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

03/11/2025

PONDEROSA RETIREMENT CENTER INC
PONDEROSA RETIREMENT CENTER
3300 ENGLEWOOD AVE
YAKIMA, WA 98902

RE: PONDEROSA RETIREMENT CENTER # 804

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 56083 (Completion Date 03/11/2025) and 51783 (Completion Date 01/15/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/11/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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;

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

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.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

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

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

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

(4) Protect residents during the course of the investigation.

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.

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

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.

WAC 388-78A-2490 Specialized training for developmental disabilities. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with developmental disabilities, whenever at least one of the residents in the assisted living facility has a developmental disability as defined in WAC 388-823-0040 , that is the resident's primary special need.

WAC 388-78A-2500 Specialized training for mental illness. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with mental illness, whenever at least one of the residents in the assisted living facility has a mental illness that is the resident's primary special need and is a person who has been diagnosed with or treated for an Axis I or Axis II diagnosis, as described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, and:

(1) Who has received the diagnosis or treatment within the previous two years; and

(2) Whose diagnosis was made by, or treatment provided by, one of the following:

(a) A licensed physician;

WAC 388-78A-2510 Specialized training for dementia. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with dementia, whenever at least one of the residents in the assisted living facility has a dementia that is the resident's primary special need and has symptoms consistent with dementia as assessed per WAC 388-78A-2090 (7).

The Department staff who did the On Site verification:

Tracy Ramirez, Assisted Living Facility Licensor
Anna Cairns, ALF Long Term Care Surveyor

If you have any questions, please contact me at (509)225-2823.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: PONDEROSA RETIREMENT CENTER
License/Cert.#: 804
Compliance Determination #: 51783
Investigator: Tracy Ramirez
Investigation Date(s): 12/09/2024 through 01/15/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 157021
Region/Unit #: RCS Region 1 / Unit G

Allegation(s):
The named resident had a fall with injury.

Investigation Methods:

Sample:	Total residents: 76 Resident sample size: 10 Closed records sample size: 1
Observations:	Staff to resident interactions Common areas Resident apartments
Interviews:	Administrator Registered Nurse Resident Care Coordinator Medication Technicians Residents Resident representatives
Record Reviews:	Characteristic roster Resident records (incident investigations, assessment, care plan, progress notes, MARs) Hospital records, facility policy

Investigation Summary:
Interviews and record showed that the named resident had multiple incidents that required the facility to perform investigations. Additionally, interviews and records showed that the facility failed to investigate all the incidents. Failed practice was identified. Refer to Washington Administrative Code (WAC) 388-78A-2371 (1) (2) (3) (4).

Conclusion / Action:

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

☐ N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: PONDEROSA RETIREMENT CENTER
License/Cert.#: 804
Compliance Determination #: 51783
Investigator: Tracy Ramirez
Investigation Date(s): 12/09/2024 through 01/15/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 159151
Region/Unit #: RCS Region 1 / Unit G

Allegation(s):
Staff to resident mistreatment.

Investigation Methods:

Sample:	Total residents: 76 Resident sample size: 10 Closed records sample size: 1
Observations:	Identified resident Residents Resident rooms Common areas. Staff to resident interactions
Interviews:	Identified resident Family members Residents Nursing staff Administrator
Record Reviews:	Medical records (residents records: assessments, care plans, progress notes, medication administration records), Facility policies Personnel files

Investigation Summary:
Interviews and record showed that the named resident had reported to the facility that the named staff member had been mean and rough with them. Interviews and record showed that the facility had not completed an investigation on the incident. Failed practice was identified. Refer to Washington Administrative Code (WAC) 388-78A-2371 (1) (2) (3) (4).

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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

Statement of Deficiencies	License #: 804	Compliance Determination # 51783
Plan of Correction	PONDEROSA RETIREMENT CENTER	Completion Date
Page 1 of 17	Licensee: PONDEROSA RETIREMENT CENTER INC	01/15/2025

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

The department completed data collection for the unannounced on-site full inspection and complaint investigation on 12/09/2024 and 12/16/2024 of:
PONDEROSA RETIREMENT CENTER
3300 ENGLEWOOD AVE
YAKIMA, WA 98902

This document references the following complaint numbers: 155991, 156690, 156992, 157021, 159151.

The following sample was selected for review during the unannounced on-site visit: 10 of 76 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor
Tracy Ramirez, 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.

Laura Williams-Davis — Residential Care Services

01/28/2025 — 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)

2-6-2025 — 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 facility failed to ensure that each resident had their negotiated service agreement completed within thirty days of moving into the facility for 1 of 10 residents (Resident 3). This failure placed residents at risk of having unmet care needs.

Findings included...

<Resident 3>

Review of Resident 3's record did not include a Negotiated Service Agreement (NSA). The facility had not completed an NSA for Resident 3 for a total of 91 days.

In an interview on 12/12/2024 at 10:37 AM, Staff B, Registered Nurse, stated that the facility did not complete an NSA within 30-days for Resident 3. Additionally, Staff B stated that there was no NSA completed for Resident 3.

In an interview on 01/15/2024 at 2:3 PM, Staff G, Business Office Manager, stated that Resident 3 had physically moved into the facility on 09/19/2024.

Statement of Deficiencies	License #: 804	Compliance Determination # 51783
Plan of Correction	PONDEROSA RETIREMENT CENTER	Completion Date
Page 3 of 17	Licensee: PONDEROSA RETIREMENT CENTER INC	01/15/2025

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, PONDEROSA RETIREMENT CENTER is or will be in compliance with this law and / or regulation on (Date) ~~3-24-25~~ 03/01/2025

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

Administrator (or Representative) 2-6-25 Date

Per the facility Administrator, Manny DeLoza, via telephone on 02/20/2025, the BIC date has been changed to: 03/01/2025

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a written plan, that included the family member's name who was responsible for implementing the plan, a description of the medication, an alternate plan, an emergency contact, and a signature by the resident or representative for 2 of 2 residents (Resident 4 and 5), who had family assistance for their medications. This failure placed residents at risk of unmonitored medication administration and medication errors.

Findings included...

<Resident 4>

Review of Resident 4's full facility assessment, dated 04/17/2024, showed that the resident's responsible party ordered and delivered the medication for the resident to the facility.

Review of Resident 4's Negotiated Service Agreement (NSA), dated 04/24/2024, showed that the resident's responsible party managed reordering the medication for the resident.

In an interview on 12/12/2024 at 10:26 AM, Staff B, Registered Nurse (RN), stated that Resident 4 had no family medication assistance plan in place.

<Resident 5>

Review of Resident 5's full facility assessment, dated 03/12/2024, showed that the resident's family member ordered their medications and set-up their medications in a pill box.

Review of Resident 5's facility, "Plan for Family Assistance with Medications or Treatments," showed that the form did not include a description of the medications, an alternative plan, an emergency contact with their information, and a signature from a resident or resident representative.

In an interview on 12/12/2024 at 10:26 AM, Staff B, RN stated that Resident 5's family sets up their medications. Staff B acknowledged that the "Plan for Family Assistance with Medications or Treatments," did not have a back-up plan, contact information for the family member, medications on file, or a signature from the resident's representative.

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, PONDEROSA RETIREMENT CENTER is or will be in compliance with this law and / or regulation on (Date) 3-24-25. 03/01/2025

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

Administrator (or Representative) 2-6-25 Date

Per the facility Administrator, Manny DeLoza, via telephone on 02/20/2025, the BIC date has been changed to: 03/01/2025

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.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that the facility had a Registered Nurse Delegator to assess, plan, implement, train staff, and evaluate nurse delegation for residents who required delegation for 3 of 4 residents (Resident 1, 4, and 7). These failures placed residents at risk of their needs not being met and delegated tasks being performed incorrectly.

Review of Washington Administrative Code (WAC) 246-840-930, titled, "Criteria for delegation," showed that the Registered Nurse Delegator (RND) was to assess the resident for the need and appropriateness for each delegated task and obtain written consent from the resident or their representative for the delegation. Additionally, the RND had to provide training and direction to qualified and properly credentialed staff.

In an interview on 12/09/2024, Staff A, Administrator, stated that the facility offered nurse delegation to residents at the facility.

In an interview on 12/12/2024 at 10:26 AM, Staff B, Registered Nurse, stated that they could not find the nurse delegation files for residents with delegation at the facility.

Review of the facility nurse delegation binder, undated, showed that the facility did not have a facility policy for nurse delegation. The delegation binder included the Washington Administrative Code 246-840-930, "Criteria for delegation," dated 03/21/2018.

<Resident 1>

Review of Resident 1's full facility assessment, dated 03/05/2024, showed that they had a diagnosis of [redacted].

Review of Resident 1's Negotiated Service Agreement (NSA), dated, 06/26/2024, showed that they had a diagnosis of [redacted]. The NSA showed that Resident 1 had insulin (an injected medication to regulate the body's blood sugar) to be provided by the facility staff. The NSA showed that Resident 1 was unable to self-inject insulin and that it required staff assistance.

Review of the facility record, titled, "The Ponderosa Residents for Delegation," dated 12/16/2024, submitted to an outside nurse delegation company, showed that Resident 1 required nurse delegation for insulin.

Review of Resident 1's Medication Administration Record, dated December 2024, showed that they had two insulin medications and had blood sugar checks (a fingerpick to test the body's blood sugar level) daily and was provided by the facility staff.

In an interview on 12/12/2024 at 10:26 AM, Staff C, Resident Care Coordinator, stated that they could not find delegation paperwork for Resident 1's insulin.

<Resident 7>

Review of Resident 7's full facility assessment, dated 04/30/2024, showed that the resident required administration of medications by staff.

Review of the facility record, titled, "The Ponderosa Residents for Delegation," dated 12/16/2024, submitted to an outside nurse delegation company, showed that Resident 7 required nurse delegation for nasal drops.

In an interview on 12/12/2024, at 10:26 AM, Staff A, acknowledged that the facility had not had a nurse delegator for the facility since October 2024 and that staff were

working outside of their scope of practice.

In an interview on 12/12/2024, at 2:45 PM, Staff C, Resident Care Coordinator, stated that the staff had been providing delegated tasks that required nurse delegation for residents at the facility.

In an interview on 12/16/2024 at 1:18 PM, Staff B, Registered Nurse, and Staff C, acknowledged that the facility had no nurse delegation in place for the residents and that the staff were providing delegated tasks.

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, PONDEROSA RETIREMENT CENTER is or will be in compliance with this law and / or regulation on
(Date) ~~3-24-25~~ 03/01/2025

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

Administrator (or Representative) — Date: 2-6-25

Per the facility Administrator, Manny DeLoza, via telephone on 02/20/2025, the BIC date has been changed to: 03/01/2025

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

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

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

(4) Protect residents during the course of the investigation.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to thoroughly investigate, determine the circumstances of the event, and institute preventative measures, when accidents and incidents occurred for 2 of 2 residents (Residents 4 and 10). These failures placed the residents at risk of future incidents.

Findings included...

Review of the facility's policy titled, "Incident Reporting," undated, showed that if there were allegations of abuse that staff were to immediately notify the department directly. In addition, the policy showed that staff were to notify facility management and residents' family if residents had fall incidents. The policy showed that fall incidents would be thoroughly investigated.

<Resident 4>

Review of Resident 4's Negotiated Service Agreement (NSA), dated 04/24/2024, showed that the resident had communication difficulty related to a diagnosis of [redacted] and [redacted]. In addition, the NSA showed that Resident 4 was able to communicate by gestures, could speak minimal words, and could point out things. The NSA stated that the staff should use Resident 4's responsible party to assist in interpreting and responding to any unclear communication as needed.

Review of Resident 4's progress notes, dated 11/03/2024, showed that the resident had been visibly upset since 11/02/2024, that the resident continued to try and verbalize the reason why they were upset. The progress note showed that Resident 4 was upset with a staff member who had been, "Mean and rough with them."

In an interview on 12/12/2024 at 4:01 PM, Staff A, Administrator, stated that Resident 4 had reported that they were upset with a staff member with the way they put their eye drop medication into their eyes. Staff A stated that they were unaware of concerns of the staff member being mean and or rough with Resident 4.

In an interview on 12/12/2024 at 4:18 PM, Staff C, Resident Care Coordinator, stated that the Staff H, Medication Technician, had complaints from other residents regarding their unpleasant approach.. Staff C stated that the staff member had corrective actions in the past for not being nice. In an interview on 12/16/2024 at 10:01 AM, Resident 4 and Collateral Contact 1 (CC1), Resident 4's Responsible Party, the resident stated that the staff member had cursed and laughed at them. Resident 4 stated that they were afraid of the staff member. Resident 4 stated that they had reported it to staff and to management.

In an interview on 12/12/2024 at 5:00 PM, Staff A, Administrator, and Staff C, stated that the facility had no investigations completed for Resident 4.

<Resident 10>

Review of Resident 10's full facility assessment, dated 04/17/2024, showed that the resident had a walker and wheelchair for ambulation. The assessment showed that Resident 10 was a fall risk.

Review of Resident 10's progress notes, dated 10/15/2024, showed that the resident had a skin tear to their right hand.

Review of Resident 10's progress notes, dated 10/26/2024, showed that staff had heard the resident fall, went to check on them and found the resident on the floor.

Review of Resident 10's progress notes, dated 10/30/2024, showed that the resident had a skin tear to their right leg.

Review of Resident 10's progress notes, dated 11/19/2024, showed that the resident had a bruise to their right hip.

In an interview on 12/12/2024 at 2:23 PM, Staff B, Registered Nurse, and Staff C, stated that the facility had no investigations completed for these incidents for Resident 10.

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, PONDEROSA RETIREMENT CENTER is or will be in compliance with this law and / or regulation on
(Date) ~~3-24-25~~ 03/01/2025

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

Administrator (or Representative) — Date: 2-6-25

Per the facility Administrator, Manny DeLoza, via telephone on 02/20/2025, the BIC date has been changed to: 03/01/2025

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that a new background authorization form was submitted to the department every two years for 2 of 2 staff (Staff E and F). This failure placed the residents at risk of being cared for by disqualified staff.

Findings included...

Review of the personnel file for Staff E, Community Relations, showed that they had been hired on 07/17/2020. Staff E's file showed that their initial background check was completed on 07/12/2022 and had expired on 07/12/2024. Staff E's filed showed that a new background check was completed on 09/19/2024, 69 days after their initial background check had expired.

Review of the personnel file for Staff F, Medication Technician, showed that they had been hired on 11/30/2022. Staff E's file showed that their initial background check was completed on 11/29/2022 and had expired on 11/29/2024. Staff F's file showed that a new background check was completed on 12/17/2024, 18 days after their initial background check had expired.

In an interview on 12/13/2024 at 3:35 PM, Staff G, Business Office Manager, stated that the two year background check for Staff E and Staff F were missed and that is why there was a gap in their two year background checks being run.

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, PONDEROSA RETIREMENT CENTER is or will be in compliance with this law and / or regulation on
(Date) ~~3-24-25~~ 03/01/2025

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

Administrator (or Representative) — Date: 2-6-25

Per the facility Administrator, Manny DeLoza, via telephone on 02/20/2025, the BIC date has been changed to: 03/01/2025

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

Statement of Deficiencies	License #: 804	Compliance Determination # 51783
Plan of Correction	PONDEROSA RETIREMENT CENTER	Completion Date
Page 11 of 17	Licensee: PONDEROSA RETIREMENT CENTER INC	01/15/2025

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to submit a background check to the department within one business day after hire for 1 of 4 staff (Staff B). These failures placed the residents at risk of being cared for by disqualified staff.

Findings included...

Review of the personnel file for Staff B, showed that they had been hired on 02/06/2024. Staff B's file showed that their background check was completed on 02/20/2024, 14 days after they had been hired.

In an interview on 12/13/2024 at 2:00 PM, Staff G, Business Office Manager, stated that Staff B had been hired in an emergency and was unsure of why the background check was completed late. Additionally, Staff G acknowledged that Staff B had been working on the floor since 02/06/2024.

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, PONDEROSA RETIREMENT CENTER is or will be in compliance with this law and / or regulation on (Date) ~~3-24-25~~ . 03/01/2025

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

Administrator (or Representative) — Date: 2-6-25

Per the facility Administrator, Manny DeLoza, via telephone on 02/20/2025, the BIC date has been changed to: 03/01/2025

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to complete a review to determine the Character, Competency, and Suitability (CCS) to work with vulnerable adults when a review was required for 1 of 2 staff (Staff D). This failure placed the residents at risk of being cared for by staff with a disqualifying background.

Findings included...

Review of the personnel file for Staff D, Medication Technician, showed that they had been hired on 06/10/2024. Staff D's file showed that their initial background check was completed on 05/14/2024 that showed a record review was required for the CCS to work with vulnerable adults. Staff D's file did not include a review or completion of the CCS.

In an interview on 12/13/2024 at 3:22 PM, Staff G, Business Office Manager, acknowledged that a CCS was not reviewed or completed for Staff 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, PONDEROSA RETIREMENT CENTER is or will be in compliance with this law and / or regulation on
(Date) ~~3-24-25~~ 03/01/2025

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

Administrator (or Representative) 2-6-25 Date

Per the facility Administrator, Manny DeLoza, via telephone on 02/20/2025, the BIC date has been changed to: 03/01/2025

WAC 388-78A-2480 Tuberculosis Testing Required.

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

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility failed to ensure a screening for Tuberculosis (TB) was completed within three days of hire for 4 of 4 staff (Staff A, B, C and D). This failed practice placed residents at risk of potential exposure of a communicable disease.

Findings included...

Review of the personnel file for Staff A, Administrator, showed that they were hired on 05/08/2023. Staff A's file showed that they were not screened or tested for TB upon hire and as of 12/13/2024, has not had it completed for a total of 586 days from date of hire.

Review of the personnel file for Staff B, Registered Nurse, (RN), showed that they were hired on 02/26/2024. Staff B's file showed that they were not screened or tested for TB upon hire and as of 12/13/2024, has not had it completed for a total of 311 days from date of hire.

Review of the personnel file for Staff C, Resident Care Coordinator, showed that they were hired on 04/27/2023. Staff C's file showed that they were not screened or tested for TB upon hire and as of 12/13/2024, has not had it completed for a total of 596 days from date of hire.

Review of the personnel file for Staff D, Medication Technician, showed that they were hired on 06/10/2024. Staff 's file showed that they were not screened or tested for TB upon hire and as of 12/13/2024, has not had it completed for a total of 186 days from date of hire.

In an interview on 12/16/2024 at 2:41 PM, Staff B, RN, stated that they had been re-hired in February of 2024 and tried to complete TB testing for new staff at their monthly meetings. Additionally, Staff B stated that due to conflicting schedules it caused TB tests not to be completed.

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, PONDEROSA RETIREMENT CENTER is or will be in compliance with this law and / or regulation on
(Date) 3-24-25 03/01/2025

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

Administrator (or Representative) 2-6-25 Date

Per the facility Administrator, Manny DeLoza, via telephone on 02/20/2025, the BIC date has been changed to: 03/01/2025

WAC 388-78A-2490 Specialized training for developmental disabilities. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with developmental disabilities, whenever at least one of the residents in the assisted living facility has a developmental disability as defined in WAC 388-823-0040 , that is the resident's primary special need.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that specialty training for developmental disabilities was completed for 2 of 4 staff (Staff B

and D), who provided care to a resident diagnosed with a [redacted]. This failure placed the resident at risk of unmet care needs.

Findings included...

In an interview on 12/09/2024 at 9:20 AM, Staff A, Administrator, stated that the facility admitted residents with developmental disabilities.

Review of the facility characteristic roster, dated 12/01/2024, showed that Resident 4 had a [redacted] diagnosis.

Review of personnel staff files on 12/13/2024 at 1:55 PM, with Staff G, Business Office Manager showed the following:

- Staff B's, Registered Nurse, file showed that they were hired on 02/06/2024. Staff B's file did not include documentation of completion of the developmental disability specialty training.

- Staff C's, Resident Care Coordinator, file showed that they were hired on 04/27/2023. Staff C's file did not include documentation of completion of the developmental disability specialty training.

- Staff D's, Medication Technician, file showed that they were hired on 06/10/2024. Staff D's file did not include documentation of completion of the developmental disability specialty training.

In an interview on 12/13/2024 at 3:07 PM, Staff G, stated that they were unsure of why the developmental disability specialty training had not been completed for Staff B, C, and 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, PONDEROSA RETIREMENT CENTER is or will be in compliance with this law and / or regulation on (Date) ~~3-24-25~~ 03/01/2025

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

Administrator (or Representative) 2-6-25 Date

Per the facility Administrator, Manny DeLoza, via telephone on 02/20/2025, the BIC date has been changed to: 03/01/2025

WAC 388-78A-2500 Specialized training for mental illness. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with mental illness, whenever at least one of the residents in the assisted living facility has a mental illness that is the resident's primary special need and is a person who has been diagnosed with or treated for an Axis I or Axis II diagnosis, as described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, and:

(1) Who has received the diagnosis or treatment within the previous two years; and

(2) Whose diagnosis was made by, or treatment provided by, one of the following:

(a) A licensed physician;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that specialty training for mental health was completed for 2 of 4 staff (Staff B and D), who provided care to residents diagnosed with a [redacted]. This failure placed residents at risk of unmet care needs.

Findings included...

In an interview on 12/09/2024 at 9:20 AM, Staff A, Administrator, stated that the facility admitted residents with [redacted] diagnosis.

Review of personnel staff files on 12/13/2024 at 1:55 PM, with Staff G, Business Office Manager, showed the following:

- Staff B's, Registered Nurse, file showed that they were hired on 02/06/2024. Staff B's file did not include documentation of completion of the mental health specialty

training.

- Staff D's, Medication Technician, file showed that they were hired on 06/10/2024. Staff D's file did not include documentation of completion of the mental health specialty training.

In an interview on 12/13/2024 at 3:07 PM, Staff G, stated that they were unsure of why the mental health specialty training had not been completed for Staff B and Staff 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, PONDEROSA RETIREMENT CENTER is or will be in compliance with this law and / or regulation on (Date) ~~3-24-25~~ 03/01/2025

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

Administrator (or Representative) — 2-6-25 Date

Per the facility Administrator, Manny DeLoza, via telephone on 02/20/2025, the BIC date has been changed to: 03/01/2025

WAC 388-78A-2510 Specialized training for dementia. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with dementia, whenever at least one of the residents in the assisted living facility has a dementia that is the resident's primary special need and has symptoms consistent with dementia as assessed per WAC 388-78A-2090 (7).

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that specialty training for dementia was completed for 2 of 4 staff (Staff B and D), who provided care to a residents diagnosed with [redacted]. This failure placed residents at risk of unmet care needs.

Findings included...

In an interview on 12/09/2024 at 9:20 AM, Staff A, Administrator, stated that the facility admitted residents with a diagnosis of [redacted].

Review of personnel files on 12/13/2024 at 1:55 PM, with Staff G, Business Office Manager showed the following:

- Staff B's, Registered Nurse, file showed that they were hired on 02/06/2024. Staff B's file did not include documentation of the completion of the dementia specialty training.

- Staff D's, Medication Technician, file showed that they were hired on 06/10/2024. Staff D's file did not include documentation of the completion of the dementia specialty training.

In an interview on 12/13/2024 at 3:07 PM, Staff G, stated that they were unsure of why the dementia specialty training had not been completed for Staff B and Staff 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, PONDEROSA RETIREMENT CENTER is or will be in compliance with this law and / or regulation on (Date) ~~3-24-25~~ 03/01/2025.

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

Administrator (or Representative) — 2-6-25 Date

Per the facility Administrator, Manny DeLoza, via telephone on 02/20/2025, the BIC date has been changed to: 03/01/2025

THE PONDEROSA

Retirement and Assisted Living Community

"Personal Care is Our Personal Promise"

To: Laura Williams-Davis ALF Field Manager 02-06-2025
From: Manuel "Manny" DeLoza Executive Director

Attached is my reply to the RCS visit that I received on 01-28-2025. Due to our email being down. I also am asking that if you need any additional information, that you send me a request via FAX.509-452-4907 At this time, I do not know when our technical issues with email will be resolved.
This is my first experience with a full survey but will explain our plan of correction as best as I can. I will list the item and a plan of correction, and will also implement a monitoring system. Along with making these policies and procedures available to all staff, we will implement additional training.

Consultation:
WAC 388-78A-2300 Food and nutrition services Completed 2-5-2025

1- Menu is being made available and posted for the month.
2- We ordered and received Diet manual that is approved by a dietician available to staff.
3- **Please see accompanying paperwork #2300**
4- Monitoring system will be implemented.

WAC 388-78A-2450 Staff Started reviewing files
Using a checkoff list / system, to ensure that all required components have been covered. The information will be in employee's file and kept for two years after. **Please see accompanying paperwork #2450**
Monitoring system will be implemented.

WAC 388-112A-0611 Continue education training Started a file to monitor
Created a file /system to monitor employee records that will be audited and will alert us when the continuing education (12 hours prior to birthdate) upcoming requirements are needed for personnel.
Monitoring system will be implemented.

Complaints:
WAC 388-78A-2130 Service Agreement Planning Resident 3 completed 2-5-2025
Any resident that moves into The Ponderosa on the basic care plan or above will have a service agreement completed prior to physical move in. **Please see accompanying paperwork #2130**
Monitoring system will be implemented.

WAC 388-78A-2290 Family assistance with medication and treatment completed 2/5/2025
Resident 4 and 5 information has been updated. **Please see accompanying paperwork #2290**
Updated the PLAN FOR FAMILY ASSISTANCE WITH MEDICATIONS AND TREATMENTS form is being updated to cover all requirements listed per WAC 388-78A-2290
Monitoring system will be implemented.

WAC 388-78A-2320 Intermittent nursing services system completed 2/5/2025
We have recently contracted ON IT RN to perform our nurse delegation. Everyone in the facility has been delegated. **Please see accompanying paperwork #2320**
Monitoring system will be implemented.

WAC 388-78A-2371 Investigations completed 2/5/2025
Management and Staff will review the policy and procedures and it is also available in the Nursing department. **Please see accompanying paperwork #2371** Monitoring system will be implemented.
Monitoring system will be implemented.

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. completed 2/5/2025
Management and Staff will review the policy and procedures and it is also available in the nursing department. **Please see accompanying paperwork #2466**
Monitoring system will be implemented.

3300 Englewood Avenue, Yakima, WA 98902 509-453-1366 phone 509-452-4907 fax

THE PONDEROSA

Retirement and Assisted Living Community

"Personal Care is Our Personal Promise"

WAC 388-78A-2468 Background checks Conditional hire Pending results completed 2/5/2025
Management and Staff will review the policy and procedures and it is also available in the nursing department. **Please see accompanying paperwork #2466**
Monitoring system will be implemented.

WAC 388-78A-24701 Background checks Employment Non disqualifying information
Management and Staff will review the policy and procedures and it is also available in the nursing department. **Please see accompanying paperwork #2466**
Monitoring system will be implemented.

WAC 388-78A-2480 Tuberculosis Testing Required
Management and Staff will review the policy and procedures and it is also available in the nursing department. **Please see accompanying paperwork #2480**
Monitoring system will be implemented.

WAC 388-78A-2490 Specialized training for Developmental Disabilities.
The Ponderosa now has a staff member (The Resident Care Coordinator) who just got certified to train our staff. We will identify who needs the training and move forward in doing so.
Monitoring system will be implemented.

WAC 388-78A-2500 Specialized training for mental illness
The Ponderosa currently does not have any residents with a diagnosis of [redacted] and currently looking into working with an outside company to assist with training.
Monitoring system will be implemented.

WAC 388-78A-2510 Specialized training for Dementia
The Ponderosa now has a staff member (The Resident Care Coordinator) who is certified to train our staff. We will identify who needs the training and move forward in doing so.
Monitoring system will be implemented.

Best Regards,

Manuel "Manny" DeLoza
Executive Director
The Ponderosa Assisted Living Community
509-453-1366
3300 Englewood Ave.
Yakima, WA. 98902
Website / Facebook

Live a life with purpose

THE PONDEROSA
ASSISTED LIVING COMMUNITY