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

WARM BEACH HEALTH CARE CENTER INC
WARM BEACH HEALTH CARE CENTER
20420 Marine Dr
Stanwood, WA 98292

RE: WARM BEACH HEALTH CARE CENTER License # 362

Dear Administrator:

This letter addresses Compliance Determination(s) 49363 (Completion Date 10/25/2024) and 45992 (Completion Date 08/26/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/25/2024 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-2310-2-f, WAC 388-78A-2450-3-d-i, WAC 388-78A-2450-3-d-i-A, WAC 388-78A-2474-2-e, WAC 388-112A-0611-1-a-iii, WAC 388-78A-24642-1, WAC 388-78A-2474-2-c, WAC 388-112A-0495-4, WAC 388-78A-2474-2-d, WAC 388-112A-0720-2-a, WAC 388-78A-2240, WAC 388-78A-2150-1

The Department staff who did the on-site verification:
Cristina Gonzalez, ALF Licensor

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

Sincerely,

Kim Ripley

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

Statement of Deficiencies	License #: 362	Compliance Determination # 45992
Plan of Correction	WARM BEACH HEALTH CARE CENTER	Completion Date
Page 1 of 16	Licensee: WARM BEACH HEALTH CARE CENTER	08/26/2024

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 08/21/2024, 08/22/2024 and 08/23/2024 of:
WARM BEACH HEALTH CARE CENTER
20420 Marine Dr NW
Stanwood, WA 98292

The following sample was selected for review during the unannounced on-site visit: 7 of 47 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, ALF Licensor
Judith Mellon, RN, Licensor

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

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Kim Ripley
Residential Care Services

09-04-2024
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) Date

WAC 388-78A-2310 Intermittent nursing services.

(2) The assisted living facility may choose to provide any of the following intermittent nursing services through appropriately licensed and credentialed staff; however, the facility may or may not need to provide additional intermittent nursing services to comply with the reasonable accommodation requirements in federal or state law:

(f) Nurse delegation consistent with chapter 18.79 RCW.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure 90-day assessments and diabetes training documentation were completed for 4 of 4 residents (Resident 1, 8, 9, and 10) receiving nurse delegation under the direction of a Registered Nurse (RN). These failures resulted in residents not being monitored and the nursing assistants not being evaluated while providing nurse delegation, and placed Residents 1, 8, 9, and 10 at risk for improper medical treatment and care.

Findings included...

Review of WAC 246-840-930 (18) (19) Criteria for delegation.
(18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every ninety days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.

(19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least every two weeks for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

Review of the ALF's Disclosure of Services dated June 2024 indicated the ALF used nursing assistants under the delegation of a registered nurse to provide some authorized nursing services.

Review of the ALF's resident characteristic roster (RCR) showed a census of 47 residents in the ALF. Forty-four of the residents on the RCR were identified to have nurse delegation.

On 08/21/2024 at 9:10 AM, Staff A, Executive Director, stated that Staff G, Charge Nurse, was the nurse delegator for residents receiving nurse delegation.

On 08/22/2024 at 10:45 AM, Staff G stated that she did not have 90-day assessments completed for any residents including Resident 1, 8, 9, and 10. Staff G stated that she was unaware that she was required to complete an assessment every 90 days for residents or staff providing nurse delegation and was unaware of different forms to use for nurse delegation.

Resident 1

Resident 1 was admitted to the ALF on [redacted]/2011 with multiple medical diagnoses including [redacted].

On 08/23/2024 at 1:30 PM, Staff G stated that Resident 1 was delegated for eye drops, insulin and sometimes with a medicated powder for treatment of a type of rash. Staff G stated, "we do all of that for her."

Review of nurse delegation records showed there was a signed consent for nurse delegation dated 01/30/2024 for Resident 1. No 90-day assessment was completed to show what medications or nursing treatments were nurse delegated. No documentation was available to show what medications or specific tasks were to be delegated for Resident 1.

Resident 8

Resident 8 was admitted to the ALF on [redacted]/2023 with multiple medical diagnoses including [redacted].

On 08/23/2024 at 1:30 PM, Staff G stated that Resident 8 was delegated for eye drops because they received eye injections every six months.

Review of nurse delegation records showed there was a signed consent for nurse delegation dated 01/30/2024 for Resident 8. No 90-day assessment was completed to show what medications or nursing treatments were nurse delegated. No documentation was available to show what medications or specific tasks were to be delegated for Resident 8.

Resident 9

Resident 9 was admitted to the ALF on [redacted]/2022 with multiple medical diagnoses including [redacted] and [redacted] ([redacted]).

On 08/23/2024 at 1:30 PM, Staff G stated that Resident 9 needed delegation for medication. Staff G stated that they gave Resident 9 their medication with a spoon.

Review of nurse delegation records showed there was a signed consent for nurse delegation dated 02/08/2024. No 90-day assessment was completed to show what medications or nursing treatments were nurse delegated. No documentation was available to show what medications or specific tasks were to be delegated for Resident 9.

Resident 10

Resident 10 was admitted to the ALF on [redacted]/2023 with multiple medical diagnoses including [redacted] ([redacted]) and [redacted].

On 08/23/2024 at 1:30 PM, Staff G stated that Resident 10 is delegated for wound care, a medicated cream to apply to the buttocks and blood pressures in the evenings.

Review of nurse delegation records showed there was a signed consent for nurse delegation dated 02/09/2024. No 90-day assessment was completed to show what medications or nursing treatments were nurse delegated. No documentation was available to show what medications or specific tasks were to be delegated for Resident 10.

On 08/23/2024 at 10:52 AM, Staff G, Charge Nurse stated that Residents 1, 8, 9, and 10 were all currently receiving nurse delegation. Staff G stated that she was handed previous nurse delegation documentation from a former nurse and told to continue to use the same forms. Staff G stated that she was unaware there was a training class or other specific forms to sign for nurse delegation.

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, WARM BEACH HEALTH CARE CENTER is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Administrator (or Representative) Date

WAC 388-78A-2450 Staff.

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(A) Training required by chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to maintain facility orientation documentation for 4 of 4 staff (Staff A, B, C and D). This failure resulted in Staff A, B, C and D not having the necessary documentation to show general orientation training was completed for their job duties and placed all 47 residents at risk for compromised care and safety.

Findings included...

On 08/23/2024 at 12:48 PM, Staff I, Caregiver, stated that she had started working in the ALF a little over a year ago and remembered doing general orientation. Staff I stated that she had completed a resident care aide orientation checklist but was unsure where that was located.

Review of the ALF's employee files showed:

Staff A, Executive Director, was hired on 04/26/2024. There was no documentation that Staff A had completed a facility orientation.

Staff B, Caregiver, was hired on 01/05/2022. There was no documentation that Staff B

had completed a facility orientation.

On 08/23/2024 at 1:00 PM Staff B stated that she thought she did orientation before she started working and that she had walked through the building and did a tour but was unsure of the information provided.

Staff C, Caregiver, was hired on 11/15/2023. There was no documentation that Staff B had completed a facility orientation.

Staff D, Caregiver, was hired on 02/08/2023. There was no documentation that Staff B had completed a facility orientation.

On 08/22/2024 at 9:28 AM, Staff A, Executive Director, stated that staff complete a facility tour on the first day of work and review information such as abuse training on general orientation.

On 08/23/2024 at 8:35 AM, Staff A stated that she was unable to find any general orientation documentation to show Staff A, B, C and D had completed orientation in the ALF. Staff A stated that there was a tour provided to newly hired staff but had no documentation available to show that general orientation was completed. Staff A stated that she was creating a form to show general orientation was completed for newly hired staff.

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, WARM BEACH HEALTH CARE CENTER 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-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;

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 1 of 6 staff (Staff B) completed 12-hours of continuing education (CE) per year. This failure resulted in Staff B not having their knowledge, expertise, and skills up-to-date and placed all 47 residents at risk for compromised care and safety.

Findings included...

Staff B, Caregiver, was hired on 01/05/2022. Staff B completed nine of the 12-hours of CE in the time period between their last two birthdays.

On 08/22/2024 at 12:47 PM, Staff A, Executive Director, stated that the nine hours of CE was all Staff B had in their employee file.

On 08/23/2024 at 3:25 PM, Staff B, Caregiver, stated that she did not complete all the CE hours as required.

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-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not

disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 7 staff (Staff D) completed a national fingerprint background check. This failure resulted in Staff D working with vulnerable adults while having an unknown criminal background with potentially disqualifying crimes and placed all 47 residents at risk for harm.

Findings included...

Review of the ALF's employee files showed Staff D, Caregiver, was hired on 02/08/2023. No fingerprint background checks for Staff F were available for review.

On 08/22/2024 at 12:56 PM, Staff A, Executive Director, stated that they did not have any fingerprint background checks for Staff D. Staff A stated that after several appointments to get fingerprints taken were canceled, it must have fallen by the wayside.

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, WARM BEACH HEALTH CARE CENTER 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-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 (ALF) failed to ensure 1 of 6 staff (Staff D) completed specialty mental health training and 6 of 6 staff (Staff A, B, C, D, E, and F) completed specialty developmental disabilities training. This failure resulted in Staff A, B, C, D, E, and F not having the training on how to effectively and safely provide care to residents living with mental illness and developmental disabilities and placed all residents with these diagnoses at risk for compromised care and safety.

Findings included...

Mental Health (MH) Specialty Training

Review of the ALF's Resident Characteristic Roster, dated 08/21/2024, showed one resident living in the ALF had [redacted] diagnosis.

Review of the ALF's employee files showed Staff D, Caregiver, was hired on 02/08/2023. There was no documentation that Staff D had completed MH specialty training.

On 08/22/2024 at 12:47 PM, Staff A, Executive Director, stated that Staff B had not yet completed MH specialty training.

On 08/23/2024 at 2:08 PM, Staff D stated that they were never assigned to do a class on mental health since their start date.

Developmental Disabilities (DD) Specialty Training

Review of the ALF's Resident Characteristic Roster, dated 08/21/2024, showed one resident (Resident 1) living in the ALF had [redacted] diagnosis.

Resident 1 was admitted to the ALF on [redacted]/2011 with multiple medical diagnoses including an [redacted].

Review of the ALF's employee files showed Staff A, Executive Director, was hired on 10/21/2013. There was no documentation that Staff A had completed DD specialty training.

On 08/22/2024 at 9:27 AM, Staff A stated that no DD specialty training was offered at the ALF, so no staff members, including themselves, had received their DD specialty training certificate.

Review of the ALF's employee files showed Staff B, Caregiver, was hired on 01/05/2022. There was no documentation that Staff B had completed DD specialty training.

Review of the ALF's employee files showed Staff C, Caregiver, was hired on 11/15/2023. There was no documentation that Staff C had completed DD specialty training.

On 08/23/2024 at 2:04 PM, Staff C stated that they had not taken any specialty training on developmental disabilities.

Review of the ALF's employee files showed Staff D, Caregiver, was hired on 02/08/2023. There was no documentation that Staff D had completed DD specialty training.

On 08/23/2024 at 2:08 PM, Staff D stated that they had not taken any specialty training on developmental disabilities.

Review of the ALF's employee files showed Staff E, Medication Technician, was hired on 02/15/2017. There was no documentation that Staff E had completed DD specialty training.

Review of the ALF's employee files showed Staff F, Caregiver, was hired on 08/09/2016. There was no documentation that Staff F had completed DD specialty training.

On 08/23/2024 at 3:11 PM, Staff F stated that had not taken any specialty training on developmental disabilities.

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 388-112A-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 (ALF) failed to ensure 6 of 6 staff (Staff A, B, C, D, E, and F) completed first aid training. This failure resulted in Staff A, B, C, D, E, and F not having the training on how to perform basic first aid procedures during medical emergencies and placed all 47 residents at risk for compromised care and safety.

Findings included...

Review of the ALF's employee files showed Staff A, Executive Director, was hired on 10/21/2013. There was no documentation that Staff A had completed first aid training.

On 08/22/2024 at 9:27 AM, Staff A stated that their CPR contractor did not teach in-person first aid skills and did not provide staff taking the class with a first aid certificate.

Review of the ALF's employee files showed Staff B, Caregiver, was hired on 01/05/2022. There was no documentation that Staff B had completed first aid training.

Review of the ALF's employee files showed Staff C, Caregiver, was hired on 11/15/2023. There was no documentation that Staff C had completed first aid training.

On 08/23/2024 at 2:04 PM, Staff C stated that they had not taken any first aid training.

Review of the ALF's employee files showed Staff D, Caregiver, was hired on 02/08/2023. There was no documentation that Staff D had completed first aid training.

On 08/23/2024 at 2:08 PM, Staff D stated that they do not remember taking any first aid training.

Review of the ALF's employee files showed Staff E, Medication Technician, was hired on 02/15/2017. There was no documentation that Staff E had completed first aid training.

Review of the ALF's employee files showed Staff F, Caregiver, was hired on 08/09/2016. There was no documentation that Staff F had completed first aid training.

On 08/23/2024 at 3:11 PM, Staff F stated that they not had any first aid training.

Plan/Attestation Statement

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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 obtain prescribed medications in a timely manner for 1 of 7 residents (Resident 1). This failure resulted in Resident 1 missing eight doses of prescribed medications in a three-month period and placed Resident 1 at risk of worsening health conditions.

Findings included...

Review of the ALF's policy titled, "Medication Administration Services," dated 10/23/2023, showed that all residents will be administered medications as ordered by

the prescribing physician safely and correctly.

Resident 1 was admitted to the ALF on [redacted]/2011 with multiple medical diagnoses including [redacted].

Review of the Negotiated Service Agreement, dated 08/19/2024, showed Resident 1 required assistance with medications by facility staff.

Review of an Assessment, dated 08/19/2024, showed Resident 1 required medication assistance by facility staff and would be supported to take all medications safely and as ordered. The assessment showed Resident 1 required assistance with receiving medications from staff. Resident 1's medications are to be ordered through the ALF's contracted pharmacy.

Review of Resident 1's EMAR showed Resident 1 did not receive a total of eight doses of routine medications in a three-month span due to the medication being unavailable with staff documenting "pharmacy pending" or "waiting for pharmacy" as the reasons why the medications were not given. The EMAR showed Resident 1 was prescribed and missed the following medications:

May:

Buspirone (a medication used to treat anxiety) 10 milligrams (mg) once daily. Resident 1 missed a total of one dose on 05/28/2024.

Metformin (a medication used to help control blood sugar levels) 1000 mg twice daily. Resident 1 missed a total of two doses on 05/27/2024 and 05/28/2024.

Torsemide (a medication used to treat high blood pressure) 20 mg once daily. Resident 1 missed a total of two doses on 05/28/2024 and 05/29/2024.

June:

Ferrous sulfate (a medication used to increase the body's iron levels in the blood, an important mineral that the body needs to produce new red blood cells) 325 mg once daily. Resident 1 missed a total of one dose on 06/10/2024.

August:

Citalopram (a medication used to treat depression) 20 mg once daily. Resident 1 missed a total of one dose on 08/04/2024.

Potassium chloride (a medication used to increase the body's potassium levels, an important mineral that the body needs to maintain cell, kidney, heart, muscle, and nerve function) once daily. Resident 1 missed a total of one dose on 08/10/2024.

On 08/23/2024 at 12:39 PM, Staff G, Charge Nurse, stated that medication should be ordered through their EMAR system a week prior to it running out. Staff G stated that there had been days that Resident 1 had not had their medications on hand due to a history of provider and pharmacy issues.

On 08/23/2024 at 3:11 PM, Staff F, Medication Technician, stated that they need to reorder medication when a resident is down to eight doses to ensure the ALF receives the medication before it runs out. Staff F stated that if they don't have the medication on the cart when it's due, they call the pharmacy to immediately send it to the ALF, so the resident doesn't miss a dose.

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

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

This requirement was not met as evidenced by:

Based on interviews and observations, the Assisted Living Facility (ALF) failed to ensure the Negotiated Service Agreement (NSA) was signed at least annually by the resident or the resident's representative for 1 of 7 Residents (Residents 7). This failure resulted in Resident 7 receiving care that was not agreed upon and placed Resident 1 at risk of

unmet care needs.

Findings included..

Resident 7 admitted to the ALF on [redacted]/2022 with multiple medical diagnosis including [redacted] and [redacted].

Review of Resident 7's NSA dated 02/20/2024 showed a signature page with lines for the Resident, Resident's Representative and Nurse to sign. The Resident and the Resident Representative had no signatures. There were no NSA's signed by the resident or the resident's responsible party available for review.

On 08/22/2024 at 1:18 PM, Staff A, Executive Director stated that she, the nurse, resident and/or the resident's representative will meet to review resident's care. Staff A stated that they all sign and provide a copy of the NSA to billing and to the resident or their representative.

On 08/23/2024 at 1:54 PM, Staff A, Executive Director, stated that Staff H, Resident Care Nurse was not providing a copy of the NSA for a resident or resident's representative to sign if there were no changes in the NSA. Staff A stated that she could not find a signed NSA for Resident 1 in their computer system. Staff A stated that Staff H had completed the NSA's but did not get a signature from Resident 1 or any resident's representative whenever the NSA was completed, and care had stayed the same.

On 08/23/2024 at 3:01 PM, Staff H stated that either she or Staff A gets the signatures for the NSA. Staff H stated that she did not have a signed copy of Resident 1's NSA. Staff H stated that she did not provide a copy to Resident 7 or their representative.

On 08/23/2024 at 4:50 PM, Staff A stated that Resident 1 did not have a signed NSA.

Plan/Attestation Statement

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Administrator (or Representative) Date