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

03/11/2024

TROSPER ROAD LIMITED PARTNERSHIP
HAMPTON SPECIAL CARE - TUMWATER
1400 Trosper Rd SW
Tumwater, WA 98512

RE: HAMPTON SPECIAL CARE - TUMWATER # 1579

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 38077 (Completion Date 03/11/2024) and 26783 (Completion Date 07/31/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/11/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

The Department staff who did the On Site verification:
Phan Pham, Nurse Surveyor

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: HAMPTON SPECIAL CARE - TUMWATER **Provider Type:** Assisted Living Facility
License/Cert.#: 1579
Intake ID: 87382
Compliance Determination #: 26783
Region/Unit #: RCS Region 3 / Unit E
Investigator: Celeste Vashey
Investigation Date(s): 07/20/2023 through 07/31/2023
Complainant Contact Date(s):

Allegation(s):

1) Concern residents hearing aids were missing.
2) Concern residents bathroom had feces that was not promptly cleaned.
3) Concern there was not hand soap available to use in the community bathroom.

Investigation Methods:

Sample:	Total residents: 46 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Resident care equipment Resident rooms Staff to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Family members Housekeeping staff Laundry staff
Record Reviews:	Facility policies State reporting log Medical records Grievance log

Investigation Summary:

1) Based on observation, interview, and record review the facility will be cited for WAC 388 78A 2160. Per the NSA the resident was supposed to have their hearing aids placed in their ears on a daily basis and this did not happen for an extended period.
2) Based on interview and observation no failed practice found, the concern could not be substantiated.
3) Based on observation, interview, and record review the facility will be cited for WAC 388 78A 2610. The facility common bathroom did not have soap available for

residents, staff, and visitors to use.

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: HAMPTON SPECIAL CARE - TUMWATER **Provider Type:** Assisted Living Facility
License/Cert.#: 1579
Intake ID: 88545
Compliance Determination #: 26783
Region/Unit #: RCS Region 3 / Unit E
Investigator: Celeste Vashey
Investigation Date(s): 07/20/2023 through 07/31/2023
Complainant Contact Date(s):

Allegation(s):

1) Facility reported COVID19 within the facility.

Investigation Methods:

Sample:	Total residents: 46 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Resident care equipment Resident rooms Staff to resident interactions
Interviews:	Nursing staff Residents Family members Housekeeping staff Laundry staff
Record Reviews:	Facility policies Personnel files

Investigation Summary:

1) The facility will be cited for WAC 388 78A 2610 regarding not having hand soap in the common bathroom for residents, staff, and visitors to use.

Conclusion / Action:

- [x] 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
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 1579	Compliance Determination # 26783
Plan of Correction	HAMPTON SPECIAL CARE - TUMWATER	Completion Date
Page 1 of 7	Licensee: TROSPER ROAD LIMITED PARTNERSHIP	07/31/2023

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

The department completed data collection for an unannounced on-site complaint investigation on 07/20/2023 and 07/31/2023 of:

HAMPTON SPECIAL CARE - TUMWATER
1400 Trosper Rd SW
Tumwater, WA 98512

This document references the following complaint number(s): 87382, 88402, 88545

The following sample was selected for review during the unannounced on-site visit: 3 of 46 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Celeste Vashey, ALF LTC Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
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.

Cory Cisneros
Residential Care Services

08/07/2023
Date

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

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

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1400 Trosper Rd SW
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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

Date

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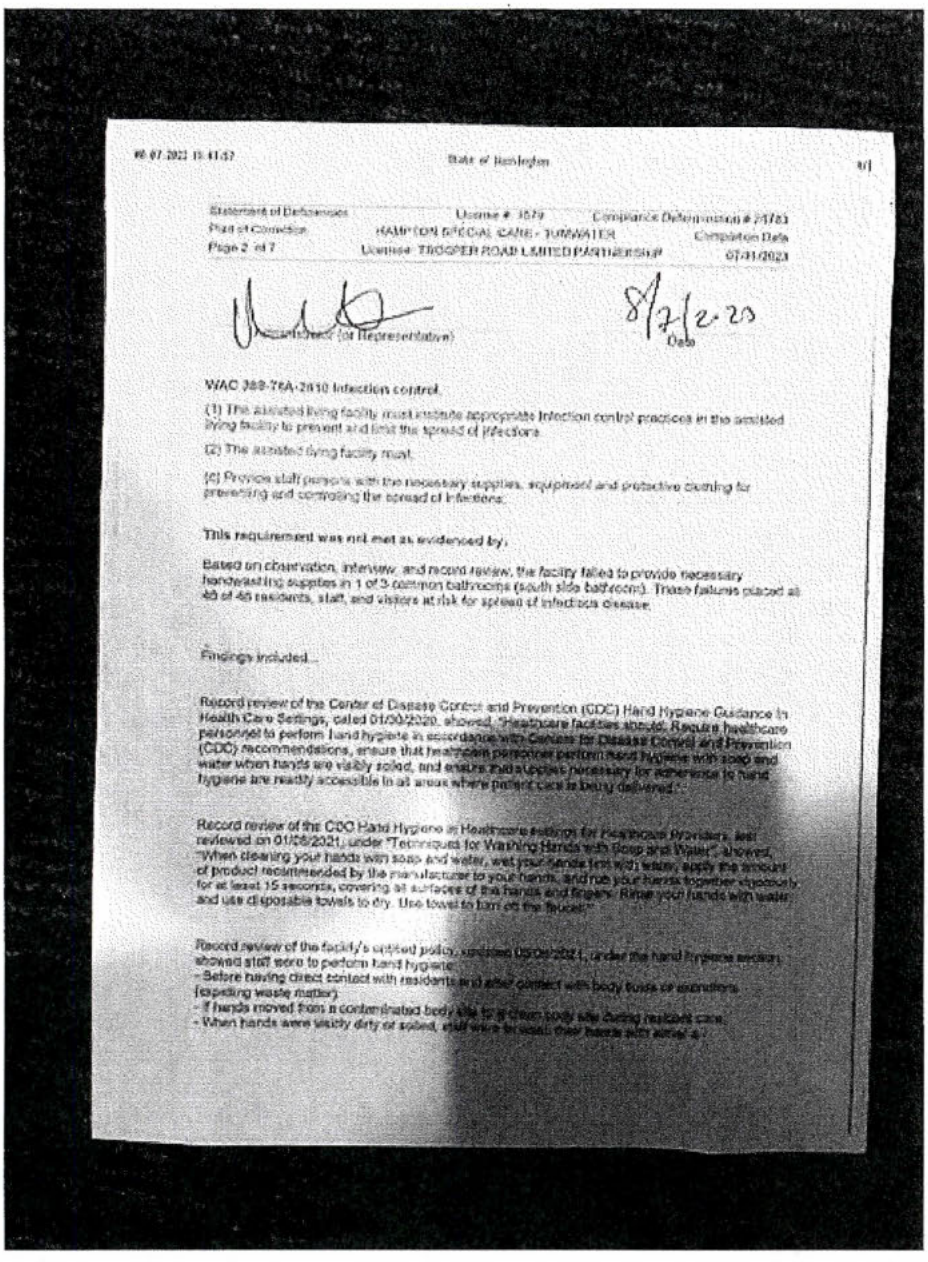

#8 07.2021 11:41:57 State of Washington 8/1

Statement of Deficiencies Plan of Correction Page 2 of 7

License # 3579 HAMPTON SPECIAL CARE - SUNWATER License: TROOPER ROAD LIMITED PARTNERSHIP

Compliance Determination # 21783 Completion Date 07/31/2021

Administrator (or Representative)

8/7/2021 Date

WAC 388-76A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to provide necessary handwashing supplies in 1 of 3 common bathrooms (south side bathroom). These failures placed all 45 of 46 residents, staff, and visitors at risk for spread of infectious disease.

Findings included...

Record review of the Center of Disease Control and Prevention (CDC) Hand Hygiene Guidance in Health Care Settings, dated 01/30/2020, showed, "Healthcare facilities should: Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations, ensure that healthcare personnel perform hand hygiene with soap and water when hands are visibly soiled, and ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where patient care is being delivered..."

Record review of the CDC Hand Hygiene in Healthcare Settings for Healthcare Providers, last reviewed on 01/06/2021, under "Techniques for Washing Hands with Soap and Water," showed, "When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use towel to turn off the faucet."

Record review of the facility's updated policy, updated 05/04/2021, under the hand hygiene section showed staff were to perform hand hygiene:
- Before having direct contact with residents and after contact with body fluids or excretions (excluding waste matter).
- If hands moved from a contaminated body site to a clean body site during resident care.
- When hands were visibly dirty or soiled, staff were to wash their hands with either a...

Sent from my iPhone

Administrator (or Representative) Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to provide necessary handwashing supplies in 1 of 3 common bathrooms (south side bathroom). These failures placed all 46 of 46 residents, staff, and visitors at risk for spread of infectious disease.

Findings included...

Record review of the Center of Disease Control and Prevention (CDC) Hand Hygiene Guidance In Health Care Settings, dated 01/30/2020, showed, “Healthcare facilities should: Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations, ensure that healthcare personnel perform hand hygiene with soap and water when hands are visibly soiled, and ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where patient care is being delivered.”

Record review of the CDC Hand Hygiene in Healthcare settings for Healthcare Providers, last reviewed on 01/08/2021, under “Techniques for Washing Hands with Soap and Water”, showed, “When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use towel to turn off the faucet.”

Record review of the facility’s untitled policy, updated 03/06/2021, under the hand hygiene section, showed staff were to perform hand hygiene:
- Before having direct contact with residents and after contact with body fluids or excretions (expelling waste matter).
- If hands moved from a contaminated body site to a clean body site during resident care.
- When hands were visibly dirty or soiled, staff were to wash their hands with either a

nonantimicrobial (regular soap) soap and water or an antimicrobial (soap that contains chemicals) soap and water.

In an observation on 07/20/2023 at 11:36 AM, the common bathroom (south side bathroom) next to the nurse's station showed two soap dispensers within the bathroom that were empty. There was no soap on the counter for residents, staff, or visitors to use.

In an observation on 07/20/2023 at 11:58 AM, showed Resident 1 (R1) entered the common bathroom next to the nurse's station. R1 exited the bathroom without performing proper hand hygiene due to the bathroom not having soap accessible.

In an interview on 07/18/2023 at 10:50 AM, Collateral Contact 1 (CC1), Resident 2 (R2)'s Power of Attorney, stated on 07/16/2023 they took R2 to the common bathroom next to the nurse's station. CC1 stated there was not soap available to wash R2's and their hands. CC1 stated they informed facility staff that there was not soap available. CC1 stated the staff stated housekeeping would not be in until the next day to fill the soap.

In an interview on 07/20/2023 at 11:59 AM, Staff C, Nurse Delegate, stated residents used the bathroom next to the nurse's station. Staff C stated after the residents used the bathroom, they washed their hands. Staff C stated the housekeeping staff were responsible to fill the soap dispensers. Staff C stated all facility staff could fill the soap dispensers if necessary.

In an interview on 07/20/2023 at 12:01 PM, Staff B, Clinical Services Director, stated residents used the bathroom next to the nurse's station. Staff B stated the residents who could independently go into the bathroom would. Staff B stated facility staff would accompany the residents who needed assistance. Staff B stated after the residents used the bathroom, they washed their hands. Staff B stated if residents needed assistance the facility staff would help the resident wash their hands. Staff B stated the bathroom was normally stocked with soap. Staff B stated housekeeping staff were responsible to fill the soap dispensers.

In an interview on 07/20/2023 at 1:43 PM, Staff D, Housekeeping, stated the housekeeping staff were responsible to fill the soap dispensers. Staff D stated the soap dispensers should be filled weekly. Staff D stated the soap dispensers stayed full for a long period of time and the task could be missed if housekeeping did not remember to refill them. Staff D stated if housekeeping staff were not at the facility the other facility staff would not have access to the soap in order to fill the soap dispensers.

In an interview on 07/20/2023 at 2:18 PM, Staff E, Resident Care Coordinator, stated the housekeeping staff were responsible to fill the soap dispensers. Staff E stated in the past the soap dispensers had run out of soap. Staff E stated facility staff could restock the soap if it was needed. Staff D stated staff were expected to wash their hands after they helped a resident in the bathroom. Staff D stated residents should wash their hands after they used the bathroom.

nonantimicrobial (regular soap) soap and water or an antimicrobial (soap that contains chemicals) soap and water.

In an observation on 07/20/2023 at 11:36 AM, the common bathroom (south side bathroom) next to the nurse's station showed two soap dispensers within the bathroom that were empty. There was no soap on the counter for residents, staff, or visitors to use.

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In an interview on 07/18/2023 at 10:50 AM, Collateral Contact 1 (CC1), Resident 2 (R2)'s Power of Attorney, stated on 07/16/2023 they took R2 to the common bathroom next to the nurse's station. CC1 stated there was not soap available to wash R2's and their hands. CC1 stated they informed facility staff that there was not soap available. CC1 stated the staff stated housekeeping would not be in until the next day to fill the soap.

In an interview on 07/20/2023 at 11:59 AM, Staff C, Nurse Delegate, stated residents used the bathroom next to the nurse's station. Staff C stated after the residents used the bathroom, they washed their hands. Staff C stated the housekeeping staff were responsible to fill the soap dispensers. Staff C stated all facility staff could fill the soap dispensers if necessary.

In an interview on 07/20/2023 at 12:01 PM, Staff B, Clinical Services Director, stated residents used the bathroom next to the nurse's station. Staff B stated the residents who could independently go into the bathroom would. Staff B stated facility staff would accompany the residents who needed assistance. Staff B stated after the residents used the bathroom, they washed their hands. Staff B stated if residents needed assistance the facility staff would help the resident wash their hands. Staff B stated the bathroom was normally stocked with soap. Staff B stated housekeeping staff were responsible to fill the soap dispensers.

In an interview on 07/20/2023 at 1:43 PM, Staff D, Housekeeping, stated the housekeeping staff were responsible to fill the soap dispensers. Staff D stated the soap dispensers should be filled weekly. Staff D stated the soap dispensers stayed full for a long period of time and the task could be missed if housekeeping did not remember to refill them. Staff D stated if housekeeping staff were not at the facility the other facility staff would not have access to the soap in order to fill the soap dispensers.

In an interview on 07/20/2023 at 2:18 PM, Staff E, Resident Care Coordinator, stated the housekeeping staff were responsible to fill the soap dispensers. Staff E stated in the past the soap dispensers had run out of soap. Staff E stated facility staff could restock the soap if it was needed. Staff D stated staff were expected to wash their hands after they helped a resident in the bathroom. Staff D stated residents should wash their hands after they used the bathroom.

Statement of Deficiencies	License #: 1579	Compliance Determination # 26783
Plan of Correction	HAMPTON SPECIAL CARE - TUMWATER	Completion Date
Page 4 of 7	Licensee: TROSPER ROAD LIMITED PARTNERSHIP	07/31/2023

In an interview on 07/20/2023 at 3:13 PM, Staff A, Executive Director, stated soap should be available in the bathrooms for residents, staff, and visitors to use. Staff A stated the housekeeping staff were responsible to fill the soap dispensers. Staff A stated maintenance or any lead facility staff member could refill the soap dispensers as needed.

This is a recurring deficiency previously cited on 02/17/2022 and 02/04/2021.

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, HAMPTON SPECIAL CARE - TUMWATER is or will be in compliance with this law and / or regulation on (Date) 9-13-2023.

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

Administrator (or Representative) — Date: 8/7/2023

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to provide the care and services agreed upon in the negotiated service agreement (service plan) for 1 of 3 sampled residents (Resident 2 [R2]). This failure resulted in a decreased quality of life for R2 due to them not having access to medical devices prescribed by their physician, and impairing the residents ability to hear.

Findings included...

Record review of R2's Face Sheet, undated, showed R2 admitted into the facility on [redacted]/2022. R2 had a diagnosis of [redacted]

Record review of R2's Service Plan, dated 07/20/2023, showed R2 used hearing aids in their left and right ear. "Staff to remove hearing aids at night and give them to the Med

In an interview on 07/20/2023 at 3:13 PM, Staff A, Executive Director, stated soap should be available in the bathrooms for residents, staff, and visitors to use. Staff A stated the housekeeping staff were responsible to fill the soap dispensers. Staff A stated maintenance or any lead facility staff member could refill the soap dispensers as needed.

This is a recurring deficiency previously cited on 02/17/2022 and 02/04/2021.

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, HAMPTON SPECIAL CARE - TUMWATER 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

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Findings included…

Record review of R2's Face Sheet, undated, showed R2 admitted into the facility on [redacted]/2022. R2 had a diagnosis of [redacted].

Record review of R2's Service Plan, dated 07/20/2023, showed R2 used hearing aids in their left and right ear. "Staff to remove hearing aids at night and give them to the Med

Tech [Medication Technician] on duty. Med tech to ensure that hearing aids are properly charged for [R2] to use the next day. Hearing aids are put in by staff every morning and taken out every evening. Staff will be aware that hearing aids are charged at the nurses station. Staff will provide hearing aides daily to resident, clean and working. Staff will change batteries as needed. Staff will keep hearing aides in secure area while not in use. Staff will notify nurse of any changes or problems."

In an interview on 07/18/2023 at 10:50 AM, Collateral Contact 1 (CC1), R2's Power of Attorney, stated R2 used hearing aids for both of their ears. CC1 stated at one point both of R2's hearing aids were missing. CC1 stated that they scheduled R2 an appointment to get new hearing aids. CC1 stated three weeks after the hearing aid went missing the facility staff informed another one of R2's family members that a caregiver accidently took one of R2's hearing aids home. CC1 stated facility staff had accidently taken R2's hearing aids home in the past but the device was brought back the following day. CC1 stated they thought the caregiver had R2's hearing aid at home for approximately three weeks. CC1 stated R2's hearing aids were not just accessories they were what R2 wore to have a connection to life. CC1 stated R2's service plan indicated that staff were to take out the hearing aids at night and put them on the charger at the nurse's station. CC1 stated the medication technician was supposed to sign off that the hearing aids were removed and placed on the charger at the nurse's station.

In an interview on 07/20/2023 at 9:55 AM, Anonymous Staff 1 (AS1), Facility Staff Member, stated one of R2's hearing aids had recently been missing. AS1 stated after they followed up, they found that Anonymous Staff 2 (AS2), Facility Staff Member, accidently took R2's hearing aid home in their pocket. AS1 stated AS2 had R2's hearing aid at home for approximately three weeks. AS1 stated the hearing aid was found after CC1 had already started the process of getting new hearing aids for R2. AS1 stated a facility staff member laughed and reported to one of R2's family members that a staff member accidently took R2's hearing aid home. AS1 stated R2's MAR indicated for staff to check off whether R2 had their hearing aids at nighttime. AS1 stated the staff were to leave R2's hearing aids at the nurse's station overnight to charge. AS1 stated if R2 did not have one or both of their hearing aids the staff were to mark on the MAR which hearing aid was missing and report the hearing aid missing. AS1 stated the morning staff would put R2's hearing aids in and mark it in the MAR.

In an observation on 07/20/2023 at 10:23 AM, the nurses station showed R2's hearing aid charging case was behind the computer plugged in.

In an observation and interview on 07/20/2023 at 11:30 AM, R2 and their spouse were in the common area of the facility. Observation showed R2 had both of their hearing aids in. R2's spouse stated R2's hearing aids were new due R2's hearing aids being lost.

In an interview on 07/20/2023 at 12:01 PM, Staff B, Clinical Services Director, stated R2's service plan and MAR indicated the staff were to take R2's hearing aids out at night time to be charged at the nurse's station. Staff B stated staff were to put the hearing aids back into R2's ears in the morning. Staff B stated R2's hearing aids had been miss placed and found on multiple occasions. Staff B stated R2's progress notes should show when the hearing

Tech [Medication Technician] on duty. Med tech to ensure that hearing aids are properly charged for [R2] to use the next day. Hearing aids are put in by staff every morning and taken out every evening. Staff will be aware that hearing aids are charged at the nurses station. Staff will provide hearing aides daily to resident, clean and working. Staff will change batteries as needed. Staff will keep hearing aides in secure area while not in use. Staff will notify nurse of any changes or problems."

In an interview on 07/18/2023 at 10:50 AM, Collateral Contact 1 (CC1), R2's Power of Attorney, stated R2 used hearing aids for both of their ears. CC1 stated at one point both of R2's hearing aids were missing. CC1 stated that they scheduled R2 an appointment to get new hearing aids. CC1 stated three weeks after the hearing aid went missing the facility staff informed another one of R2's family members that a caregiver accidently took one of R2's hearing aids home. CC1 stated facility staff had accidently taken R2's hearing aids home in the past but the device was brought back the following day. CC1 stated they thought the caregiver had R2's hearing aid at home for approximately three weeks. CC1 stated R2's hearing aids were not just accessories they were what R2 wore to have a connection to life. CC1 stated R2's service plan indicated that staff were to take out the hearing aids at night and put them on the charger at the nurse's station. CC1 stated the medication technician was supposed to sign off that the hearing aids were removed and placed on the charger at the nurse's station.

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In an observation and interview on 07/20/2023 at 11:30 AM, R2 and their spouse were in the common area of the facility. Observation showed R2 had both of their hearing aids in. R2's spouse stated R2's hearing aids were new due R2's hearing aids being lost.

In an interview on 07/20/2023 at 12:01 PM, Staff B, Clinical Services Director, stated R2's service plan and MAR indicated the staff were to take R2's hearing aids out at night time to be charged at the nurse's station. Staff B stated staff were to put the hearing aids back into R2's ears in the morning. Staff B stated R2's hearing aids had been miss placed and found on multiple occasions. Staff B stated R2's progress notes should show when the hearing

aids had been missing and found. Staff B stated some facility staff members put residents hearing aids in their pocket before taking it to the nurse's station to charge.

Record review of R2's Progress Note, dated 06/10/2023 at 8:09 AM, showed Staff C, Nurse Delegate, wrote R2's one hearing aid was missing on the morning of 06/08/2023. The morning of 06/09/2023 both of R2's hearing aids were missing. Staff C called R2's family to make sure the family did not have them and they did not. Staff C was going to follow up and have it put in the MAR (medication administration record) for when R2 went to bed and the hearing aids were taken out and put on the charger.

Record review of R2's Progress Note, dated 06/19/2023 at 2:41 PM, Staff C wrote R2's hearing aids had been missing. R2's family scheduled an appointment to get R2 new hearing aids.

Record review of R2's Progress Note, dated 06/26/2023 at 4:43 AM, showed Staff C wrote "Writer came in this morning to find out that original hearing aid that had been missing was taken home by a staff member for a period of time. Residents family has been getting ears cleaned out and had [R2] fitted for a new pair. Resident will get new pair July 14th. Resident only has one of [their] old hearing aids that [R2] is using."

Record review of R2's Progress Note, dated 06/27/2023 at 12:44 PM, showed Staff C wrote they talked to the resident care coordinator about care staff accidently taking home one of R2's hearing aids and it was brought back.

Record review of R2's Progress Note, dated 07/14/2023 at 2:00 PM, showed Staff C wrote R2 received their new hearing aids. Staff C wrote staff were to check R2's ears during shift to make sure they were in R2's ears.

Record review of R2's June MAR, dated 06/01/2023 through 06/30/2023, showed staff were to place R2's hearing aids in their ears when they wake up in the morning, and remove R2's hearing aids at bedtime and place them on the charger. Staff were to note if one was missing. The MAR showed R2 had their hearing aids 06/01/2023 through 06/29/2023. R2's MAR did not have any information to review for 06/30/2023.

Record review of R2's July MAR, dated 07/01/2023 through 07/19/2023, showed staff were to place R2's hearing aids in their ears when they wake up in the morning, and remove R2's hearing aids at bedtime and place them on the charger. Staff were to note if one was missing. The MAR showed 07/01/2023 through 07/14/2023 that the right hearing aid was placed in R2's ear while the left hearing aid was missing. The MAR showed on 07/15/2023 R2 received their new hearing aid and both hearing aids were in R2's ears.

In an interview on 07/20/2023 at 3:13 PM, Staff A, Executive Director, stated they were aware R2's hearing aids were missing. Staff A stated in the past they were aware a facility staff member had accidentally brought R2's hearing aids home but the device was brought

aids had been missing and found. Staff B stated some facility staff members put residents hearing aids in their pocket before taking it to the nurse's station to charge.

Record review of R2's Progress Note, dated 06/10/2023 at 8:09 AM, showed Staff C, Nurse Delegate, wrote R2's one hearing aid was missing on the morning of 06/08/2023. The morning of 06/09/2023 both of R2's hearing aids were missing. Staff C called R2's family to make sure the family did not have them and they did not. Staff C was going to follow up and have it put in the MAR (medication administration record) for when R2 went to bed and the hearing aids were taken out and put on the charger.

Record review of R2's Progress Note, dated 06/19/2023 at 2:41 PM, Staff C wrote R2's hearing aids had been missing. R2's family scheduled an appointment to get R2 new hearing aids.

Record review of R2's Progress Note, dated 06/26/2023 at 4:43 AM, showed Staff C wrote "Writer came in this morning to find out that original hearing aid that had been missing was taken home by a staff member for a period of time. Residents family has been getting ears cleaned out and had [R2] fitted for a new pair. Resident will get new pair July 14th. Resident only has one of [their] old hearing aids that [R2] is using."

Record review of R2's Progress Note, dated 06/27/2023 at 12:44 PM, showed Staff C wrote they talked to the resident care coordinator about care staff accidently taking home one of R2's hearing aids and it was brought back.

Record review of R2's Progress Note, dated 07/14/2023 at 2:00 PM, showed Staff C wrote R2 received their new hearing aids. Staff C wrote staff were to check R2's ears during shift to make sure they were in R2's ears.

Record review of R2's June MAR, dated 06/01/2023 through 06/30/2023, showed staff were to place R2's hearing aids in their ears when they wake up in the morning, and remove R2's hearing aids at bedtime and place them on the charger. Staff were to note if one was missing. The MAR showed R2 had their hearing aids 06/01/2023 through 06/29/2023. R2's MAR did not have any information to review for 06/30/2023.

Record review of R2's July MAR, dated 07/01/2023 through 07/19/2023, showed staff were to place R2's hearing aids in their ears when they wake up in the morning, and remove R2's hearing aids at bedtime and place them on the charger. Staff were to note if one was missing. The MAR showed 07/01/2023 through 07/14/2023 that the right hearing aid was placed in R2's ear while the left hearing aid was missing. The MAR showed on 07/15/2023 R2 received their new hearing aid and both hearing aids were in R2's ears.

In an interview on 07/20/2023 at 3:13 PM, Staff A, Executive Director, stated they were aware R2's hearing aids were missing. Staff A stated in the past they were aware a facility staff member had accidentally brought R2's hearing aids home but the device was brought

back to the facility the following day. Staff A stated they were unaware a facility staff member had brought R2's hearing aids home for an extended period of time.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, HAMPTON SPECIAL CARE - TUMWATER is or will be in compliance with this law and / or regulation on (Date) 9-13-2023.

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

Administrator (or Representative) — Date: 8-7-2023

back to the facility the following day. Staff A stated they were unaware a facility staff member had brought R2's hearing aids home for an extended period of time.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, HAMPTON SPECIAL CARE - TUMWATER 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