



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

12/05/2023

OLYMPIC PLACE RETIREMENT AND ASSIST
OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY
3425 Boone Rd SE
SALEM, OR 97317

RE: OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY License # 1712

Dear Administrator:

This letter addresses Compliance Determination(s) 32881 (Completion Date 11/21/2023) and 29330 (Completion Date 09/12/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/21/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2474-3, WAC 388-78A-2474-2-c, WAC 388-78A-2466-1-a, WAC 388-78A-2480-1, WAC 388-78A-2090

The Department staff who did the on-site verification:
Jodi Condyles, ALF Licenser

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

Sincerely,

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

This document was prepared by Residential Care Services for the Locator website.



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

Statement of Deficiencies	License #: 1712	Compliance Determination # 29330
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page 1 of 7	Licensee: OLYMPIC PLACE RETIREMENT AND ASSIST	09/12/2023

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 follow-up on 09/08/2023 and 09/11/2023 of:

OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY
 20909 Olympic PI NE
 Arlington, WA 98223

This document references the following SOD dated: 09/12/2023

The following sample was selected for review during the unannounced on-site visit: 6 of 42 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, ALF Licenser
 Cristina Gonzalez, ALF Licenser

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

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

Kim Ripley

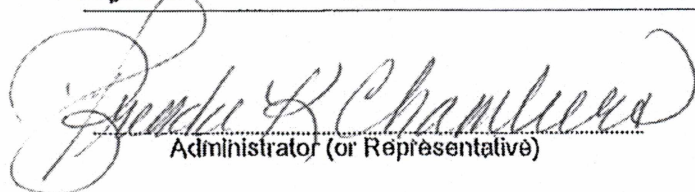
Residential Care Services

9/21/2023

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.

Statement of Deficiencies License #: 1712 Compliance Determination # 29330
Plan of Correction OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING Completion Date
Page 2 of 7 Licensee: OLYMPIC PLACE RETIREMENT AND ASSIST 09/12/2023


Administrator (or Representative)

9-20-2023
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 3 staff (Staff C) completed orientation prior to providing care. This failure resulted in one staff person not receiving orientation and placed residents at risk for compromised care and safety.

Findings included...

Review of the ALF's employee files showed the following:

Staff C, Registered Nurse, was hired on 07/31/2023. There was no documentation of orientation in Staff C's employee files.

In an interview on 09/11/2023 at 11:18 AM, Staff C stated that they had never signed a new employee packet or checklist. Staff C stated that they were never given a tour of the facility to show the organization and the physical layout of the ALF nor shown any locations of the ALF's emergency communications, fire alarms, fire extinguishers, or evacuation plans.

In an interview on 09/11/2023 at 1:16 PM, Staff A, Assistant Executive Director, stated that new employees are to have a staff member go over a facility orientation packet - a checklist indicating the different information and education topics the staff member will be going over with the new employee. This is to include a general tour of the building with locations of important features. Staff A stated that they are the one to go over this packet with new employees, but as Staff C was hired around the same time as Staff A, Staff C's orientation to the facility must have been missed.

This is an uncorrected deficiency previously cited on 06/01/2023.

Plan/Attestation Statement

Statement of Deficiencies License #: 1712 Compliance Determination # 29330
Plan of Correction OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING Completion Date
Page 3 of 7 Licensee: OLYMPIC PLACE RETIREMENT AND ASSIST 09/12/2023

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 9-21-2023

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

Shirley K. Chambers

Administrator (or Representative)

9-21-2023

Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 staff (Staff F) completed the required mental health training. This failure resulted in one staff member not having the required mental health training and placed residents with mental health diagnoses at risk of not receiving proper care.

Findings included...

Resident 5 was admitted to the ALF on [REDACTED] /2020 with diagnoses of [REDACTED] and [REDACTED]

Resident 6 was admitted to the ALF on [REDACTED] /2022 with multiple diagnoses including [REDACTED]

Review of the ALF's employee files showed the following:

Staff F, Med Tech, was hired on 10/08/2022. There was no documentation of Mental Health Training.

In an interview on 09/08/2023 at 4:12 PM, Staff B, Assisted Living Director, stated that Staff F still works at the facility, but is currently on vacation. Staff B stated that Staff D,

Statement of Deficiencies License #: 1712 Compliance Determination # 29330
 Plan of Correction OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING Completion Date
 Page 4 of 7 Licensee: OLYMPIC PLACE RETIREMENT AND ASSIST 09/12/2023

Receptionist, was unable to find certification for the completion of Mental Health Training.

In an interview on 09/11/2023 at 1:19 PM, Staff A, Assistant Executive Director, stated that the facilities regional nurse teaches dementia and mental health training as an 8 hour all day training, and will include Staff F for an upcoming training on 09/18/2023.

This is an uncorrected deficiency previously cited on 06/01/2023.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 10-20-2023

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

Deanda K. Chambers
 Administrator (or Representative)

9-21-2023
 Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 3 staff (Staff E and J) had a background check every two years. This failure resulted in two staff not having updated background checks and placed the safety of the residents at risk by allowing staff with a potentially disqualifying background to have access to residents.

Findings Included...

Review of the ALF's employee files showed the following:

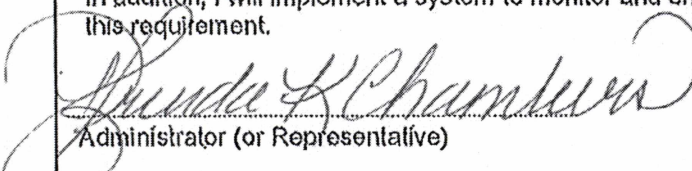
Staff E, Housekeeper, was hired on 05/13/2021. Staff E's most recent background check was completed on 06/21/2021.

Statement of Deficiencies	License #: 1712	Compliance Determination # 29330
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page 5 of 7	Licensee: OLYMPIC PLACE RETIREMENT AND ASSIST	09/12/2023

Staff J, Cook, was hired on 01/25/2021. Staff J's most recent background check was completed on 03/31/2021.

In an interview on 09/11/2023 at 2:25 PM, Staff A, Assistant Executive Director, stated that these two must have slipped through the cracks as they had recently done an audit of the background check binder.

This is an uncorrected deficiency previously cited on 06/01/2023.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) <u>9-26-2023</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>9-21-2023</u> Date

WAC 388-78A-2480 Tuberculosis Testing Required.

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 3 staff (Staff C, G, and K) were screened for tuberculosis (TB) (an infectious disease that affects the lungs and is caused by a type of bacteria) within three days of hire. This failure resulted in three staff not having TB screenings before working with residents and placed residents at risk of possible exposure to a communicable disease.

Findings Included...

Review of the ALF's employee files showed:

Staff C, Registered Nurse, was hired on 07/31/2023. An initial TB screening wasn't completed until 08/04/2023, one day late.

Statement of Deficiencies License #: 1712 Compliance Determination # 29330
 Plan of Correction OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING Completion Date
 Page 6 of 7 Licensee: OLYMPIC PLACE RETIREMENT AND ASSIST 09/12/2023

Staff G, Caregiver, was hired on 08/23/2023. An initial TB screening wasn't completed until 08/30/2023, four days late.

Staff K, Caregiver, was hired on 08/16/2023. An initial TB screening wasn't completed until 08/30/2023, 11 days late.

In an interview on 09/11/2023 at 1:32 PM, Staff A, Assistant Executive Director, stated that TB tests were supposed to be done within three days of a new employee's hire date.

This is an uncorrected deficiency previously cited on 06/01/2023.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) <u>10-01-2023</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>9-21-2023</u> Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a full assessment for 2 of 2 residents (Resident 2 and 4) within 14 days of admission. This failure resulted in Resident 2 and Resident 4's full assessment being completed late and placed both residents at risk of their care needs being unmet.

Findings included...

Resident 2

Resident 2 was admitted to the ALF on [REDACTED] 2023 with multiple diagnoses including [REDACTED]

Statement of Deficiencies License #: 1712 Compliance Determination # 29330
Plan of Correction OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING Completion Date
Page 7 of 7 Licensee: OLYMPIC PLACE RETIREMENT AND ASSIST 09/12/2023

Review of Resident 2's initial full assessment showed a completion date of 09/10/2023.

Resident 4

Resident 4 was admitted to the ALF on [REDACTED] /2023 with multiple diagnoses including [REDACTED]

Review of Resident 4's initial full assessment showed a completion date of 09/10/2023.

In an interview on 09/11/2023 at 12:17 PM, Staff C, Registered Nurse, stated that they were trained to do initial full assessments within two to four weeks after a resident's admit date.

In an interview on 09/11/2023 at 1:34 PM, Staff A, Assistant Executive Director, stated that they hadn't realized full assessments needed to be done within 14 days. Staff A stated that they will be relaying this information to all appropriate staff.

This is an uncorrected deficiency previously cited on 06/01/2023.

Plan/Attestation Statement

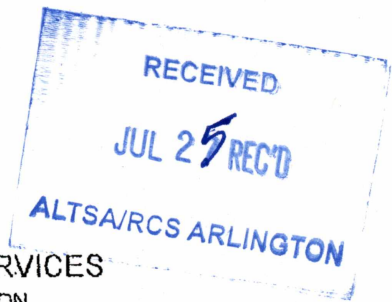
I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 10-15-2023.

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

[Signature] 9-21-2023
Administrator (or Representative) Date



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



Statement of Deficiencies	License #: 1712	Compliance Determination # 23725
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page 1 of 16	Licensee: OLYMPIC PLACE RETIREMENT AND	06/01/2023

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 the unannounced on-site full inspection on 05/09/2023 and 05/11/2023 of:

OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY
20909 Olympic Pl NE
Arlington, WA 98223

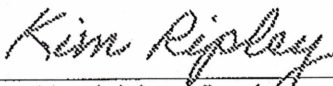
The following sample was selected for review during the unannounced on-site visit: 7 of 37 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, ALF Licenser
Christine Banta, Community Complaint investigator
Yulia Bondarchuk, LTC Surveyor
Cristina Gonzalez, ALF Licenser

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

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


Residential Care Services

06/09/2023

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.

Statement of Deficiencies	License #: 1712	Compliance Determination # 23725
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page 2 of 16	Licensee: OLYMPIC PLACE RETIREMENT AND	06/01/2023

Debra L. Chambers
 Administrator (or Representative)

7.7.2023

Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff B, Med Tech) completed New Employee Orientation prior to providing care. This failure placed residents at risk for compromised care and safety.

Findings included,,

Upon review of the ALF employee files showed:

Staff B, hired on 04/27/2023 was scheduled for New Employee Orientation on 05/03/2023.

In an interview on 05/09/2023 at 2:33PM Staff G, Assistant Executive Director, stated that Staff B started training on the floor on 04/30/2023. Staff B started New Employee Orientation on 05/03/2023, but due to a family emergency left training early.

In an interview on 05/11/2023 with Staff H, Assisted Living Director stated that Staff B began working independently on 04/30/2023 due to her previous experiences as a Med Tech at a local ALF.

During a review of the ALF employee schedule dated 04/16/2023 - 05/13/2023 showed Staff B working independently as a Med Tech beginning on 05/04/2023 prior to the completion of New Employee Orientation. Staff B was the only Med Aide in the ALF 10:00 PM – 6:00 AM on 05/04/2023 and 2:00PM – 10:00PM on 05/07/2023, 05/08/2023, 05/09/2023 and 05/10/2023.

Plan/Attestation Statement

Statement of Deficiencies	License #: 1712	Compliance Determination # 23725
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page 3 of 16	Licensee: OLYMPIC PLACE RETIREMENT AND	06/01/2023

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 7.28.23.

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

Renee K. Chambers
Administrator (or Representative)

7.7.2023
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 6 staff (Staff D, Med Tech; E, Med Tech; and F, Caregiver) completed the required Mental Health Training. This failure placed the residents with Mental Health diagnoses at risk of not receiving proper care.

Findings Included...

Record review of an assessment showed Resident 6 was admitted to the ALF [REDACTED] /2018 with diagnoses that included [REDACTED] and [REDACTED]

Review of staff files with Staff G, Assisted Executive Director, showed there was no evidence of Mental Health training completed for Staff D, E, and F.

In an interview on 05/9/2023 at 2:33 PM, Staff G stated that they had no residents with dementia or mental health in the ALF.

Plan/Attestation Statement

Statement of Deficiencies	License #: 1712	Compliance Determination # 23725
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page 4 of 16	Licensee: OLYMPIC PLACE RETIREMENT AND	06/01/2023

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 7.13.23.

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

Pamela K. Chambers
Administrator (or Representative)

7.7.2023
Date

WAC 388-78A-3000 Ventilation. The assisted living facility must meet the ventilation requirements of the mechanical code as adopted and amended by the Washington state building council; and

(3) Provide intact sixteen mesh screens on operable windows and openings used for ventilation; and

This requirement was not met as evidenced by:

Based on observations and interview, the Assisted Living Facility (ALF) failed to meet the ventilation requirements for 37 out of 37 residents when the ALF did not repair or replace mesh screens for twelve operable windows. This failure placed 37 residents at risk for health complications from poor ventilation and a diminished quality of life.

Findings included...

On 05/09/23 at 9:43 AM and on 05/11/23 at 9:15 AM during an exterior tour of the ALF twelve missing window screens was observed. Two bent window screens were located on the exterior side of the ALF dining room.

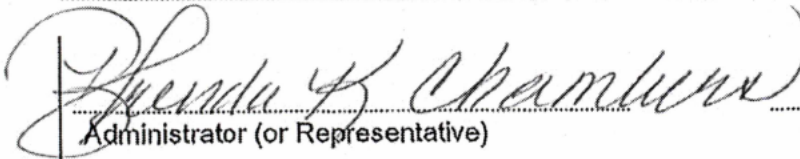
On 05/09/23 at 9:43 AM, Staff I, Maintenance Director, stated that the missing and bent screens were noted and put on the list to be replaced.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 7/28/2023.

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

Statement of Deficiencies	License #: 1712	Compliance Determination # 23725
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page 5 of 16	Licensee: OLYMPIC PLACE RETIREMENT AND	06/01/2023

	7-7-2023
Administrator (or Representative)	Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain and administer a medication as ordered for acid reflux in a timely manner for 1 of 7 residents (Resident 3) that received medication assistance. This failure resulted in Resident 3 not having their prescribed medication for 10 days.

Findings included...

Resident 3 was admitted to the ALF on [REDACTED] /2021 with multiple diagnoses including [REDACTED]

Review of Resident 3's negotiated service agreement (NSA) showed Resident 3 required medication assistance from the ALF. Resident 3's NSA showed that staff are to store, order and dispense medications per physician orders.

Review of Resident 3's electronic medication administration record (EMAR) for the acid reducer medication, Famotidine, showed Resident 3 was to take one tablet everyday by mouth at bedtime for acid reflux. Resident 3's EMAR for the months of April 2023 and May 2023 showed that on 04/25/2023, Resident 3 did not receive Famotidine. The exception note dated 04/25/2023, read "need medication refill". On 04/30/2023 to 05/09/2023, Resident 1 did not receive Famotidine, the exception reason on each of these dates was marked as "medication not arrived."

In an interview on 05/11/2023 at 01:26 PM, Staff H, Assisted Living Director, stated that they have had several issues with pharmacy delivering medication and that staff have had to call the pharmacy several times to ensure medications are delivered.

In an interview on 05/11/2023 at 05:45 PM, Staff A, Executive Director, stated that in this situation, staff need to call the physician and ask if the medication can be discontinued for the time being as the ALF accepted the responsibility for this resident's medications. Staff A stated the ALF needs to either temporarily discontinue the medication or to provide it without exceptions.

Statement of Deficiencies	License #: 1712	Compliance Determination # 23725
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page 6 of 16	Licensee: OLYMPIC PLACE RETIREMENT AND	06/01/2023

Plan/Attestation Statement

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

Shunda K Chambers 7.7.2023
 Administrator (or Representative) Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

- (a) Provide a safe, sanitary and well-maintained environment for residents;
- (b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

This requirement was not met as evidenced by:

Based on observations and interview, the Assisted Living Facility (ALF) failed to provide a safe, sanitary, well-maintained environment for 37 of 37 residents living at the ALF. This failure resulted in 37 residents living in an unsafe and unsanitary environment and placed them at risk for injury and a decreased quality of life.

Findings included...

On 05/09/2023 while touring the ALF the following was observed:

At 9:48 AM, the spouts on the first-floor water fountains had a layer of brown and green grime.

At 9:50 AM, the handrails along the Room 103 hallway were noted to be rough to the touch. Several areas of the handrails had missing chunks of wood. The handrails had splintered in several areas leaving sharp pieces of wood sticking out.

At 10:12 AM, cobwebs with insect remains covered the sill of the door frames in the dining room. Greater than three cobwebs hung from the ceiling of the dining room.

Statement of Deficiencies	License #: 1712	Compliance Determination # 23725
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page 7 of 16	Licensee: OLYMPIC PLACE RETIREMENT AND	06/01/2023

At 10:25 AM, the cabinet doors on the salad bar in the dining room were off their hinges leaving the cabinet doors hanging askew and unable to close properly.

In an interview on 05/09/2023 at 10:26 AM, Staff I, Maintenance Director, stated that they needed to replace all of the cabinets.

At 10:55 AM, in the second-floor hallway next to Room 212, three electrical panel doors were unlocked.

At 11:12 AM, on the exterior wall on the northwest side of the ALF, there was a set of three small dryer exhaust vents for each floor totaling nine vents. The vents had a thick layer of lint coating the vent grills. Several large strands of lint hung off the grills. A circular pile of gray lint coated the ground below the vents.

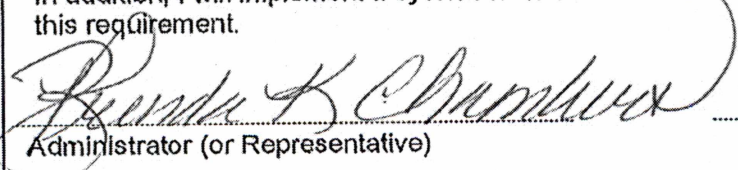
In an interview on 05/09/2023 at 11:13 AM, Staff G, Assistant Executive Director, stated that the vents needed to be cleaned out as it was currently a fire hazard.

At 11:13 AM, there was an accumulation of bird droppings splattered on an exterior wall on the northwest side of the ALF.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 7-03-23.

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


Administrator (or Representative)

7-7-2023
Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on observations and interview, the Assisted Living Facility (ALF) failed to comply with the revised code of Washington State and prohibit smoking within 25 feet of the ALF. This failure resulted in residents being placed at risk for exposure to secondhand smoke.

Statement of Deficiencies	License #: 1712	Compliance Determination # 23725
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page 8 of 16	Licensee: OLYMPIC PLACE RETIREMENT AND	06/01/2023

Findings included...

During an environmental tour of the ALF on 05/09/2023 at 11:19 AM, a cigarette butt was on the ground next to the southwest entrance door. Immediately next to this door was a patio with several chairs. The chairs were against the exterior wall of the ALF. Several windows that were able to be opened were above this patio area. A second cigarette butt was next to a chair that was less than 10 feet away from the entrance door.

During an interview on 05/09/2023 at 11:20 AM, Staff G, Assistant Executive Director, stated that they have one resident smoker who sits and smokes in this area. Staff I stated that ALF staff have tried to get this resident to smoke in the designated area.

In an observation on 05/09/2023 at 12:19 PM, a resident was sitting on one of the outdoor seats next to the southwest entrance door with a lit cigarette in their hand.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 7.23.23.

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

Ronda K. Chambliss
Administrator (or Representative)

7.7.2023
Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff A, Executive Director) had a background check every two years. This failure placed the safety of the residents at risk by allowing access to someone with a potentially disqualifying background.

Statement of Deficiencies	License #: 1712	Compliance Determination # 23725
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page 9 of 16	Licensee: OLYMPIC PLACE RETIREMENT AND	06/01/2023

Findings included...

Review of staff files on 05/09/2023 at 2:33 PM with Staff G, Assistant Executive Director, showed Staff A, hired on 03/30/2021, did not have a background check available for review.

In an interview on 05/09/2023 at 2:33 PM, Staff G stated that Staff A was part of the corporate team and would need to request documents from corporate office.

In an interview 05/10/2023 at 10:37 AM, Staff G stated that they had Staff A's background check. The document Staff G provided was a background check dated 05/09/2023.

In an interview on 05/11/2023 at 12:18 PM, Staff G stated that they received Staff A's prior background check from the corporate office. Staff A's background check was dated 04/01/2021.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 7-7-23.

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

[Signature]
Administrator (or Representative)

7-7-2023

Date

*OK per
TC with
Brenda
Cunningham
nm*

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete the required national fingerprint background check upon hire for 2 of 6 sampled staff (Staff B, Med Tech and Staff C, Med Tech). This failure placed residents at risk for harm by allowing staff with possible disqualifying convictions access to them.

Findings Included...

Statement of Deficiencies	License #: 1712	Compliance Determination # 23725
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page of 16	Licensee: OLYMPIC PLACE RETIREMENT AND	06/01/2023

Review of the ALF's employee files for Staff B, showed a hire date of 04/27/2023. There was no evidence of a fingerprint background check in Staff B's employee files.

Review of the employee file for Staff C, showed Staff C showed a hire date of 04/27/2023. There was no documentation a fingerprint background check was conducted for Staff C.

In an interview on 05/09/2023 at 2:30 PM, Staff G, Assistant Executive Director, stated Staff B and Staff C had yet to be scheduled for a fingerprint background check appointment.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 7.7.23.

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

Hindia K Chambers 7.7.2023
 Administrator (or Representative) Date

WAC 388-78A-2480 Tuberculosis Testing Required.

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) did not ensure 4 of 6 sampled staff (Staff C, Med Tech; D, Med Tech; E, Med Tech; & F, Caregiver) were screened for tuberculosis (TB) within three days of hire. This failure placed residents at risk of possible exposure to a communicable disease.

Findings included...

Review of the ALF's employee files showed:

Staff C was hired on 01/12/2023. An initial TB screening was completed on 01/16/2023.

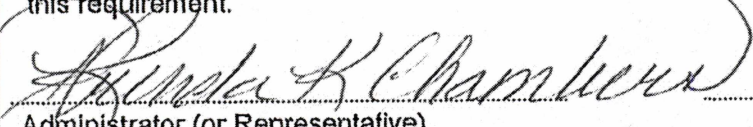
Staff D was hired on 10/08/2022. An initial TB screening completed on 10/26/2022.

Statement of Deficiencies	License #: 1712	Compliance Determination # 23725
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page of 16	Licensee: OLYMPIC PLACE RETIREMENT AND	06/01/2023

Staff E was hired on 03/30/2022. An initial TB screening was completed on 11/11/2022.

Staff F was hired on 06/06/2022. An initial TB screening completed on 11/11/2022.

In an interview on 05/09/2023 at 2:41PM, Staff G, Assistant Executive Director stated that the regional nurse completes the TB testing at the facility for new hires and documentation of testing is in the employee file. Staff G stated that they were unaware of the requirement the initial TB test was to be completed within 3 days of hire.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) <u>7.23.23</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>7.7.2023</u> 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 Assisted Living Facility (ALF) did not ensure 4 of 6 sampled ALF staff (Staff C, Med Tech; D, Med Tech; E, Med Tech; and F, Caregiver) had a second step tuberculosis (TB) test within 1-3 weeks of the first step TB test. This failure placed all residents at risk of possible exposure to a communicable disease.

Findings included...

Review of the ALF's employee files showed:

Staff C, hired on 1/12/2023, showed no documentation of a second step TB completed.

Staff D, hired on 10/08/2022, showed no documentation of a second step TB completed.

Statement of Deficiencies	License #: 1712	Compliance Determination # 23725
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page of 16	Licensee: OLYMPIC PLACE RETIREMENT AND	06/01/2023

Staff E, hired on 03/0/2022, had the first step TB test on 11/11/2022, read on 11/15/2022 and started the second step on 01/27/2023.

Staff F, hired on 06/06/2022, showed no documentation of a second step TB completed.

In an interview on 05/09/2023, at 2:35 PM, Staff G, Assistant Executive Director, stated that Staff E completed the first step but was late having the second step started.

In an interview on 05/09/2023 at 2:41PM, Staff G, Assistant Executive Director, stated that what documentation was in the employee files for Staff C, D, E, and F was what was completed.

Plan/Attestation Statement

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

Randa K Chambers
Administrator (or Representative)

7.7.2023
Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a full assessment for 1 of 7 residents (Resident 2) within 14 days of admission. This failure placed Resident 2's capabilities, preferences, and needs at risk of being unmet.

Findings Included...

Resident 7 was admitted to the ALF on [REDACTED] 2023 with multiple diagnoses including [REDACTED]

and [REDACTED]

Statement of Deficiencies	License #: 1712	Compliance Determination # 23725
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page of 16	Licensee: OLYMPIC PLACE RETIREMENT AND	06/01/2023

Review of Pre-move in evaluation dated 01/10/2023 showed Resident 7's initial assessment was completed two months before moving in.

In an interview on 05/11/2023 at 11:00 AM, Staff H, Assisted Living Director, stated Resident 7's assessment was done on 01/10/2023 but the resident did not physically move in until [REDACTED]/2023. Staff H stated this was the only assessment on file because Resident 7 had only been there for a couple months.

Plan/Attestation Statement

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

[Signature]
Administrator (or Representative)

7.7.2023
Date

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to evaluate or notify the Resident's physician for 1 of 1 resident (Resident 7) when Resident 7 chose not to take their medications. This failure placed Resident 7 at risk for complications related to untreated health care needs.

Findings included...

Statement of Deficiencies	License #: 1712	Compliance Determination # 23725
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page . of 16	Licensee: OLYMPIC PLACE RETIREMENT AND	06/01/2023

Review of the facility's policy titled, "Refusal of Prescribed Medication or Treatment," revised 07/2009 showed refused medication will be recorded in medication administration record (MAR), and more details may be noted in progress notes. If the medication is refused a second time the residential care coordinator (RCC) or registered nurse (RN) shall be notified to perform a brief assessment of resident as to why they are refusing a specific order. The staff must notify physician by fax or telephone and state time frames for medication refusals.

Resident 7 was admitted to the ALF on [REDACTED] /2022 with multiple medical diagnoses of [REDACTED] and [REDACTED]

Review of Resident 7's negotiated service agreement dated 01/27/2023 showed Resident 7 received medication administration.

Review of Resident 7's electronic administration record (EMAR) showed that Resident 7 refused 12 of the 30 prescribed doses of Ferosul, a medication given for iron deficiency, in April 2023 and 9 of the 10 prescribed doses in May 2023. The EMAR also showed that in May 2023, Resident 7 refused 7 of the 19 prescribed doses of Mupirocin, a cream that is used to treat skin infections.

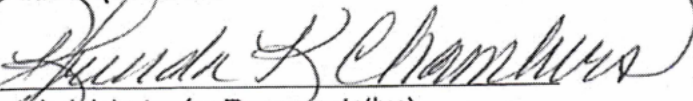
Review of Resident 7's progress notes dated 04/01/23 through 05/10/23 showed no noted evaluations or communication with physicians for medication refusals.

On 05/11/2023 at 3:25PM, Staff H, Assisted Living Director, stated that there were no communications with physicians in the Resident 7's chart regarding medication refusals.

Plan/Attestation Statement

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


Administrator (or Representative)

7.7.2023
Date

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

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

Statement of Deficiencies	License #: 1712	Compliance Determination # 23725
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page of 16	Licensee: OLYMPIC PLACE RETIREMENT AND	06/01/2023

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

This requirement was not met as evidenced by:

Based on observations, interview and record review, the Assisted Living Facility (ALF) failed to complete an assessment specifically focused on a resident's identified problems and related issues when 1 of 1 resident (Resident 7) had an injury that required the intervention of a practitioner. This failure placed Resident 7 at risk for unmet care needs and services including showering and dressing.

Findings included...

Resident 7 was admitted to the ALF on [REDACTED]/2022 with multiple medical diagnoses including [REDACTED] and [REDACTED]

Review of Resident 7's Quarterly Licensed Nurse Evaluation Summary dated 02/12/2023 showed that Resident 7 ambulated independently, on occasion used a cane, and had a wheelchair in their apartment. The Evaluation Summary showed Resident 7 was independent with dressing, toileting, personal hygiene and was standby assistance with showers.

Review of charting notes completed by an RN [Registered Nurse] "RN change of condition" progress note, dated [REDACTED]/2023 showed Resident 7 fell in the dining room and transported to the emergency room. "RN change of condition" progress note, dated 05/01/2023, showed that Resident 7 returned to the ALF on [REDACTED]/2023 with a broken fifth finger that was splinted to their ring finger and yellow bruising to left eye.

Review of an after-visit summary from a local clinic showed on 05/04/2023 Resident 7 had outpatient surgery on their finger and wrist. Resident 7 should cover their cast with a plastic bag up to the armpit and secured with tape or rubber bands to shower.

On 05/10/2023 at 11:39 AM Resident 7 was observed walking to the dining room using a walker with a seat, accompanied by a caregiver. Resident 7's hair appeared unbrushed and oily. Resident 7 was wearing a long sleeve pajama shirt with no undergarments and plaid pajama pants.

On 05/11/2023 at 11:45 AM Resident 7 was observed in the same condition and the same pajamas as observed on 05/10/2023.

Review of a temporary care plan (TCP) dated 04/29/2023 showed Resident 7 returned from the emergency room after a fall that resulted in a broken finger and large bump to their

Statement of Deficiencies	License #: 1712	Compliance Determination # 23725
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page of 16	Licensee: OLYMPIC PLACE RETIREMENT AND	06/01/2023

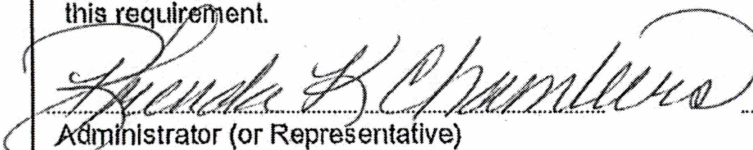
left eye. Resident 7 was placed on alert charting and showed staff are to notify family if the splint is removed by the resident. The TCP did not show any additional care needs for showering or dressing.

On 05/11/2023 at 5:07 PM, Staff H, Assisted Living Director, stated that they believed the RN change of condition progress note was sufficient for an assessment along with the temporary care plan dated 04/29/2023 and the after-visit summary from the clinic. Staff H stated that upon return of Resident 7 to the ALF from the hospital following surgery with a hard cast placement to their arm, there was no evaluation completed to address changes in Resident 7's increased needs for activities of daily living.

Plan/Attestation Statement

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


Administrator (or Representative)

7-7-2023
Date