



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

SH1 Olympics West LLC
Olympics West Retirement Inn
929 Trosper Rd SW
Tumwater, WA 98512

RE: Olympics West Retirement Inn License # 2494

Dear Administrator:

This letter addresses Compliance Determination(s) 29819 (Completion Date 09/20/2023) and 23974 (Completion Date 07/05/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/20/2023 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-2300-1-f, WAC 388-78A-2300-1-c-iii, WAC 388-78A-2300-1-c-vi, WAC 388-78A-2300-1-g, WAC 388-78A-2120-1, WAC 388-78A-2120-2, WAC 388-78A-2120-2-a, WAC 388-78A-2120-2-b, WAC 388-78A-2120-3-b, WAC 388-78A-2120-4

The Department staff who did the on-site verification:
Jason Rose

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit E
Residential Care Services



Residential Care Services Investigation Summary Report

Provider/Facility: Olympics West Retirement Inn **Provider Type:** Assisted Living Facility
License/Cert.#: 2494 **Intake ID:** 79382
Compliance Determination #: 23974 **Region/Unit #:** RCS Region 3 / Unit E
Investigator: Jason Rose
Investigation Date(s): 05/15/2023 through 07/05/2023
Complainant Contact Date(s):

Allegation(s):

1. Quality of care/ treatment. Facility does not provide special diets (diabetic, low sodium) to fulfill physician ordered diets.
 2. Food services. Insufficient quantities of food served and no snacks are leaving residents hungry.
-

Investigation Methods:

Sample:	Total residents: 65 Resident sample size: 7 Closed records sample size: 2
Observations:	Residents Activities Dining Resident rooms Staff to resident interactions Resident to resident interactions Kitchen
Interviews:	Nursing staff Kitchen staff Administration staff Med techs. Care givers. Residents. Resident families
Record Reviews:	Menus. Service Plans. Alert charting. MARs Provider/ family communications.

Investigation Summary:

1. Quality of care/ treatment. Facility does not provide special diets (diabetic, low sodium) to fulfill physician ordered diets. Facility does have specialty diet menus via

Grove Menus menu service. Unable to substantiate failed practice.

2. Food services. Insufficient quantities of food served and no snacks are leaving residents hungry. Failed practice.

Conclusion / Action:

- ☒ 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: Olympics West Retirement Inn **Provider Type:** Assisted Living Facility
License/Cert.#: 2494 **Intake ID:** 79435
Compliance Determination #: 23974 **Region/Unit #:** RCS Region 3 / Unit E
Investigator: Jason Rose
Investigation Date(s): 05/15/2023 through 07/05/2023
Complainant Contact Date(s):

Allegation(s):

1. Admission, transfer, and discharge rights: Facility discharged a resident with out a 30 day notice.
 2. Resident/Patient/Client assessment. Other: Facility did not do a change of condition assessment with a resident having a stroke.
 3. Quality of Care/Treatment. Resident not assessed after change in condition in a timely manner: Facility did not assess or address a resident with declining health.
-

Investigation Methods:

Sample:	Total residents: 65 Resident sample size: 7 Closed records sample size: 2
Observations:	Residents Activities Dining Resident rooms Staff to resident interactions Resident to resident interactions Kitchen
Interviews:	Nursing staff Kitchen staff Med techs. Care givers. Residents. Resident families
Record Reviews:	Menus. Service Plans. Alert charting. Provider/ family communications.

Investigation Summary:

1. Admission, transfer, and discharge rights: Facility discharged a resident with out a 30 day notice. Resident needed a higher level of care. Unable to substantiate failed

practice.

2. Resident/Patient/Client assessment. Other: Facility did not do a change of condition assessment with a resident having a stroke. Failed practice.

3. Quality of Care/Treatment. Resident not assessed after change in condition in a timely manner: Facility did not assess or address a resident with declining health. failed practice.

Conclusion / Action:

- ☒ 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: Olympics West Retirement Inn **Provider Type:** Assisted Living Facility
License/Cert.#: 2494 **Intake ID:** 80277
Compliance Determination #: 23974 **Region/Unit #:** RCS Region 3 / Unit E
Investigator: Jason Rose
Investigation Date(s): 05/15/2023 through 07/05/2023
Complainant Contact Date(s):

Allegation(s):

1. Quality of Care/Treatment. Resident not assessed after change in condition in a timely manner: Facility did not assess or address a resident with declining health.

Investigation Methods:

Sample:	Total residents: 65 Resident sample size: 7 Closed records sample size: 2
Observations:	Residents Activities Dining Resident rooms Staff to resident interactions Resident to resident interactions Kitchen
Interviews:	Nursing staff Kitchen staff Med techs. Care givers. Residents. Resident families
Record Reviews:	Menus. Service Plans. Alert charting. Provider/ family communications.

Investigation Summary:

1. Quality of Care/Treatment. Resident not assessed after change in condition in a timely manner: Facility did not assess or address a resident with declining health.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A



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

Statement of Deficiencies	License #: 2494	Compliance Determination # 23974
Plan of Correction	Olympics West Retirement Inn	Completion Date
Page 1 of 6	Licensee: SH1 Olympics West LLC	07/05/2023

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 05/15/2023 and 07/05/2023 of:

Olympics West Retirement Inn
 929 Trosper Rd SW
 Tumwater, WA 98512

This document references the following complaint number(s): 79382, 79435, 80277, 77264

The following sample was selected for review during the unannounced on-site visit: 7 of 65 current residents and 2 former residents.

The department staff that investigated the Assisted Living Facility:

Jason Rose

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.

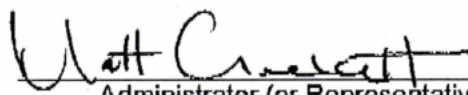
Cory Cisneros
 Residential Care Services

07/11/2023
 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.

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

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Plan of Correction	Olympics West Retirement Inn	Completion Date
Page 2 of 6	Licensee: SH1 Olympics West LLC	07/05/2023


 Administrator (or Representative)

7-21-23
 Date

WAC 388-78A-2300 Food and nutrition services.

(1) The assisted living facility must:

(c) Ensure all menus:

(iii) Include all food and snacks served that contribute to nutritional requirements;

(vi) Are not repeated for at least three weeks, except that breakfast menus in assisted living facilities that provide a variety of daily choices of hot and cold foods are not required to have a minimum three-week cycle.

(f) Substitute foods of equal nutrient value, when changes in the current day's menu are necessary, and record changes on the original menu;

(g) Make available and give residents alternate choices in entrees for midday and evening meals that are of comparable quality and nutritional value. The assisted living facility is not required to post alternate choices in entrees on the menu one week in advance, but must record on the menus the alternate choices in entrees that are served;

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the facility failed to provide resident snacks or notify residents for an option of snacks, repeated meals too frequently, and failed to provide required meal options for 6 of 8 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6) reviewed. This failure resulted in residents not having food choices, experiencing hunger, and a decreased quality of life.

Findings included...

In an interview on 05/15/2023 at 1:31 PM, with Staff B (SB) , facility cook, and Former Staff 1 (FS1), Heath Services Director, SSB said that Kitchen 2 (the assisted living side of the building's kitchen and dining room) could obtain snacks for Kitchen 1 (the independent living side of the building's kitchen and dining room) where snack were set out, and sandwiches were brought over to the assisted living side's Medication room in the afternoons. FS1 stated they were not aware of the snack or sandwiches and didn't think the residents were aware either. FS1 said that they had heard complaints about food being too cold, portions too small, and too many carbohydrates without good choices for diabetics.

In an interview on 05/15/2023 at 1:44 PM, Resident (R1) stated the food was cold and difficult to eat. He had trouble finding foods for diabetics. When asked if R1 had access to snacks R1 stated, "No. I keep an old package of hotdogs in my room, but I am not sure they are still good." When asked if R1 had ever gone hungry, R1 answered "Yes."

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In an interview on 05/15/2023 at 2:06 PM, Staff C (SC), a caregiver, was asked if they had heard complaints about food services. SC answered, "Yes. Not enough food or food is not what was on the menu." When asked if there were snack options, SC answered, "sometimes they have day old sandwiches that are not very appetizing."

In an interview on 05/15/2023 at 2:23 PM, Resident 2 (R2) was asked if they had access to snacks at the facility. R2 answered "No." When asked if R2 have gone hungry, R2 answered "No. I personally have to buy and keep my own snacks."

In an interview on 05/15/2023 at 2:29 PM Resident 3 (R3) was asked about food choices, and R3 replied "There's no choice. You eat what is put in front of you." When asked if the facility provided any snacks R3 stated, "I don't think so."

In an interview on 05/16/2023 at 11:51 AM, with R1 and Resident 4 (R4), R4 stated, "the food tends to be repetitious." R1 stated, "food is often not what you ordered or on the menu" and cited an example of a recent menu offering tomato soup, but the residents received chicken noodle soup instead.

In an interview on 05/16/2023 at 11:57 AM, with Resident 5 (R5) and Resident 6 (R6), R5 stated there were "frequent substitutions" and "they substitute so many things I don't know why they even print a menu." R6 stated there were "a lot of substitutions and you don't always get your choice." When asked about how choices for food options were made, R5 said there was no specific time to make an order you "just shout it out if you can."

In an interview on 05/16/2023 at 12:10 PM, Staff D (SD), a medication technician, stated they do not have access to snacks to give to residents. SD stated they were told directly not to take food or snacks from Kitchen 1 to Kitchen 2, or the assisted living side of the building.

Observations made of the facility on 05/15/2023 at 1:01 PM, showed Dining room 2, assisted living side, had no snacks or drinks presented, nor any signage regarding availability of snacks.

Observations of the facility's dining room 2 on 05/16/2023 at 11:48 AM, showed no signage regarding snack availability. Menus observed on tables did not include a reference or options for snacks. Observation of the lunch menu showed "green salad" that was on the 05/16/2023 lunch menu had been replaced by a "three bean salad" and was not noted on table menus as a substitution.

Records review of facility provided menu samples for the dates of 02/26/2023- 04/01/2023 and the week of 05/14/2023 – 05/20/2023 revealed the following: There was no documentation of foods that had been substituted from the original menus listed.

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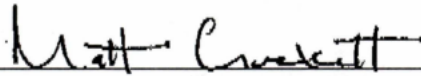
This included the facility provided menu for 05/16/2023 that had the previously observed three bean salad substituted for the green salad that was still on the menu. There was no documentation of snacks provided that were required to be part of the documented food and snacks served to contribute to nutritional requirement. Record review of all sampled menus showed the dinner entrée only had once choice instead of the required two entry choices.

Review of the facility menus showed the following meals were repeated during a 3-week interval: Classic Baked Ham was on the menu on 02/26/2023 and on 03/05/2026; Baked Ham Strada was on the menu on 03/14/2023, 03/28/2023, and 03/30/2023; Baked ham was on the menu on 03/12/2023, 03/18/2023, 03/20/2023, 03/23/2023, and 03/27/2023.

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, Olympics West Retirement Inn is or will be in compliance with this law and / or regulation on (Date) 8-19-23.

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



Administrator (or Representative)

7-21-23

Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

- (1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;
- (2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:
 - (a) Departure from the resident's customary range of functioning; or
 - (b) Recurring condition in a resident's physical, emotional, or mental functioning that has previously required intervention by others.
- (3) Evaluate, in order to determine if there is a need for further action:
 - (b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.
- (4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to identify a change in a resident's physical condition from their customary range of functioning or evaluate need for further

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action for 1 of 4 sampled residents (Former Resident (FR1). This failure contributed to a delay in identifying a stroke (blockage of blood supply to the brain causing damage to the brain cells), delaying or limiting care options, and decreased quality of life.

Findings included...

In an interview on 05/15/2023 at 1:01 PM, Former Staff 1 (FS1), Health Services Director, was asked how a change in resident's condition was supposed to be handled. FS1 stated, "if changes are noticed, the staff member is to notify the charge nurse, who will notify [FS1] and the residents [medical] provider." FS1 stated they would do a "Change of Condition Assessment" and start "alert charting" (specialized charting in a resident's chart for caregivers to be alert for an issue or change) for the resident.

In an interview with Collateral Contact 1 (CC1), daughter of FR1, on 05/24/2023 at 2:46 PM, CC1 stated they had been called by the facility on 02/18/2023 because FR1 was unwell and had a "stomach flu." CC1 said FR1 was slumped over, was weak, and vomited after trying to drink coffee. CC1 believed this was attributed to the "stomach flu." Three days later (02/21/2023) FR1 was sent to the hospital by the facility. CC1 stated the following week when she was moving FR1's belongings to a different room anticipating her return from the hospital, a caregiver approached and told CC1 that FR1 had been slumped over and unable to walk for 3 days and it was "obvious" they were having a stroke. The caregiver relayed to CC1 that they had been telling nursing staff, but it was not followed up on for three days.

Records review of FR1's Service plan, dated 09/26/2023, showed on page 1, caregivers were to monitor FR1 for stroke symptoms, "Care staff: if [FR1] has a change or decline in her alertness, has increased weakness on (their) right side or (their) left side, facial drooping, unable to smile, decreased strength in her arms or legs then tell the supervisor immediately." Page 5 showed, FR1 was "independent with mobility/ ambulation (walking). Very steady on feet. Per [CC1], [FR1] was weak and slumping to one side, and the caregiver had related that weakness and inability to walk."

Records review of Alert Charting for Former Resident 1 (FR1) showed no entry between 12/29/2022 and 02/19/2023. The illness and weakness CC1 had observed and been informed of on 02/18/2023 were not documented for 02/18/2023. Alert Charting was not started until 02/19/2023 after FR1 fell. On 02/21/2023 FR1 was sent to the hospital for stroke like symptoms and was admitted with a "sub-acute ischemic stroke."

Review of FR1's records showed no change of condition assessment completed for FR1's change in condition from 02/18/2023.

Records review of FR1's Hospital records, dated 02/21/2023, showed the Emergency Physician noted " ... new/ evolving R (right) Frontal lobe [part of the brain important for voluntary movement] CVA [Cerebrovascular Accident. Medical term for a stroke] tPA [a medication used to break up clots and can generally only be used in the first 24 hours of a

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stroke] not given as cannot determine if this has been going on for 24 hours or not..."

In an interview with Staff C (SC), caregiver, on 06/13/2023 at 4:02 PM, SC stated they had come back to work on Friday 02/17/2023 after some days off and stated that FR1 now required two caregivers to change attends (adult diapers.) SC stated FR1 was slumped to one side, drooling, and unable to help with movement. These were symptoms that required action per FR1's service plan. SC stated they reported "I think (FR1) has had a stroke." SC stated, "[I] cannot remember exactly who I told but I wasn't quiet about it." SC stated in retrospect they also should have filled out a "concern report" (communication with the facility about concern for a resident.)

This is a recurring deficiency previously cited on 08/30/2021.

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, Olympics West Retirement Inn is or will be in compliance with this law and / or regulation on (Date) 8-19-23.

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

Matt Cuscutt

Administrator (or Representative)

7-21-23

Date

WAC	PLAN OF CORRECTION	WHO WILL OVERSEE	INTENDED DATE OF COMPLETION
WAC 388-78A-2300 Food and Nutrition Services	• Signature Dining Program Training Caregivers, Med Assistants and Dinning Aides will complete Signature Dining Training Program (45mins) -verification of understanding via Quiz –this will be completed for all uncoming associates during General Orientation and Safety training for the facility. • Samples of dinning service will be overseen by management staff throughout the day samples will be taken for breakfast, lunch and dinner-quantitated sign off will be reviewed by a department head M,W,F x 2 for an initial sample and transition to Signature Dinning Program to support associates • Snack times will be scheduled and overseen by care staff dinning aides assigned to the AL Dinning room and AL Activities staff at 2pm every day, they will be served in the dinning room or activity room to promote socialization and hydration • A Caregiver will be assigned to the dinning room to coordinate and oversee seating and act as a “host” into dinning room every shift – this will be designated on the daily schedule –snack times will be posted to the board in dinning room and in the entry way of AL • Bound menus with the alternates and regular menus posted to the tables • Orders will be taken at the table and options offered/ residents oriented to all choices with meal tickets. Staff will assist residents to chose items. • Light up menu will be completed by the Front Desk Secretary M-Sat and Noc Aid Sunday.	→ Matt Crockett ED → Jessica Grey HSD → Amy DSD → Chris LED	8/10/23 Dinning Service Review Dates 7/20/23-Initial Review 7/24 7/26 7/28 7/31 8/2 8/4

WAC 388-78A-2120 Monitoring Residents Wellbeing	• Inservice and training for all clinical staff on Change of Condition reports ALL STAFF Health Services on 7/25/23 1 Hr Training • Implementation of Significant Change of Condition Evaluation and alert to MD –staff will be trained on process and where to place these items • Change of condition monitoring tool will be utilized to review the reported Change of Conditions these will be monitored weekly by the HSD and RCM and IDT team every Wednesday at stand up meeting as well as daily review of resident at risk • This will be reviewed monthly with the regional corporate team including oversight RNs to indicate residents at risk via QAI tool • Evaluation of current staff BLS/CPR status and first responder training audit	• Matt Crockett ED • Jessica Grey HSD' • Amy DSD • Chris LED • LPN, Resident Care • Sharon BOM	7/26/23 8/9/23
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Executive Director: Matt Crockett 7-20-23

Health Services Director: Jessica Grey 7/20/23

Business Office Manager: Sharon Larson 7/20/23 BOM.

Life Enrichment Director: Christine Rodriguez 7/20/23

Dietary Services Director: Amy Tubach 7/20/23

Maintenance Director: Joe Finley 7-20-23