and that the wound caused pain for the resident which was controlled by medication given to them by the staff

Review of Resident 1's Negotiated Service Agreement (NSA) showed that they were independent with skin integrity, had sound judgement and did not have cognitive impairment. The NSA did not provide information on Resident 1's communication needs. The NSA did not include direction for an alternate plan to provide bathing assistance for Resident 1 if the outside provider was unavailable. The NSA did not include information about Resident 1's wound, what staff were to watch for, or who was responsible to care for the wound. Additionally, the NSA showed that Resident 1 did not have pain or need pain management medication.

Resident 3

Observation on 04/24/2024 at 11:40 AM showed that Resident 3 was seated in a manual wheelchair in their room, and they were trying to change their pants. A transfer pole (a medical device used for a person to grab onto to aid in standing) was observed to be installed next to their bedside. Resident 3 stated that they would use the transfer pole to stand up, and that they did not need help. Resident 3 also stated that they had physical therapy services at the ALF.

Resident 3's 01/30/2024 assessment showed that the resident had diagnoses which included [redacted] and [redacted]. The assessment showed that the resident needed staff assistance to stand and that they used a manual wheelchair. The assessment also showed that the resident used home health services for physical and occupational therapies.

Review of Resident 3's 1/31/2023 NSA did not show that it included information or direction for the staff regarding the resident's diagnosis of [redacted] or how those problems affected the resident, and what staff were to do or watch for related to those problems. The NSA also did not include direction that staff were to assist the resident to transfer by using the transfer pole, nor did it include details on who provided Resident 3's therapies or if they required assistance to coordinate the therapies.

Resident 6

diagnosis of [redacted]. The assessment showed that the resident had trouble communicating verbally.

Resident 1's assessment showed that they used an outside provider to assist them with bathing. Additionally, the assessment showed that Resident 1 had home health for wound care for a pressure sore to their left hip, and that the wound caused pain for the resident which was controlled by medication given to them by the staff.

Review of Resident 1's Negotiated Service Agreement (NSA) showed that they were independent with skin integrity, had sound judgement and did not have cognitive impairment. The NSA did not provide information on Resident 1's communication needs. The NSA did not include direction for an alternate plan to provide bathing assistance for Resident 1 if the outside provider was unavailable. The NSA did not include information about Resident 1's wound, what staff were to watch for, or who was responsible to care for the wound. Additionally, the NSA showed that Resident 1 did not have pain or need pain management medication.

Resident 3

Observation on 04/24/2024 at 11:40 AM showed that Resident 3 was seated in a manual wheelchair in their room, and they were trying to change their pants. A transfer pole (a medical device used for a person to grab onto to aid in standing) was observed to be installed next to their bedside. Resident 3 stated that they would use the transfer pole to stand up, and that they did not need help. Resident 3 also stated that they had physical therapy services at the ALF.

Resident 3's 01/30/2024 assessment showed that the resident had diagnoses which included [redacted] and [redacted]. The assessment showed that the resident needed staff assistance to stand and that they used a manual wheelchair. The assessment also showed that the resident used home health services for physical and occupational therapies.

Review of Resident 3's 1/31/2023 NSA did not show that it included information or direction for the staff regarding the resident's diagnosis of [redacted], or how those problems affected the resident, and what staff were to do or watch for related to those problems. The NSA also did not include direction that staff were to assist the resident to transfer by using the transfer pole, nor did it include details on who provided Resident 3's therapies or if they required assistance to coordinate the therapies.

Resident 5

Statement of Deficiencies	License #: 2683	Compliance Determination # 40046
Plan of Correction	Avista Senior Living Ellensburg	Completion Date
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On 04/23/2024 at 11:00 AM, Resident 5 was observed walking with their walker and they were slightly dragging their right foot. Resident 5 stated that they went out for walks often. Resident 5's speech was difficult to understand.

Review of Resident 5's demographic page showed that the resident admitted to the facility on [redacted] 2023. Resident 5's demographic page showed that they had diagnoses [redacted] and [redacted], and [redacted].

Resident 5's record showed a nursing assessment dated 10/23/2023 which showed that the resident had a diagnosis of a [redacted].

Review of Resident 5's 12/15/2023 NSA did not show that it included information or staff direction for the resident's diagnoses of [redacted], or what staff were to do or watch for related to the stroke. Additionally, Resident 5's NSA did not address their communication deficits and needs.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Avista Senior Living Ellensburg is or will be in compliance with this law and / or regulation on (Date) 06/07/2024

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

Sherrill Underdoffer — Administrator (or Representative) — 5/14/24 — 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 ensure residents received their medication and/or supplements for residents who required the ALF's assistance to obtain them, for 3 of 5 residents (Resident 1, 2, 3). This failure caused residents to miss doses of necessary medication and supplements as prescribed and placed them at risk of worsening health conditions.

Findings included...

On 04/23/2024 at 11:00 AM, Resident 5 was observed walking with their walker and they were slightly dragging their right foot. Resident 5 stated that they went out for walks often. Resident 5's speech was difficult to understand.

Review of Resident 5's demographic page showed that the resident admitted to the facility on [redacted]/2023. Resident 5's demographic page showed that they had diagnoses [redacted] and [redacted] and [redacted].

Resident 5's record showed a nursing assessment dated 10/23/2023 which showed that the resident had a diagnosis of a [redacted].

Review of Resident 5's 12/15/2023 NSA did not show that it included information or staff direction for the resident's diagnoses of [redacted], or what staff were to do or watch for related to the stroke. Additionally, Resident 5's NSA did not address their communication deficits and needs.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Avista Senior Living Ellensburg 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.

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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 ensure residents received their medication and/or supplements for residents who required the ALF's assistance to obtain them, for 3 of 5 residents (Resident 1, 2, 3). This failure caused residents to miss doses of necessary medication and supplements as prescribed and placed them at risk of worsening health conditions.

Findings included…

Review of a facility policy titled, "Obtaining and Refilling Medications," undated, showed that the Health Services Manager (HSM) or their designee was responsible for refilling medication orders. The policy also showed that if a resident used a pharmacy or vendor other than the facility's preferred pharmacy, the HSM or designee would coordinate obtaining medications according to a resident's Negotiated Service Agreement (NSA).

Resident 1

In an interview on 04/29/2024 at 11:20 AM, Collateral Contact 1 (CC 1) stated that they visited Resident 1 weekly, and that they provided nutritional shakes for the resident.

Review of Resident 1's doctor's order dated 02/22/2024 showed that the resident was to have a supplemental nutritional shake twice daily.

Review of a 03/28/2024 order electronically submitted from the pharmacy onto Resident 1's record showed that the resident was to be given the shakes three times per day.

Review of Resident 1's 12/29/2023 NSA showed that staff were to provide assistance with their medication, and with meal reminders and to encourage fluids. The NSA did not show that Resident 1 required nutritional shakes as per their doctor's order.

Review of Resident 1's March 2024 Medication Administration Records (MARs) showed that on 03/29/2024, the resident had a new order entered onto the MAR for the shakes to be given three times per day.

Review of the March 2024 progress notes in Resident 1's record showed that the resident did not get their nutritional shakes from 03/16/2024 – 03/18/2024, and from 03/29/2024 – 03/30/2024, due to the Resident not having the shakes in the facility as they had run out, and family had been notified.

Review of Resident 1's April 2024 MARs showed that the resident had two orders for the shakes on the MARs: one order for twice daily and one order for three times daily. The MARs showed that the staff were signing both orders as being given, making it unclear how often Resident 1 received nutritional shakes.

Review of the April 2024 progress notes in Resident 1's record showed that they did not get their nutritional shakes on 04/02/2024, 04/10/2024, and 04/22/2024, due to the resident not having the shakes in the facility as they had run out, and family had been notified to bring more in.

On 04/24/2024 at 11:30 AM, Staff B, HSM/Licensed Practical Nurse, confirmed that Resident 1's nutritional shake order was increased from twice daily to three times daily on

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Resident 1

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Review of the April 2024 progress notes in Resident 1’s record showed that they did not get their nutritional shakes on 04/02/2024, 04/10/2024, and 04/22/2024, due to the resident not having the shakes in the facility as they had run out, and family had been notified to bring more in.

On 04/24/2024 at 11:30 AM, Staff B, HSM/Licensed Practical Nurse, confirmed that Resident 1’s nutritional shake order was increased from twice daily to three times daily on

03/28/2024, and that they were not aware there were conflicting orders on the resident's MAR. Staff B also stated that they were not sure if the facility had a plan in place for the family assistance of Resident 1's nutritional shakes, or what the plan was if the family did not provide them.

Resident 2

In an interview on 04/23/2024 at 10:24 AM, Resident 2 stated that the staff had recently started to help them with their medication.

Review of Resident 2's 03/29/2024 NSA showed that staff were to provide assistance with their medication, and that the resident used a pharmacy outside of the facility's preferred house pharmacy. The NSA also showed that the resident had diagnoses which included [redacted]

Review of a 03/28/2024 doctor's order in Resident 2's record showed that the resident was prescribed medication which included Xarelto (a blood thinner medication to prevent blood clots) once daily.

Review of Resident 2's March 2024 – April 2024 MARs showed that the resident did not get their Xarelto on 03/29/2024, and from 04/14/2024 – 04/17/2024, which was five total doses the medication was missed. The MAR exception notes for each missed dose showed, "hold, see progress note."

Review of March 2024 – April 2024 progress notes in Resident 2's record showed that the resident did not get their Xarelto on the above listed dates due to the medication not being available, and was on order from the resident's pharmacy

On 04/23/2024 at 1:14 PM, Staff B stated that Resident 2's Xarelto order got confusing, when the facility began assisting with the resident's medication on 03/29/2024. Staff B stated they they were notified that the ALF did not have the medication on 04/14/2024. Staff B stated that since they only work in the ALF two days a week, they did not address Resident 2's medication not being available until they were onsite on 04/16/2024, which was when Staff B called the pharmacy.
Staff B stated that due to the facility taking over medication assistance for Resident 2, the order had been sent to the house pharmacy and not to the resident's preferred pharmacy as per their NSA, which was why they missed the doses of Xarelto

Resident 3

In an interview on 04/24/2024 at 11:40 AM, Resident 3 stated that staff brought them their medication but that they didn't really take many medications.

03/28/2024, and that they were not aware there were conflicting orders on the resident's MAR. Staff B also stated that they were not sure if the facility had a plan in place for the family assistance of Resident 1's nutritional shakes, or what the plan was if the family did not provide them.

Resident 2

In an interview on 04/23/2024 at 10:24 AM, Resident 2 stated that the staff had recently started to help them with their medication.

Review of Resident 2's 03/29/2024 NSA showed that staff were to provide assistance with their medication, and that the resident used a pharmacy outside of the facility's preferred house pharmacy. The NSA also showed that the resident had diagnoses which included [redacted]

Review of a 03/28/2024 doctor's order in Resident 2's record showed that the resident was prescribed medication which included Xarelto (a blood thinner medication to prevent blood clots) once daily.

Review of Resident 2's March 2024 – April 2024 MARs showed that the resident did not get their Xarelto on 03/29/2024, and from 04/14/2024 – 04/17/2024, which was five total doses the medication was missed. The MAR exception notes for each missed dose showed, "hold, see progress note."

Review of March 2024 – April 2024 progress notes in Resident 2's record showed that the resident did not get their Xarelto on the above listed dates due to the medication not being available, and was on order from the resident's pharmacy.

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Staff B stated that due to the facility taking over medication assistance for Resident 2, the order had been sent to the house pharmacy and not to the resident's preferred pharmacy as per their NSA, which was why they missed the doses of Xarelto.

Resident 3

In an interview on 04/24/2024 at 11:40 AM, Resident 3 stated that staff brought them their medication but that they didn't really take many medications.

Review of Resident 3's 01/31/2024 NSA showed that the resident required staff to assist with their medication, and that they used the facility pharmacy. The NSA also showed that the resident had diagnoses which included [redacted] and [redacted].

Review of a medication list in Resident 3's record, dated 04/22/2024, showed that the resident was on one daily medication which was Sertraline (to elevate mood), that was prescribed on 01/30/2024.

Review of Resident 3's March 2024 MARs showed that the resident did not get their Sertraline for nine days from 03/03/2024 – 03/12/2024. The MAR exception notes for each missed dose showed, "hold, see progress note."

Review of March 2024 progress notes in Resident 3's record showed that the resident did not get their Sertraline on the above listed dates due to the medication not being available, and was on order from the facility pharmacy.

On 04/23/2024 at 1:30 PM, Staff B stated that they did not work in the ALF during the time that Resident 3 missed their Sertraline, and that the ALF had a lapse in nurse coverage at that 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 Ellensburg is or will be in compliance with this law and / or regulation on (Date) 06/07/2024.

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

Sherri Underwood — Administrator (or Representative)

5/14/24 — Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

Review of Resident 3's 01/31/2024 NSA showed that the resident required staff to assist with their medication, and that they used the facility pharmacy. The NSA also showed that the resident had diagnoses which included [redacted] and [redacted].

Review of a medication list in Resident 3's record, dated 04/22/2024, showed that the resident was on one daily medication which was Sertraline (to elevate mood), that was prescribed on 01/30/2024.

Review of Resident 3's March 2024 MARs showed that the resident did not get their Sertraline for nine days from 03/03/2024 – 03/12/2024. The MAR exception notes for each missed dose showed, "hold, see progress note."

Review of March 2024 progress notes in Resident 3's record showed that the resident did not get their Sertraline on the above listed dates due to the medication not being available, and was on order from the facility pharmacy.

On 04/23/2024 at 1:30 PM, Staff B stated that they did not work in the ALF during the time that Resident 3 missed their Sertraline, and that the ALF had a lapse in nurse coverage at that time.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that a nursing visit assessment was completed by the Registered Nurse (RN) Delegator when a resident required delegation of nursing tasks for 1 of 1 resident (Resident 4). This failed practice placed the resident at risk of complications to their medical conditions.

Findings included..

Review of WAC 246-840-930, Criteria for delegation, showed that the RN was to assess the resident for the need and appropriateness for each delegated task. Additionally, the RN had to ensure that reevaluation and documentation of delegated tasks occurred at least every 90 days for all delegated tasks.

Record review of Resident 4's demographic page showed that the resident admitted to the facility on [redacted]2023. The record also showed that Resident 4's diagnoses consisted of [redacted] and [redacted].

Review of Resident 4's facility's assessment dated 07/10/2023 showed that the resident required staff assistance with medication. The assessment also showed under section 26, "Diabetes Management," that Resident 4 required blood glucose monitoring (checking blood sugar levels by pricking the finger), insulin administration (an injected medication to regulate blood sugar levels), and reordering supplies.

Resident 4's record showed an NSA dated 12/15/2023 that documented the resident required staff assistance with diabetes management.

Record review of the facility's Nurse Delegation binder showed two nursing visit forms, dated 02/14/2024 and 04/08/2024 for Resident 4. The 02/14/2024 visit form was blank under section labeled, "Review of Systems," and under section labeled, "Notes." The 04/08/2024 nursing visit form under the section labeled, "Review of Systems," had "No change" marked, and under the section labeled, "Notes" showed a note written that, "Resident is stable and predictable."

On 05/02/2024 at 11:25 AM Staff A, Administrator, stated that there was not an assessment completed by the nurse delegator for Resident 4.

Plan/Attestation Statement

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that a nursing visit assessment was completed by the Registered Nurse (RN) Delegator when a resident required delegation of nursing tasks for 1 of 1 resident (Resident 4). This failed practice placed the resident at risk of complications to their medical conditions.

Findings included…

Review of WAC 246-840-930, Criteria for delegation, showed that the RN was to assess the resident for the need and appropriateness for each delegated task. Additionally, the RN had to ensure that reevaluation and documentation of delegated tasks occurred at least every 90 days for all delegated tasks.

Record review of Resident 4's demographic page showed that the resident admitted to the facility on 07/11/2023. The record also showed that Resident 4's diagnoses consisted of [redacted] and [redacted].

Review of Resident 4's facility's assessment dated 07/10/2023 showed that the resident required staff assistance with medication. The assessment also showed under section 28, "Diabetes Management," that Resident 4 required blood glucose monitoring (checking blood sugar levels by pricking the finger), insulin administration (an injected medication to regulate blood sugar levels), and reordering supplies.

Resident 4's record showed an NSA dated 12/15/2023 that documented the resident required staff assistance with diabetes management.

Record review of the facility's Nurse Delegation binder showed two nursing visit forms, dated 02/14/2024 and 04/08/2024 for Resident 4. The 02/14/2024 visit form was blank under section labeled, "Review of Systems," and under section labeled, "Notes." The 04/08/2024 nursing visit form under the section labeled, "Review of Systems," had "No change" marked, and under the section labeled, "Notes" showed a note written that, "Resident is stable and predictable."

On 05/02/2024 at 11:25 AM Staff A, Administrator, stated that there was not an assessment completed by the nurse delegator for Resident 4.

Plan/Attestation Statement

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

Sherri Undercoffler — Administrator (or Representative)

5/14/24 — 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 a valid Washington state name and date of birth background check was submitted every two years when a staff member worked in the ALF for more than two years, for 1 of 2 staff (Staff E). This failed practice placed residents at risk of being cared for by a disqualified staff member.

Findings included...

Staff records were reviewed with Staff E, Assistant Administrator, on 04/23/2024 at 1:30 PM. Staff E stated that they were responsible for maintaining and tracking staff records.

Review of Staff E's business file showed that they were hired on 07/05/2019. Their file showed a Washington state name and date of birth background check result that was completed on 06/25/2019 and expired on 06/25/2021. Their file showed the next Washington state name and date of birth background check completed on 07/14/2022, 383 days after the previous background check had expired.

On 04/23/2024 at 1:30 PM, Staff E stated that in August 2022 the prior administrator had them go to the police department to be fingerprinted instead of submitting a background authorization form to the department.

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 Ellensburg 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.

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Administrator (or Representative) Date

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Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a valid Washington state name and date of birth background check was submitted every two years when a staff member worked in the ALF for more than two years, for 1 of 2 staff (Staff E). This failed practice placed residents at risk of being cared for by a disqualified staff member.

Findings included…

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Statement of Deficiencies	License #: 2683	Compliance Determination # 40046
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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 Ellensburg is or will be in compliance with this law and / or regulation on (Date) 06/07/2024

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

Sherri Undercoffler — Administrator (or Representative)

5/14/24 — Date

WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0090 : Adult family homes.

(5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training. Enhanced services facilities.

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:

(b) Basic.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that a staff who was hired as a Long-Term Care Worker (LTCW) completed all components of their basic training for 1 of 1 staff (Staff C). This failed practice placed residents at risk of being cared for by untrained staff.

Findings included...

Review of an extension to the rules filed on 08/30/2023 by The Department of Health, titled, "WSR 23-18-052," showed that the department extended the training deadlines for LTCW hired between 8/17/2019 - 01/31/2024. The extension showed that a LTCW hired between 07/01/2023 to 01/31/2024 had the standard 120-day training requirement deadlines to complete the basic training.

Staff records were reviewed with Staff E, Assistant Administrator, on 04/23/2024 at 1:30 PM. Staff E stated that they were responsible for maintaining and tracking staff records.

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 Ellensburg 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-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0090 : Adult family homes.

(5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training. Enhanced services facilities.

WAC 388-78A-2474 Training and home care aide certification requirements.

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(b) Basic;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that a staff who was hired as a Long-Term Care Worker (LTCW) completed all components of their basic training for 1 of 1 staff (Staff C). This failed practice placed residents at risk of being cared for by untrained staff.

Findings included…

Review of an extension to the rules filed on 08/30/2023 by The Department of Health, titled, “WSR 23-18-052,” showed that the department extended the training deadlines for LTCW hired between 8/17/2019 - 01/31/2024. The extension showed that a LTCW hired between 07/01/2023 to 01/31/2024 had the standard 120-day training requirement deadlines to complete the basic training.

Staff records were reviewed with Staff E, Assistant Administrator, on 04/23/2024 at 1:30 PM. Staff E stated that they were responsible for maintaining and tracking staff records.

Staff C's business file showed that they were hired on 11/01/2023 as a caregiver. Staff C's file showed that their Home Care Aide (HCA) credential was pending. Staff C's file did not show they had completed the 70-hour basic LTCW training.

On 04/23/2024 at 1:30 PM Staff E stated that Staff C had not completed the Dementia and Mental Health training which was part of the 70-hour basic 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 Ellensburg is or will be in compliance with this law and / or regulation on (Date) 06/07/2024

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

Sherri Underwood — Administrator (or Representative)

5/14/24 — Date

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within one hundred twenty days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within ninety days of completion of basic training.

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 failed to ensure that a staff who was hired as a Long-Term Care Worker (LTCW) completed the Dementia and Mental health training for 1 of 6 staff (Staff C). This failed practice placed residents at risk of being cared for by untrained staff.

Staff C's business file showed that they were hired on 11/01/2023 as a caregiver. Staff C's file showed that their Home Care Aide (HCA) credential was pending. Staff C's file did not show they had completed the 70-hour basic LTCW training.

On 04/23/2024 at 1:30 PM Staff E stated that Staff C had not completed the Dementia and Mental Health training which was part of the 70-hour basic 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 Ellensburg is or will be in compliance with this law and / or regulation on (Date)_____ .

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_____ _____

Administrator (or Representative) Date

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

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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 failed to ensure that a staff who was hired as a Long-Term Care Worker (LTCW) completed the Dementia and Mental health training for 1 of 6 staff (Staff C). This failed practice placed residents at risk of being cared for by untrained staff.

Findings included...

Staff records were reviewed with Staff E, Assistant Administrator, on 04/23/2024 at 1:30 PM. Staff E stated that they were responsible for maintaining and tracking staff records.

Staff C's business file showed that they were hired on 11/01/2023 as a caregiver. Staff C's file did not contain certification that the Dementia specialty training and the Mental health specialty training was completed as required.

On 04/23/2024 at 1:30 PM, Staff E stated that Staff C had taken the Dementia and Mental Health courses although they had not taken the tests to show competency of the materials and therefore did not have the certifications yet.

Plan/Attestation Statement

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Sherri Undercoffler
Administrator (or Representative)

5/14/24
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:

(iii) A certified nursing assistant;

(v) An assisted living facility or the administrator designee as provided under WAC 388-112A-0060 .

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:

Findings included…

Staff records were reviewed with Staff E, Assistant Administrator, on 04/23/2024 at 1:30 PM. Staff E stated that they were responsible for maintaining and tracking staff records.

Staff C's business file showed that they were hired on 11/01/2023 as a caregiver. Staff C's file did not contain certification that the Dementia specialty training and the Mental health specialty training was completed as required.

On 04/23/2024 at 1:30 PM, Staff E stated that Staff C had taken the Dementia and Mental Health courses although they had not taken the tests to show competency of the materials and therefore did not have the certifications yet.

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 Ellensburg 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.

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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?

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

(iii) A certified nursing assistant;

(v) An assisted living facility or the administrator designee as provided under WAC 388-112A-0060 .

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 interview and record review, the Assisted Living Facility (ALF) failed to ensure staff who were required to complete twelve hours of continuing education (CE) was completed annually for 2 of 5 staff (Staff A, D). This failure placed residents at risk of receiving care from untrained staff.

Findings included...

Staff records were reviewed with Staff E, Assistant Administrator, on 04/23/2024 at 1:30 PM. Staff E stated that they were responsible for maintaining and tracking staff records.

Staff A's file showed that they were hired as the ALF's administrator on 04/01/2018. Staff A's file showed documentation of three and a half CE hours completed from their birth day in 2022 to their birth day in 2023. Staff A's file did not show documentation of the additional eight and a half CE hours as required.

Staff D's file showed that they were hired as a Medication Technician (MT) on 01/10/2024. Staff D's file showed documentation of three CE hours completed from their birth day in 2022 to their birth day in 2023. Staff D's file did not show documentation of the additional nine CE hours as required.

On 04/23/2024 at 1:30 PM, Staff E stated that they were unsure why the required CE hours had not been completed for Staff A and D.

Plan/Attestation Statement

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Sherri Underwood — Administrator (or Representative)

5/14/24 — Date

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff who were required to complete twelve hours of continuing education (CE) was completed annually for 2 of 5 staff (Staff A, D). This failure placed residents at risk of receiving care from untrained staff.

Findings included…

Staff records were reviewed with Staff E, Assistant Administrator, on 04/23/2024 at 1:30 PM. Staff E stated that they were responsible for maintaining and tracking staff records.

Staff A's file showed that they were hired as the ALF's administrator on 04/01/2018. Staff A's file showed documentation of three and a half CE hours completed from their birth day in 2022 to their birth day in 2023. Staff A's file did not show documentation of the additional eight and a half CE hours as required.

Staff D's file showed that they were hired as a Medication Technician (MT) on 01/10/2024. Staff D's file showed documentation of three CE hours completed from their birth day in 2022 to their birth day in 2023. Staff D's file did not show documentation of the additional nine CE hours as required.

On 04/23/2024 at 1:30 PM, Staff E stated that they were unsure why the required CE hours had not been completed for Staff A and D.

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

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:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that the required Cardio-Pulmonary Resuscitation (CPR) and first-aid certificates were obtained and maintained for 2 of 6 staff (Staff A, F). This failed practice placed residents at risk of not receiving emergency treatment by qualified staff.

Findings included...

Staff records were reviewed with Staff E, Assistant Administrator, on 04/23/2024 at 1:30 PM. Staff E stated that they were responsible for maintaining and tracking staff records.

Staff A's business file showed that their last CPR and First-aid certificate expired on 10/11/2023. Staff A's business file did not have a current CPR and First-aid certificate.

On 04/23/2024 at 1:30 PM, Staff E stated they were unsure why Staff A did not have a current First-Aid and CPR certificate.

Staff F's business file showed that they were hired on 11/06/2023. Staff F's business file showed that their last CPR and First-aid certificate was completed on 01/16/2024, 71 days after they were hired. The CPR and First-aid certificate indicated it was an on-line course and it did not show completion of the hands-on skills portion, therefore it was not valid.

On 05/02/2024 at 11:25 AM, Staff A, Administrator, stated that they could not find the hands-on portion of the CPR and First-aid certificate for Staff F. Additionally, Staff A stated that Staff F's file did not show that they had completed First-aid and CPR training within 30 days of hire.

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

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:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that the required Cardio-Pulmonary Resuscitation (CPR) and first-aid certificates were obtained and maintained for 2 of 6 staff (Staff A, F). This failed practice placed residents at risk of not receiving emergency treatment by qualified staff.

Findings included…

Staff records were reviewed with Staff E, Assistant Administrator, on 04/23/2024 at 1:30 PM. Staff E stated that they were responsible for maintaining and tracking staff records.

Staff A’s business file showed that their last CPR and First-aid certificate expired on 10/11/2023. Staff A’s business file did not have a current CPR and First-aid certificate.

On 04/23/2024 at 1:30 PM, Staff E stated they were unsure why Staff A did not have a current First-Aid and CPR certificate.

Staff F's business file showed that they were hired on 11/06/2023. Staff F’s business file showed that their last CPR and First-aid certificate was completed on 01/16/2024, 71 days after they were hired. The CPR and First-aid certificate indicated it was an on-line course and it did not show completion of the hands-on skills portion, therefore it was not valid.

On 05/02/2024 at 11:25 AM, Staff A, Administrator, stated that they could not find the hands-on portion of the CPR and First-aid certificate for Staff F. Additionally, Staff A stated that Staff F’s file did not show that they had completed First-aid and CPR training within 30 days of hire.

Plan/Attestation Statement

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

Sherri Undercoffler — Administrator (or Representative)

5/14/24 — 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 interview and record review, the Assisted Living Facility (ALF) failed to ensure screening for tuberculosis (TB) was completed within three days of hire for 3 of 4 new staff (Staff C, D, F). This failed practice placed residents at risk of potential exposure to a communicable disease.

Findings included...

Staff TB records were reviewed with Staff B, Health Service Manager/Licensed Practical Nurse (LPN), on 04/24/2024 at 9:30 AM.

Review of Staff C's file showed that they were hired on 11/01/2023 as a caregiver. Staff C's file showed that they had a first step TB skin test on 11/01/2023. Staff C's file did not contain further documentation that the first step was read and therefore they were not fully screened for TB.

Review of Staff D's file showed that they were hired on 01/10/2024 as a Medication Technician (MT). Staff D's file did not contain documentation that they had been screened for TB within three days of hire.

Review of Staff F's file showed that they were hired on 11/06/2023 as a MT. Staff F's file showed that they had a TB skin test done on 03/26/2024, which was 140 days after they were hired and not within three days as required.

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 Ellensburg 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 interview and record review, the Assisted Living Facility (ALF) failed to ensure screening for tuberculosis (TB) was completed within three days of hire for 3 of 4 new staff (Staff C, D, F). This failed practice placed residents at risk of potential exposure to a communicable disease.

Findings included…

Staff TB records were reviewed with Staff B, Health Service Manager/Licensed Practical Nurse (LPN), on 04/24/2024 at 9:30 AM.

Review of Staff C's file showed that they were hired on 11/01/2023 as a caregiver. Staff C's file showed that they had a first step TB skin test on 11/01/2023. Staff C's file did not contain further documentation that the first step was read and therefore they were not fully screened for TB.

Review of Staff D's file showed that they were hired on 01/10/2024 as a Medication Technician (MT). Staff D's file did not contain documentation that they had been screened for TB within three days of hire.

Review of Staff F's file showed that they were hired on 11/06/2023 as a MT. Staff F's file showed that they had a TB skin test done on 03/26/2024, which was 140 days after they were hired and not within three days as required.

On 04/24/2024 at 9:30 AM, Staff B stated that they started working at the ALF on 03/11/2024, and that they were unsure why the TB skin tests were not completed for Staff C, D, or F.

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 Ellensburg is or will be in compliance with this law and / or regulation on (Date) 06/07/2024

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Sherri Undercoffler
Administrator (or Representative)

5/14/24
Date

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules, and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement a Respiratory Protection Program (RPP) including respirator mask fit-testing for staff who were required to wear a respirator, for 3 of 3 staff (Staff B, C, D). This placed the residents, staff, and visitors at risk for exposure to Sars-CoV-2, the virus responsible for COVID-19 (an infectious disease by a virus causing respiratory illness with symptoms including cough, fever new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death).

Findings included...

Review of the Washington Administrative Code (WAC) 296-842-12005 stated that all long-term care facilities were required to develop and maintain a Respiratory Protection Program.

Review of a "Dear Administrator" letter, dated 04/30/2021, showed that the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined by

On 04/24/2024 at 9:30 AM, Staff B stated that they started working at the ALF on 03/11/2024, and that they were unsure why the TB skin tests were not completed for Staff C, D, or F.

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement a Respiratory Protection Program (RPP) including respirator mask fit-testing for staff who were required to wear a respirator, for 3 of 3 staff (Staff B, C, D). This placed the residents, staff, and visitors at risk for exposure to Sars-CoV-2, the virus responsible for COVID-19 (an infectious disease by a virus causing respiratory illness with symptoms including cough, fever new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death).

Findings included…

Review of the Washington Administrative Code (WAC) 296-842-12005 stated that all long-term care facilities were required to develop and maintain a Respiratory Protection Program.

Review of a "Dear Administrator" letter, dated 04/30/2021, showed that the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined by

the Department of Health as a "federal and state OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards." The ALFs were required to provide initial fit-tests for each Health Care Worker (HCW) with the same model, style, and size respirator that the HCW would be required to wear for protection against COVID-19 and airborne hazards. An RPP included to ensure all staff had respirator mask medical clearance and fit testing done on an annual basis.

Staff records were reviewed with Staff E, Assistant Administrator, on 04/23/2024 at 1:30 PM. Staff E stated that they were responsible for maintaining and tracking staff records. Staff E also stated that Staff B, Health Service Manager/Licensed Practical Nurse, maintained staff's fit testing records for the ALF's RPP.

Review of Staff B's file showed that they were hired on 03/11/2024. Review of Staff B's file showed that the facility did not have documentation that Staff B had been medically cleared for fit testing or that fit testing had occurred.

Review of Staff C's file showed that they were hired on 11/01/2023. Review of Staff C's file showed that the facility did not have documentation that Staff C had been medically cleared for fit testing or that fit testing had occurred.

Review of Staff D's file showed that they were hired on 01/10/2024. Review of Staff D's file showed that the facility did not have documentation that Staff D had been medically cleared for fit testing or that fit testing had occurred.

On 04/24/2024 at 9:42 AM, Staff B, stated that they did not know who did the fit testing for the facility and that they had not done any fit testing for staff at this facility. Staff B also stated that they had been fit tested at their prior place of employment, but they did not have the documentation to show they had been fit tested.

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 Ellensburg is or will be in compliance with this law and / or regulation on (Date) 06/07/2024

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Sherri Undercoffler — Administrator (or Representative)

5/14/24 — Date

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Staff records were reviewed with Staff E, Assistant Administrator, on 04/23/2024 at 1:30 PM. Staff E stated that they were responsible for maintaining and tracking staff records. Staff E also stated that Staff B, Health Service Manager/Licensed Practical Nurse, maintained staff's fit testing records for the ALF's RPP.

Review of Staff B's file showed that they were hired on 03/11/2024. Review of Staff B's file showed that the facility did not have documentation that Staff B had been medically cleared for fit testing or that fit testing had occurred.

Review of Staff C's file showed that they were hired on 11/01/2023. Review of Staff C's file showed that the facility did not have documentation that Staff C had been medically cleared for fit testing or that fit testing had occurred.

Review of Staff D's file showed that they were hired on 01/10/2024. Review of Staff D's file showed that the facility did not have documentation that Staff D had been medically cleared for fit testing or that fit testing had occurred.

On 04/24/2024 at 9:42 AM, Staff B, stated that they did not know who did the fit testing for the facility and that they had not done any fit testing for staff at this facility. Staff B also stated that they had been fit tested at their prior place of employment, but they did not have the documentation to show they had been fit tested.

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-2850 Required reviews of building plans.

(1) A person or assisted living facility must notify construction review services of all planned construction regarding an assisted living facility prior to beginning work on any of the following:

(b) An addition of, or modification or alteration to an existing assisted living facility, including, but not limited to, the assisted living facility's:

(i) Physical structure;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify Construction Review Services (CRS) of a planned construction to repair 1 of 1 laundry rooms after water damage occurred. This failed practice disallowed the department the ability to review and approve construction work performed at the ALF.

Findings included:

Review of the Washington State Department of Health Construction Review Search during the ALF's pre-inspection preparation, showed that the ALF did not have a current project that involved the laundry room and office water damage repair.

During the entrance conference on 04/22/2024 at 9:20 AM with Staff E, Assistant Administrator, they stated that the facility's laundry room water pipe had burst, and water damaged the wall that connected the laundry room to the administrator's office in December 2023.

On 04/23/2024 at 09:58 AM Staff F, Maintenance Director, stated that the water damaged the sheetrock from about knee high down on the north wall in the laundry room and the south wall of the administrator's office. Staff F stated that the ALF had not notified construction review services when the sheetrock repair occurred and that they did not realize that they needed to be notified.

Review of the Department of Health CRS application signed and dated on 04/24/2024, provided by Staff F, showed that the ALF had not submitted the application for the project prior to the 04/24/2024 date.

On 05/02/2024 at 11:30 AM, Staff A, Administrator, stated that they had not notified CRS when the facility had the water damage and wall repair to the laundry room and administrator's office.

Plan/Attestation Statement

WAC 388-78A-2850 Required reviews of building plans.

(1) A person or assisted living facility must notify construction review services of all planned construction regarding an assisted living facility prior to beginning work on any of the following:

(b) An addition of, or modification or alteration to an existing assisted living facility, including, but not limited to, the assisted living facility's:

(i) Physical structure;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify Construction Review Services (CRS) of a planned construction to repair 1 of 1 laundry rooms after water damage occurred. This failed practice disallowed the department the ability to review and approve construction work performed at the ALF.

Findings included…

Review of the Washington State Department of Health Construction Review Search during the ALF's pre-inspection preparation, showed that the ALF did not have a current project that involved the laundry room and office water damage repair.

During the entrance conference on 04/22/2024 at 9:20 AM with Staff E, Assistant Administrator, they stated that the facility's laundry room water pipe had burst, and water damaged the wall that connected the laundry room to the administrator's office in December 2023.

On 04/23/2024 at 09:58 AM Staff F, Maintenance Director, stated that the water damaged the sheetrock from about knee high down on the north wall in the laundry room and the south wall of the administrator's office. Staff F stated that the ALF had not notified construction review services when the sheetrock repair occurred and that they did not realize that they needed to be notified.

Review of the Department of Health CRS application signed and dated on 04/24/2024, provided by Staff F, showed that the ALF had not submitted the application for the project prior to the 04/24/2024 date.

On 05/02/2024 at 11:30 AM, Staff A, Administrator, stated that they had not notified CRS when the facility had the water damage and wall repair to the laundry room and administrator's office.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2683	Compliance Determination # 40046
Plan of Correction	Avista Senior Living Ellensburg	Completion Date
Page 25 of 25	Licensee: Ellensburg AL, LLC	05/02/2024

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Avista Senior Living Ellensburg is or will be in compliance with this law and / or regulation on (Date) 06/07/2024

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

Sherri Wadercoffer
Administrator (or Representative)

5/14/24
Date

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 Ellensburg 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Ellensburg AL, LLC
Avista Senior Living Ellensburg
1008 East Mountain View Ave
Ellensburg, WA 98926

RE: Avista Senior Living Ellensburg # 2683

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 05/02/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Gwin Kaercher, Field Manager
Residential Care Services
Region 1, Unit G
1200 Alder Street

Union Gap, WA 98903

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2640 Reporting significant change in a resident's condition.

(1) The assisted living facility must consult with the resident's representative, the resident's physician, and other individual(s) designated by the resident as soon as possible whenever:

(a) There is a significant change in the resident's condition;

(3) Whenever the conditions in subsection (1) or (2) of this section occur, the assisted living facility must document in the resident's records:

(a) The date and time each individual was contacted; and

(b) The individual's relationship to the resident.

The Assisted Living Facility failed to notify a resident's representative and their physician each time the resident had fall incidents with changes in condition.

RCW 70.129.030 Notice of rights and services -- Admission of individuals.

(4) The facility must inform each resident in writing in a language the resident or his or her representative understands before admission, and at least once every twenty-four months thereafter of: (a) Services, items, and activities customarily available in the facility or arranged for by the facility as permitted by the facility's license; (b) charges for those services, items, and activities including charges for services, items, and activities not covered by the facility's per diem rate or applicable public benefit programs; and (c) the rules of facility operations required under RCW 70.129.140 (2). Each resident and his or her representative must be informed in writing in advance of changes in the availability or the charges for services, items, or activities, or of changes in the facility's rules. Except in emergencies, thirty days' advance notice must be given prior to the change. However, for facilities licensed for six or fewer residents, if there has been a substantial and continuing change in the resident's condition necessitating substantially greater or lesser services, items, or activities, then the charges for those services, items, or activities may be changed upon fourteen days' advance written notice.

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

The Assisted Living Facility failed to inform each Resident in writing, at least every twenty-four months, of the services, items, activities available in the facility and the rules of the facility's operation for residents who lived in the home.

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

The Assisted Living Facility failed to have a separate Medicaid policy in the proper format and signed by residents.

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

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

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

The Assisted Living Facility failed to maintain the facility's carpet and walls clean and in good repair.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

• Please contact me at (509)208-5231.

Sincerely,

Gwin Kaercher

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

Enclosure