STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Wesley Homes Des Moines LLC

Wesley Homes Des Moines LLC
815 S 216th St
Des Moines, WA 98198

RE: Wesley Homes Des Moines LLC License # 2704

Dear Administrator:

This letter addresses Compliance Determination(s) 57386 (Completion Date 04/04/2025) and 55190 (Completion Date 02/24/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/04/2025 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-2474-2-d, WAC 388-112A-0060-1-a-iii, WAC 388-78A-2480-1

The Department staff who did the on-site verification:
Claudia Allis, ALF Licensor
Steven Garrett, LTC Licensor

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 02/24/2025 of:
Wesley Homes Des Moines LLC
815 S 216th St
Des Moines, WA 98198

This document references the following SOD dated: 02/24/2025

The following sample was selected for review during the unannounced on-site visit: 4 of 25 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Steven Garrett, LTC Licensor
Claudia Allis, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson
Residential Care Services

03/07/2025
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)

3/7/25
Date

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility: Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(iii) Employed in an assisted living facility and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets the definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

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 facility failed to ensure 1 of 3 staff (Staff E) completed all required training to perform their job duties and responsibilities. This

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.

Laurie Anderson
Residential Care Services

03/07/2025
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 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility: Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(iii) Employed in an assisted living facility and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets the definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

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 facility failed to ensure 1 of 3 staff (Staff E) completed all required training to perform their job duties and responsibilities. This

failure placed all 25 residents at risk of unmet care needs from staff with incomplete training.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 12/27/2024 for Staff A, Staff E, and Staff F. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 02/10/2025.

Review of facility's personnel records showed the facility hired Staff E, Caregiver, on 02/21/2022.

CARDIOPULMONARY RESUSCITATION AND FIRST AID (CPR)
Review of the facility's personnel records showed no documentation that Staff E completed CPR training with skills demonstration, and first aid training.

During an interview on 02/24/2025 at 2:30 PM, Staff A stated that they were unaware that Staff E had not completed the CPR training with skills demonstration, and first aid training.

This is an uncorrected deficiency cited on 12/27/2024, WAC 388-78A-2474 subsection (2)(d).

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, Wesley Homes Des Moines LLC is or will be in compliance with this law and / or regulation on (Date) 3/14/25.

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

Administrator (or Representative) — Date: 3/7/25

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:

failure placed all 25 residents at risk of unmet care needs from staff with incomplete training.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 12/27/2024 for Staff A, Staff E, and Staff F. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 02/10/2025.

Review of facility's personnel records showed the facility hired Staff E, Caregiver, on 02/21/2022.

CARDIOPULMONARY RESUSCITATION AND FIRST AID (CPR)
Review of the facility's personnel records showed no documentation that Staff E completed CPR training with skills demonstration, and first aid training.

During an interview on 02/24/2025 at 2:30 PM, Staff A stated that they were unaware that Staff E had not completed the CPR training with skills demonstration, and first aid training.

This is an uncorrected deficiency cited on 12/27/2024, WAC 388-78A-2474 subsection (2)(d).

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, Wesley Homes Des Moines LLC 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 facility failed to ensure 2 of 4 staff (Staff B and Staff C) were screened for Tuberculosis (TB), as required. This failure placed all 25 residents at risk of exposure to Tuberculosis, an infectious disease.

Findings included...

Record review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 12/27/2024 for Staff B and Staff C. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 02/10/2025.

Review of facility's personnel records showed the facility hired Staff B, Lead Med Tech, on 09/27/2024, and Staff C, Med Tech, on 09/12/2024.

Review of Staff B's records showed no documentation that Staff B completed TB screening and testing when hired. The records showed Staff B provided supervision and direct care to residents for 151 days, without any screening and testing for tuberculosis.

Review of Staff C's records showed no documentation that Staff C completed TB screening and testing when hired. The records showed Staff C provided supervision and direct care to residents for 166 days, without any screening and testing for tuberculosis.

During an interview on 02/24/2025 at 2:25 PM, Staff A, Executive Director, stated that they were unaware that Staff B and Staff C did not complete any TB screening and testing.

This is an uncorrected deficiency cited on 12/27/2024, WAC 388-78A-2480 subsection (1).

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, Wesley Homes Des Moines LLC is or will be in compliance with this law and / or regulation on (Date) 3/14/25 .

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

Administrator (or Representative) — Date: 3/7/25

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, Wesley Homes Des Moines LLC 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
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 12/11/2024 and 12/13/2024 of:
Wesley Homes Des Moines LLC
815 S 216th St
Des Moines, WA 98198

The following sample was selected for review during the unannounced on-site visit: 5 of 26 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensor
Steven Garrett, LTC Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson
Residential Care Services

01/13/2025
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: 11/20/25

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:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(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.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to provide 5 of 26 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) with a copy of the facility's policy for acceptance of Medicaid as a payment source. The facility failed to ensure the residents, or the residents representative acknowledged the facility policy on Medicaid as a payment source with a signature and date. This failure placed Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5 at risk of being discharged and unable to reside in the facility on state Medicaid assistance as a payment source.

Findings included...

Review of the facility's Disclosure of Services document, showed that the facility provided assistance with activities of daily living (ADL's). The document showed that the facility did not accept Medicaid as a payment source.

During an interview on 12/11/2024 at 11:55 AM, Staff A, Administrator/Executive Director, stated that the facility did not have a Medicaid contract. Staff A stated that the facility did not accept Medicaid as a payment source for residents who resided in their memory care unit.

Review of the facility's admission records showed that the facility did not have a

Administrator (or Representative) Date

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:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(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.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to provide 5 of 26 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) with a copy of the facility's policy for acceptance of Medicaid as a payment source. The facility failed to ensure the residents, or the residents representative acknowledged the facility policy on Medicaid as a payment source with a signature and date. This failure placed Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5 at risk of being discharged and unable to reside in the facility on state Medicaid assistance as a payment source.

Findings included...

Review of the facility's Disclosure of Services document, showed that the facility provided assistance with activities of daily living (ADL's). The document showed that the facility did not accept Medicaid as a payment source.

During an interview on 12/11/2024 at 11:55 AM, Staff A, Administrator/Executive Director, stated that the facility did not have a Medicaid contract. Staff A stated that the facility did not accept Medicaid as a payment source for residents who resided in their memory care unit.

Review of the facility's admission records showed that the facility did not have a

Medicaid policy on a separate document, as required. There was no documentation of any acknowledgement by residents or representatives that showed the facility explained the options available if a resident needed to use Medicaid as a payment source.

During an interview on 12/13/2024 at 12:30 PM, Staff A stated that there was no separate Medicaid policy document to give to residents, as required. Staff A stated that they were unaware of any current residents' records that contained this type of documentation.

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, Wesley Homes Des Moines LLC is or will be in compliance with this law and / or regulation on (Date) ~~2/10/25~~ 2/10/25 KK

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

Administrator (or Representative) — Date: 1/20/25

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility: Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(iii) Employed in an assisted living facility and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets the definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065)

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

Medicaid policy on a separate document, as required. There was no documentation of any acknowledgement by residents or representatives that showed the facility explained the options available if a resident needed to use Medicaid as a payment source.

During an interview on 12/13/2024 at 12:30 PM, Staff A stated that there was no separate Medicaid policy document to give to residents, as required. Staff A stated that they were unaware of any current residents' records that contained this type of documentation.

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, Wesley Homes Des Moines LLC 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-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility: Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(iii) Employed in an assisted living facility and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets the definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

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 facility failed to ensure 3 of 6 staff (Staff A, Staff E, and Staff F) completed all required training to perform their job duties and responsibilities. This failure placed all 24 residents at risk of unmet care needs from staff with incomplete training.

Findings included...

Review of facility's personnel records showed the facility hired Staff A, Executive Director, on 09/11/2023; Staff E, Caregiver, on 02/21/2022; and Staff F, MedTech, on 10/05/2021.

CARDIOPULMONARY RESUSCITATION AND FIRST AID (CPR)

STAFF A
Review of the facility's personnel records showed no documentation that Staff A, Staff E, and Staff F completed CPR training with skills demonstration and first aid training.

During an interview on 12/13/2024 at 12:30 PM, Staff A stated that they were unaware that Staff A, Staff E, and Staff F had not completed the CPR training with skills demonstration and first aid 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, Wesley Homes Des Moines LLC is or will be in compliance with this law and / or regulation on (Date) ~~2/10/25~~ 2/10/25 KK

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

Administrator (or Representative) — Date: 1/20/25

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each

to:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 3 of 6 staff (Staff A, Staff E, and Staff F) completed all required training to perform their job duties and responsibilities. This failure placed all 24 residents at risk of unmet care needs from staff with incomplete training.

Findings included...

Review of facility's personnel records showed the facility hired Staff A, Executive Director, on 09/11/2023; Staff E, Caregiver, on 02/21/2022; and Staff F, MedTech, on 10/05/2021.

CARDIOPULMONARY RESUSCITATION AND FIRST AID (CPR)

STAFF A
Review of the facility's personnel records showed no documentation that Staff A, Staff E, and Staff F completed CPR training with skills demonstration and first aid training.

During an interview on 12/13/2024 at 12:30 PM, Staff A stated that they were unaware that Staff A, Staff E, and Staff F had not completed the CPR training with skills demonstration and first aid 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, Wesley Homes Des Moines LLC 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 facility failed to ensure 2 of 4 staff (Staff B and Staff C) were screened for Tuberculosis (TB), as required. This failure placed all 24 residents at risk of exposure to Tuberculosis, an infectious disease.

Findings included...

Review of facility's personnel records showed the facility hired Staff B, Lead Med Tech, on 09/27/2024, and Staff C, Med Tech, on 09/12/2024.

Review of Staff B's records showed no documentation that Staff B completed TB screening and testing when hired. The records showed Staff B provided supervision and direct care to residents for 78 days, without any screening and testing for tuberculosis

Review of Staff C's records showed no documentation that Staff C completed TB screening and testing when hired. The records showed Staff C provided supervision and direct care to residents for 94 days, without any screening and testing for tuberculosis.

During an interview on 12/13/2024 at 2:25 PM, Staff A, Executive Director, stated that they were not aware that Staff B and Staff C were not tested for TB when hired.

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, Wesley Homes Des Moines LLC is or will be in compliance with this law and / or regulation on (Date) 2/10/25 2/10/25 KK

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

Administrator (or Representative) — Date 1/20/25

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

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 facility failed to ensure 2 of 4 staff (Staff B and Staff C) were screened for Tuberculosis (TB), as required. This failure placed all 24 residents at risk of exposure to Tuberculosis, an infectious disease.

Findings included...

Review of facility's personnel records showed the facility hired Staff B, Lead Med Tech, on 09/27/2024, and Staff C, Med Tech, on 09/12/2024.

Review of Staff B's records showed no documentation that Staff B completed TB screening and testing when hired. The records showed Staff B provided supervision and direct care to residents for 78 days, without any screening and testing for tuberculosis.

Review of Staff C's records showed no documentation that Staff C completed TB screening and testing when hired. The records showed Staff C provided supervision and direct care to residents for 94 days, without any screening and testing for tuberculosis.

During an interview on 12/13/2024 at 2:25 PM, Staff A, Executive Director, stated that they were not aware that Staff B and Staff C were not tested for TB when hired.

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, Wesley Homes Des Moines LLC 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-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

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to complete a Washington State Name and Date of Birth Background check for 5 of 6 staff (Staff A, Staff B, Staff C, Staff D, and Staff E) and a fingerprint background check for 1 of 6 staff (Staff E). These failures placed all 24 residents at risk of potential abuse or neglect by a caregiver with an unknown background.

Findings included... .

Review of facility's undated personnel records showed the facility hired Staff A, Executive Director, on 09/11/2023; Staff B, Lead MedTech, on 09/27/2024; Staff C, MedTech, on 09/12/2024; Staff D, Caregiver, on 04/14/2024; and Staff E, Caregiver, on 02/21/2022.

Review of Staff A's records showed no documentation that Staff A completed a Washington State Name and Date of Birth background check. The records showed Staff A provided supervision of direct care to residents for 460 days, without a valid Washington State Name and Date of Birth background check.

Review of Staff B's records showed no documentation that Staff B completed a Washington State Name and Date of Birth background check. The records showed Staff B provided supervision and direct care to residents for 78 days, without a valid Washington State Name and Date of Birth background check.

Review of Staff C's records showed no documentation that Staff C completed a Washington State Name and Date of Birth background check. The records showed Staff C provided direct care to residents for 92 days, without a valid Washington State Name and Date of Birth background check.

Review of Staff D's records showed no documentation that Staff D completed a

Washington State Name and Date of Birth background check. The records showed Staff D provided direct care to residents for 245 days, without a valid Washington State Name and Date of Birth background check.

Review of Staff D's records showed that a National Fingerprint Check was done on 10/09/2024; this is a late fingerprint check, more than 120 days after date of hire.

Review of Staff E's records showed no documentation that Staff E completed a Washington State Name and Date of Birth background check. The records showed Staff E provided direct care to residents for 1027 days, without a valid Washington State Name and Date of Birth background check. There was no documentation that Staff E completed a National Fingerprint check.

During an interview on 12/13/2024 at 2:55 PM, Staff A, Executive Director, stated that the facility was aware that staff needed Washington State Name and Date of Birth background checks. Staff A stated that they were unaware that staff records showed no documentation of Washington State Name and Date of Birth background checks for Staff A, Staff B, Staff C, Staff D, and Staff E. Staff A stated that they were unaware that staff records showed documentation of a National Fingerprint check for Staff D that was completed late. Staff A stated that they were unaware that staff records showed no documentation of a National Fingerprint check for Staff E.

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, Wesley Homes Des Moines LLC is or will be in compliance with this law and / or regulation on (Date) 2/10/25

2/10/25 KK

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

Administrator (or Representative) — Date: 1/20/25

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues.

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

Washington State Name and Date of Birth background check. The records showed Staff D provided direct care to residents for 245 days, without a valid Washington State Name and Date of Birth background check.

Review of Staff D's records showed that a National Fingerprint Check was done on 10/08/2024; this is a late fingerprint check, more than 120 days after date of hire.

Review of Staff E's records showed no documentation that Staff E completed a Washington State Name and Date of Birth background check. The records showed Staff E provided direct care to residents for 1027 days, without a valid Washington State Name and Date of Birth background check. There was no documentation that Staff E completed a National Fingerprint check.

During an interview on 12/13/2024 at 2:55 PM, Staff A, Executive Director, stated that the facility was aware that staff needed Washington State Name and Date of Birth background checks. Staff A stated that they were unaware that staff records showed no documentation of Washington State Name and Date of Birth background checks for Staff A, Staff B, Staff C, Staff D, and Staff E. Staff A stated that they were unaware that staff records showed documentation of a National Fingerprint check for Staff D that was completed late. Staff A stated that they were unaware that staff records showed no documentation of a National Fingerprint check for Staff E.

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, Wesley Homes Des Moines LLC 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-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to complete 5 of 5 sampled residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) assessments that included the required full assessment components. The facility failed to complete 1 of 1 resident (Resident 4) assessment in response to progressive diagnosis and changing needs. These failures placed Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5 at risk of harm from unidentified care needs and changes in condition.

Findings included...

RESIDENT 1

Review of Resident 1's records showed the facility admitted Resident on [redacted]/2024. The records showed Resident 1 admitted with a diagnosis of [redacted].

Review of Resident 1's assessment, dated 08/09/2024, showed no documentation the facility assessed Resident 1's ability to leave the facility unsupervised. The records showed no documentation of Resident 1's current prescribed medications and the level of assistance needed to manage their medications.

RESIDENT 2

Review of Resident 2's records showed the facility admitted Resident 2 on [redacted]/2024. The records showed Resident 2 admitted with a diagnosis of [redacted]. The records showed no documentation the facility screened Resident 2 for dementia. The records showed no listing of the Resident 2's current prescribed medications and the level of assistance needed to manage their medications.

Resident 3
Review of Resident 3's records showed the facility admitted Resident 3 on [redacted]/2024. The records showed Resident 3 admitted with diagnoses of [redacted] and [redacted]. The records showed no documentation the facility screened Resident 3 for dementia. The records showed no listing of Resident 3's current prescribed medications and the level of assistance needed to manage their medications.

Resident 4
Review of Resident 4's records showed the facility admitted Resident 4 on [redacted]/2024.

The records showed Resident 4 admitted with a diagnosis of [redacted] and [redacted] The records showed no documentation the facility screened Resident 4 for dementia. The records showed no listing of Resident 4's current prescribed medications and the level of assistance needed to manage their medications.

Review of Resident 4's pre-admission assessment, dated 08/26/2024, and assessment, dated [redacted]2024, showed no documentation of Resident 4's aggressive verbal and physical behaviors, medication refusal, and depression. Review of Resident 4's October 2024, November 2024, and December 2024 progress notes showed several incidents of aggressive behaviors and medication refusals. Review of Resident 4's record showed no documentation the facility completed an assessment related to Resident 4's change of condition.

Resident 5
Review of Resident 5's records showed the facility admitted Resident 5 on [redacted]2021. The records showed Resident 5 admitted with a diagnosis of [redacted] The records showed no documentation the facility screened Resident 5 for dementia. The records showed no listing of Resident 5's current prescribed medications and the level of assistance needed to manage their medications.

During an interview on 12/13/2024 at 2:20 PM, Staff A, Executive Director, stated that they were unaware of the comprehensive elements required in resident assessments. Staff A stated that the facility hired a Director of Nursing who would review and update all residents records in the Memory Care unit.

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, Wesley Homes Des Moines LLC is or will be in compliance with this law and / or regulation on (Date) 2/10/25 2/10/25 KK

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

Administrator (or Representative) — Date 1/20/25

The records showed Resident 4 admitted with a diagnosis of [redacted] and [redacted]. The records showed no documentation the facility screened Resident 4 for dementia. The records showed no listing of Resident 4's current prescribed medications and the level of assistance needed to manage their medications.

Review of Resident 4's pre-admission assessment, dated 08/26/2024, and assessment, dated [redacted]2024, showed no documentation of Resident 4's aggressive verbal and physical behaviors, medication refusal, and depression. Review of Resident 4's October 2024, November 2024, and December 2024 progress notes showed several incidents of aggressive behaviors and medication refusals. Review of Resident 4's record showed no documentation the facility completed an assessment related to Resident 4's change of condition.

Resident 5
Review of Resident 5's records showed the facility admitted Resident 5 on [redacted]2021. The records showed Resident 5 admitted with a diagnosis of [redacted]. The records showed no documentation the facility screened Resident 5 for dementia. The records showed no listing of Resident 5's current prescribed medications and the level of assistance needed to manage their medications.

During an interview on 12/13/2024 at 2:20 PM, Staff A, Executive Director, stated that they were unaware of the comprehensive elements required in resident assessments. Staff A stated that the facility hired a Director of Nursing who would review and update all residents records in the Memory Care unit.

Plan/Attestation Statement

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_____ _____
Administrator (or Representative) Date

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

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

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

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

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in 2 of 5 residents (Resident 2 and Resident 4) service agreements a plan to monitor and address interventions required to meet the current clinical needs. This failure placed Resident 2 and Resident 4 at risk for unmet care needs and potential harm.

RESIDENT 2

Review of Resident 2's records showed the facility admitted Resident 2 on [redacted]2024. The records showed Resident 2 received medication assistance and administration services from facility staff.

Review of Resident 2's September 2024, October 2024, November 2024, and December 2024 Medication Administration Record (MAR) showed that Resident 2 received 81 milligrams (mg) of Aspirin (medication used to prevent blood clotting) daily, by mouth, for congestive heart failure (condition where the heart doesn't pump blood as well as it should).

Review of Resident 1's negotiated service agreement (NSA), dated [redacted]2024, showed no guidance for staff about the possible side effects from the daily use of aspirin, such as an increased risk for bleeding or bruising. The NSA showed no guidelines for staff about what actions were needed if Resident 1 showed any side effects. There were no guidelines for staff about guidelines of when to report any signs and symptoms of side effects to the nurse.

RESIDENT 4
Review of Resident 4's records showed the facility admitted Resident 4 on [redacted]2024. The records showed that Resident 4 admitted with behavior issues and cognitive impairment.

Review of Resident 4's Assessment and Service Plan, dated [redacted]2024, showed Resident 4 was independent with most activities of daily living (eating, drinking, and mobility). Review of Resident 4's preadmission assessment, current assessment, and service plan showed no documented history of Resident 4's behaviors which included aggressive verbal and physical abuse of others.

Review of Resident 4's progress notes, dated September 2024, October 2024, November 2024, and December 2024, showed documentation of Resident 4's verbal and aggressive behaviors directed at facility caregivers and staff. The records showed Resident 4's refused medications and was resistive to assistance with care.

Review of Resident 4's service plan showed no documentation of any behaviorally based interventions for the facility staff to manage Resident 4's aggressive behaviors. The plan showed no guidelines for staff to monitor and document behaviors. There were no guidelines of when staff were required to notify facility nursing staff, Resident 4's primary care provider, and Resident 4's representative. There were no written behavioral interventions.

During an interview at 10:55 AM on 12/12/2024, Staff B, Lead MedTech, stated that the facility staff monitored Resident 4 on all shifts and that staff documented behaviors in the electronic record system. Staff B stated that Resident 4's service plan did not address Resident 4's aggressive behaviors and 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, Wesley Homes Des Moines LLC is or will be in compliance with this law and / or regulation on (Date) ~~2/10/25~~ 2/10/25 LL

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

Administrator (or Representative) — Date 1/20/25

RESIDENT 4
Review of Resident 4's records showed the facility admitted Resident 4 on [redacted]/2024. The records showed that Resident 4 admitted with behavior issues and cognitive impairment.

Review of Resident 4's Assessment and Service Plan, dated [redacted]/2024, showed Resident 4 was independent with most activities of daily living (eating, drinking, and mobility). Review of Resident 4's preadmission assessment, current assessment, and service plan showed no documented history of Resident 4's behaviors which included aggressive verbal and physical abuse of others.

Review of Resident 4's progress notes, dated September 2024, October 2024, November 2024, and December 2024, showed documentation of Resident 4's verbal and aggressive behaviors directed at facility caregivers and staff. The records showed Resident 4's refused medications and was resistive to assistance with care.

Review of Resident 4's service plan showed no documentation of any behaviorally based interventions for the facility staff to manage Resident 4's aggressive behaviors. The plan showed no guidelines for staff to monitor and document behaviors. There were no guidelines of when staff were required to notify facility nursing staff, Resident 4's primary care provider, and Resident 4's representative. There were no written behavioral interventions.

During an interview at 10:55 AM on 12/12/2024, Staff B, Lead MedTech, stated that the facility staff monitored Resident 4 on all shifts and that staff documented behaviors in the electronic record system. Staff B stated that Resident 4's service plan did not address Resident 4's aggressive behaviors and 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, Wesley Homes Des Moines LLC 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-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.

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(b) Chapter 18.88A RCW, Nursing assistants;

(c) Chapter 246-840 WAC, Practical and registered nursing;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure nurse delegation documentation for 2 of 5 residents (Resident 1 and Resident 2) was completed, as required. This failure put Resident 1 and Resident 2 at risk for receiving medication services and care from unqualified staff.

Findings included...

NOTE: Registered nurse (RN) delegation means an RN transfers the performance of selected nursing care tasks, usually performed by licensed nurses, to competent nursing assistants or home care aides in selected situations. The RN delegating the task retains the responsibility and accountability for the nursing care of the resident. The Revised Code of Washington (RCW) 18.79.260 Registered Nurse – Activities allowed – Delegation of tasks showed supervision and evaluation shall occur at least every ninety days. RCW 18.79.260 (a) – (i)(ii)(iii)(iv) Registered nurse – Activities allowed – Delegation of tasks showed a registered nurse may delegate tasks of nursing care to other individuals where the registered nurse determines that it is in the best interest of the patient. The delegating nurse shall: determine the competency of the individual to perform the task; evaluate the appropriateness of the delegation; supervise the actions of the person performing the delegated tasks; and delegate only those tasks that are within registered nurse's scope of practice.

RESIDENT 1
Review of Resident 1's records showed the facility admitted Resident 1 on [redacted]'2024. Review of Resident 1's assessment, dated 08/09/2024, showed that Resident 1 required nurse delegation for medication administration services. The records showed no documentation that correct nurse delegation services were completed. There was no documentation of any nurse supervision, any assessment for delegation, or any delegated staff for Resident 1, as required.

RESIDENT 2
Review of Resident 2's records showed the facility admitted Resident 2 on [redacted] 2024. Review of Resident 2's assessment, dated [redacted] 2024, showed that Resident 2 required nurse delegation for medication administration services. The records showed no documentation that correct nurse delegation services were completed. There was no documentation of any nurse supervision, any assessment for delegation, or any delegated staff for Resident 2, as required.

During an interview on 12/13/2024 at 2:20 PM Staff A, Staff A, Executive Director, stated that they were aware of the requirements for nurse delegated services. Staff A stated that they were aware that the facility was accountable for the delivery of nurse delegated services. Staff A stated that the facility hired a designated nurse delegator who was scheduled to start delegation services in December 2024.

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, Wesley Homes Des Moines LLC is or will be in compliance with this law and / or regulation on (Date) ~~2/10/25~~ 2/10/25 KK

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

Administrator (or Representative) — Date: 1/20/25

RESIDENT 2
Review of Resident 2's records showed the facility admitted Resident 2 on [redacted]2024. Review of Resident 2's assessment, dated [redacted]2024, showed that Resident 2 required nurse delegation for medication administration services. The records showed no documentation that correct nurse delegation services were completed. There was no documentation of any nurse supervision, any assessment for delegation, or any delegated staff for Resident 2, as required.

During an interview on 12/13/2024 at 2:20 PM Staff A, Staff A, Executive Director, stated that they were aware of the requirements for nurse delegated services. Staff A stated that they were aware that the facility was accountable for the delivery of nurse delegated services. Staff A stated that the facility hired a designated nurse delegator who was scheduled to start delegation services in December 2024.

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, Wesley Homes Des Moines LLC 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
20425 72nd Avenue S, Suite 400, Kent, WA 98032

01/13/2025

Wesley Homes Des Moines LLC
Wesley Homes Des Moines LLC
815 S 216th St
Des Moines, WA 98198

RE: Wesley Homes Des Moines LLC # 2704

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 12/27/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

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

You Must:

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

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

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(e) Make sure first-aid supplies are:

(i) Readily available and not locked;

(ii) Clearly marked;

(f) Make sure first-aid supplies are appropriate for:

(iii) The residents served; and

The location of first aid kit supplies throughout the facility were not identified. The kits were not readily available. During the inspection, the facility staff placed several first aid kits throughout the facility with identifier signs posted with each kit.

WAC 388-78A-3030 Toilet rooms and bathrooms.

(2) The assisted living facility must provide each toilet room and bathroom with:

(e) Provide mechanical ventilation to the outside; and

There were three community bathroom and toilet rooms with inoperable fans to ventilate to the outside. During the inspection, the facility staff repaired the fans to make them operational and ventilate to the outside.

WAC 388-78A-2381 General design requirements for memory care.

(2) The facility must provide common areas, including at least one resident accessible common area outdoors. Such common areas should accommodate and offer the opportunity of social interaction, stimulate activity, contain areas with activity supplies and props to encourage engagement, and have safe outdoor paths to encourage exercise and movement.

(b) Unless an alternative viewing area is provided as described in (c) of this subsection and written policies and procedures are created as described in (e) of this subsection, the facility must provide an outdoor area for residents that:

(v) Has outdoor furniture;

There was no furniture located in the outdoor area of the memory care unit. During the inspection, the facility staff located and placed furniture in the outdoor area to meet regulatory requirements.

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

Note: WAC 246-338-020 Licensure-Types of medical test site licenses showed After July 1, 1990, any person advertising, operating, managing, owning, conducting, opening, or maintaining a medical test site must first obtain a license from the department. License types are described in Table 020-1: (1) Certificate of waiver.

The facility failed to obtain a current Medical Test Site Waiver (MTSW) certificate for the performance of medical testing on the facility premises. During the inspection, facility staff processed and submitted the application to obtain a MTSW certificate, to meet the regulatory requirements.

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 (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure