STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

10/18/2023

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) 31069 (Completion Date 10/16/2023) and 23006 (Completion Date 08/01/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/16/2023 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-2610-2-f, WAC 388-78A-2290-4-a, WAC 388-78A-2290-4-b, WAC 388-78A-2290-4-c, WAC 388-78A-2290-4-d, WAC 388-78A-2290-4, WAC 388-78A-2290-3-e, WAC 388-78A-2290-3-d, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3, WAC 388-78A-2290-1

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

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

Sincerely,

Kim Ripley

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

Residential Care Services
Investigation Summary Report

Provider/Facility: OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY
License/Cert.#: 1712
Compliance Determination #: 23006
Investigator: Karen Glover
Investigation Date(s): 04/27/2023 through 08/01/2023
Complainant Contact Date(s): 04/27/2023

Provider Type: Assisted Living Facility

Intake ID: 79453
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):
1.The Named Resident (NR) was [redacted] and with vomiting and diarrhea.
2. The NR passed away and the [redacted] incident was directly related to her death.

Investigation Methods:

Sample:	Total residents: 38 Resident sample size: 1 Closed records sample size: 2
Observations:	Residents Resident rooms
Interviews:	Family members Nursing staff Administration
Record Reviews:	Medical records Negotiated Service Agreement Hospice orders/notes

Investigation Summary:
1. Interview and record review showed the NR had blood sugars taken as ordered and insulin given as ordered. Record review showed the NR had dry heaves, nausea and mucous in the trash can.
2. The NR admitted to the facility on [redacted]/2023 and was started on Hospice on 3/19/2023.The NR had an hypoglycemic event on 03/24/2023 with a blood sugar of 50. The NR had a change of condition following the hypoglycemic event. Review of the NR's death certificate showed cause of death was [redacted] and [redacted]. Failed practice was found however the facility was already cited for WAC 388-78A-2130 (3)(B) Service Agreement Planning on 06/01/2023 and was under a plan of correction. In addition to the original allegations, the ALF was cited for WAC 388-78A-2290 (1)(3)(a-e)(4)(a-d) Family Assistance with medications and treatments.

Conclusion / Action:

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

Rcvd 8/9/2023

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 # 23006
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page 1 of 5	Licensee: OLYMPIC PLACE RETIREMENT AND ASSIST	08/01/2023

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 an unannounced on-site complaint investigation on 04/27/2023, 06/15/2023 and 06/15/2023 of:

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

This document references the following complaint number(s): 76457, 79044, 79453

The following sample was selected for review during the unannounced on-site visit: 1 of 38 current residents and 2 former residents.

The department staff that investigated the Assisted Living Facility:

Karen Glover, Complaint Investigator

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

08/09/2023
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.

Administrator (or Representative) 8/15/2023 EKC 9/24/2023 EKC Date

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to report positive COVID cases to the local health jurisdiction (LHJ) and the Complaint Resolution Unit (CRU). This failure placed all residents, staff, and visitors at risk of contracting COVID-19.

Findings included...

Review of WAC 246-101-010 definitions, abbreviations and acronyms, (14)(a) shows Health care facility defined as Assisted Living Facilities licensed under chapter 18.20 RCW. WAC 246-101-101 notifiable conditions-health care providers and health care facilities, shows in table HC-1 "conditions notifiable by healthcare providers and health care facilities" shows Coronavirus infection to be reported immediately to the local health jurisdiction (LHJ) by the healthcare facility.

In an interview on 04/27/2023 at 11:12 AM, Staff C, Regional Nurse, stated that the facility had three independent residents with COVID and all three were coming off isolation that day. Staff B reported no assisted living residents currently had COVID.

In an interview on 04/27/2023 at 12:26 PM, Staff E, caregiver stated residents on the assisted living side had recently had COVID.

Record review on 04/27/2023 at 01:00 PM of the department's Secure Tracking and Reporting System (STARS) showed no evidence of the facility reporting the positive COVID residents to the CRU.

In an interview on 04/27/2023 at 2:50 PM, Staff C stated that a line list to report to the local health jurisdiction (LHJ) had been started but not sent. Staff B stated that a call to the LHJ or the CRU had not been made.

Statement of Deficiencies	License #: 1712	Compliance Determination # 23006
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page 3 of 5	Licensee: OLYMPIC PLACE RETIREMENT AND ASSIST	08/01/2023

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) 8.10.2023

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

Rhonda K Chambers 8/15/2023

Administrator (or Representative) Date

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

(1) An assisted living facility may permit a resident's family member to administer medications or treatments or to provide medication or treatment assistance, including obtaining medications or treatment supplies, to the resident.

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

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

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

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

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

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

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

(a) The resident, if able;

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

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

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

This requirement was not met as evidenced by:

Statement of Deficiencies	License #: 1712	Compliance Determination # 23006
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page 4 of 5	Licensee: OLYMPIC PLACE RETIREMENT AND ASSIST	08/01/2023

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a written plan was in place for one of one sampled resident (Resident 1) receiving family assistance with medications. This failure placed Resident 1 at risk of not receiving prescribed medications and risk of potential medical complications.

Findings included...

Resident 1 was admitted on [redacted]/2023 with multiple diagnoses including [redacted]. Review of Resident 1's service plan dated 03/17/2023 showed Resident 1 needed medication assistance with diabetes management. Facility staff was to dial insulin pen and Resident 1 was to self-inject.

Review of Resident 1's medication administration record (MAR) for March 2023 showed no entries had been made for any medications for 03/18-03/20/2023.

In an interview on 04/27/2023 at 1:25 PM, Staff C, Regional Nurse, stated that Resident 1 admitted on [redacted]/2023 which was a Saturday and the family administered medications to Resident 1 on 03/18/2023, 03/19/2023 and 03/20/2023. Staff B stated that Resident 1's family took over giving medications to Resident 1 after the hypotensive event on 03/24/2023. Staff B stated Resident 1's completed Family Assistance with Medication form was probably archived and they would need to find it.

In an interview on 06/15/2023 at 1:57 PM, Staff C stated, "On the evening of March 20th the facility started giving meds, on the 24th was the hypotensive episode and on March 30th Resident 1 was moved to independent living and all meds were handed over to the family to administer."

In an interview on 06/27/2023 at 4:08 PM, Staff B, Executive Director stated they did not have a signed copy of the Family Assistance with Medication form.

In an interview on 07/19/2023 at 9:30 AM, Collateral Contact 1 (CC1) Resident representative stated they provided medications to Resident 1 for the first few days. CC1 stated that the facility nurse never came to get the medications for Resident 1.

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) 7.24.2023

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

Statement of Deficiencies	License #: 1712	Compliance Determination # 23006
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page 5 of 5	Licensee: OLYMPIC PLACE RETIREMENT AND ASSIST	08/01/2023

Cynthia K Chambers 8.15.2023

Administrator (or Representative) Date