STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Touchmark At Fairway Village, LLC
Touchmark at Fairway Village
2911 SE Village Loop
Vancouver, WA 98683

RE: Touchmark at Fairway Village License # 1189

Dear Administrator:

This letter addresses Compliance Determination(s) 48678 (Completion Date 10/21/2024) and 45895 (Completion Date 08/26/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/21/2024 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-2140, WAC 388-78A-2140-1, WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-b, WAC 388-78A-2140-1-c, WAC 388-78A-2140-1-d, WAC 388-78A-2140-1-e, WAC 388-78A-2140-2, WAC 388-78A-2140-2-a, WAC 388-78A-2140-2-b, WAC 388-78A-2140-3, WAC 388-78A-2140-4, WAC 388-78A-2140-5, WAC 388-78A-2140-6, WAC 388-78A-2140-7, WAC 388-78A-2140-8, WAC 388-78A-2150, WAC 388-78A-2150-1, WAC 388-78A-2150-2, WAC 388-78A-2150-3, WAC 388-78A-2390, WAC 388-78A-2390-1, WAC 388-78A-2390-2, WAC 388-78A-2484-2

The Department staff who did the on-site verification:
Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager

Region 3, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 1189	Compliance Determination # 45895
Plan of Correction	Touchmark at Fairway Village	Completion Date
Page 1 of 10	Licensee: Touchmark At Fairway Village, LLC	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 and 08/26/2024 of:
Touchmark at Fairway Village
2911 SE Village Loop
Vancouver, WA 98683

The following sample was selected for review during the unannounced on-site visit: 16 of 111 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Jacob Ubl, ALF NCI CI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Residential Care Services

08.27.2024
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)

9/5/24
Date

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

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

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

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

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

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

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

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

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

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

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

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

(8) The assisted living facility must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of personal property or injury on the resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in the resident's Negotiated Service Agreements (NSA) the plan to provide necessary health support services from outside providers and specific resident identified care and service needs for 5 of 16 sampled residents (Resident 2, 3, 9, 13, and 15). Failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

Resident 2 (R2)

During an unannounced full inspection on 08/22/2024 at 9:30 AM, R2's records showed that R2 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Record review of R2's NSA, dated 03/21/2024, showed documentation of R2 being on a regular diet as well as a diabetic diet.

Resident 3 (R3)

On 08/22/2024 at 09:15 AM, R3's records showed that R3 admitted to the facility on [redacted]/2015 with various diagnoses including [redacted] ([redacted]), [redacted] and [redacted] ([redacted]).

Review of the facility's resident characteristic roster documented R3 as a non-insulin diabetic.

Record review of R3's NSA, dated 07/22/2024, showed no documentation of R3 being diabetic.

In an interview on 08/22/2024 at 10:45 AM, Staff B, Health Services Director, confirmed that R3 is diabetic.

Resident 9 (R9)

On 08/23/2024 at 11:05 AM, R9's records showed that R9 admitted to the facility on [redacted]/2018 with various diagnoses including [redacted] ([redacted]).

Review of the facility's resident characteristic roster documented R9 as using supplemental oxygen.

Record review of R9's NSA, dated 09/13/2023, showed no documentation of R9 using supplemental oxygen.

On 08/23/2024 at 12:12 PM, Staff B confirmed that R9 has been using supplemental oxygen since 09/18/2023.

Resident 13 (R13)

During an unannounced full inspection on 08/23/2024 at 10:40 AM, R13's records showed that R13 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] ([redacted]).

Review of the facility's resident characteristic roster showed that R13 was receiving home health services.

Record review of R13's NSA, dated 03/26/2024, showed no documentation of R13 receiving home health services.

Resident 15 (R15)

During an unannounced full inspection on 08/23/2024 at 11:05 AM, R15's records showed that R15 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] ([redacted]).

Review of the facility's resident characteristic roster showed that R15 had a medical device and had wounds that were being treated.

Record review of R15's NSA, dated 07/22/2024, showed no documentation of R15 having a medical device and/or having wounds that were being treated.

During an exit interview on 08/26/2024 at 11:30 AM, Staff A, Executive Director, acknowledged that the NSAs for R2, 3, 9, 13 and 15 were missing necessary health services.

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, Touchmark at Fairway Village is or will be in compliance with this law and / or regulation on (Date) 10/9/24 .

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

Administrator (or Representative) 9/5/24 Date

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

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

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

(3) Any public or private case manager for the resident, if available.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the Negotiated Service Agreement (NSA) was agreed to and signed by the responsible party at least annually and/or within a reasonable timeframe for 4 of 16 sampled residents (Resident 1, 3, 6 and 9). This failure placed the residents and their responsible party at risk for not being involved in their care decisions and the services being provided.

Findings included...

Resident 1 (R1)

During an unannounced full inspection on 08/22/2024 at 11:20 AM, R1's records showed

that R1 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Record review of R1's NSA showed that it was completed on 07/03/2024 and signed by the resident and reviewer on 08/21/2024.

Resident 3 (R3)

On 08/22/2024 at 09:15 AM, R3's records showed that R3 admitted to the facility on [redacted]/2015 with various diagnoses including [redacted].

Record review of R3's NSAs showed an NSA that was completed on 07/22/2024. Email documentation showed that the NSA was emailed to the resident's representative on 08/21/2024 at 12:30 PM and approved by the resident at 12:35 PM, after the full inspection had been initiated.

Resident 6 (R6)

On 08/22/2024 at 12:15 PM, R6's records showed that R6 admitted to the facility on [redacted]/2012 with various diagnoses including [redacted].

Record review of R6's NSA showed that it was completed on 04/29/2024. No signatures were found on the NSA. Email documentation was provided showing discussions to schedule a conference call and changes made but no documentation of the representative's approval nor signatures from the facility.

Resident 9 (R9)

On 08/23/2024 at 11:05 AM, R9's records showed that R9 admitted to the facility on [redacted]/2018 with various diagnoses including [redacted].

Record review of R9's NSA showed that it was completed on 09/13/2023. No signatures were found on the NSA. Email documentation showed the representative's approval on 11/15/2023. No other NSAs were provided.

On 08/26/2024 at 11:30 AM, Staff B, Health Services Director, provided an NSA for R9 dated 06/14/2024 with the reviewer's signature from 06/14/2024. No resident and/or their representative signature was found. No other NSAs were provided for R1, 3, and 6.

During an exit interview on 08/26/2024 at 11:30 AM, Staff A, Executive Director, and Staff B acknowledged that the NSAs for R1, 3, 6, and 9 were either missing a signature from the resident and/or their representative and/or were signed late.

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, Touchmark at Fairway Village is or will be in compliance with this law and / or regulation on (Date) 10/9/24 .

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

Administrator (or Representative) 9/5/24 Date

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident; and

(2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 3 of 16 sampled residents (Resident 3, 7, and 12). This failure placed these residents at risk for proper care needs being unmet.

Findings included...

Resident 3 (R3)

During an unannounced full inspection on 08/22/2024 at 09:15 AM, R3's records showed that R3 admitted to the facility on [redacted]/2015 with various diagnoses including [redacted] ([redacted]), [redacted] and [redacted] ([redacted]).

Review of the facility's resident characteristics roster documented that R3 was receiving

home health services. The resident characteristics roster did not show that R3 had any urinary incontinence.

Review of R3's Negotiated Service Agreement (NSA) dated 07/22/2024 showed no documentation of R3 receiving home health services. The NSA also documented that R3 is frequently incontinent of bowel and bladder.

In an interview on 08/23/2024 at 1:27 PM, Staff B, Health Services Director, stated that R3 had not been on home health since 06/14/2024.

Resident 7 (R7)

On 08/22/2024 at 11:00 AM, R7's records showed that R7 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of the facility's resident characteristics roster documented that R7 was not receiving home health services and had urinary incontinence.

Review of R7's NSA dated 07/02/2024 showed documentation that R7 was receiving home health services and that they had urinary incontinence.

Resident 12 (R12)

On 08/22/2024 at 2:00 PM, R12's records showed that R12 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of the facility's resident characteristics roster documented that R12 utilizes a medical device.

Review of R12's NSA dated 06/01/2024 showed no documentation that R12 utilizes a medical device.
On 08/23/2024 at 10:00 AM, Staff B stated that R12 used to utilize a transfer pole in the bathroom but that it was removed a month ago.

During an exit interview on 08/26/2024 at 11:30 AM, Staff A, Executive Director, and Staff B acknowledged that the facility's resident characteristic roster was not current for all residents.

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, Touchmark at Fairway Village is or will be in compliance with this law and / or regulation on (Date) 10/9/24 .

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

Administrator (or Representative) 9/5/24 Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire for 2 of 3 sampled staff (Staff C and D) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced licensing visit on 08/21/2024 at 11:30 AM, the department received the requested staff records.

Staff C

Record review for Staff C, Caregiver, showed Staff C was hired on 04/24/2024. Review of Staff C's TB records showed that Staff C had their first step TB test completed on 08/05/2024 and it was labeled as a restart; the results were read on 08/07/2024.

Staff D

Record review for Staff D, Certified Medication Aide, showed Staff D was hired on 03/17/2024. Review of Staff D's TB records showed that Staff D had their first step TB test completed on 04/09/2024 and it was labeled as a restart; the results were read on 04/11/2024.

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During an exit interview on 08/26/2024 at 11:30 AM, Staff A, Executive Director, acknowledged that the TB tests for Staff C and D were completed late.

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, Touchmark at Fairway Village is or will be in compliance with this law and / or regulation on (Date) 10/9/24 .

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

Administrator (or Representative) — Date: 9/5/24