



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 Senior Living
929 Trost Rd SW
Tumwater, WA 98512

RE: Olympics West Senior Living License # 2494

Dear Administrator:

This letter addresses Compliance Determination(s) 43618 (Completion Date 07/03/2024) and 39899 (Completion Date 04/22/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/03/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2462-2, WAC 388-78A-2462-2-a, WAC 388-78A-2462-2-b

The Department staff who did the on-site verification:
Anissa Bearden, Licensors
Maria Salas, ALF Complaint Investigator

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

Sincerely,

Cory Cisneros

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



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

Statement of Deficiencies	License #: 2494	Compliance Determination # 39899
Plan of Correction	Olympics West Senior Living	Completion Date
Page 1 of 3	Licensee: SH1 Olympics West LLC	04/22/2024

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

The department completed data collection for an unannounced on-site follow-up on 04/17/2024 and 04/23/2024 of:

Olympics West Senior Living
929 Trospen Rd SW
Tumwater, WA 98512

This document references the following SOD dated: 04/22/2024

The following sample was selected for review during the unannounced on-site visit: 62 of 62 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Maria Salas, ALF Complaint Investigator
Anissa Bearden, 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

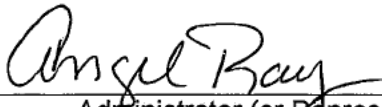
Residential Care Services

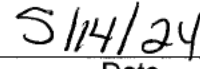
05/01/2024

Date

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

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



Administrator (or Representative)

Date**WAC 388-78A-2462 Background checks Who is required to have.**

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

- (a) A Washington state name and date of birth background check; and
- (b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Washington State name and date-of-birth background check was completed for 1 of 3 sampled staff (Staff C). This failure placed 62 of 62 residents at risk for being cared for by staff members with potentially disqualifying history.

Findings included...

Record review of the facility's policy, titled, "Criminal Background Checks", revised date 01/09/2022, showed employment at each facility was dependent on the applicant passing a criminal background check. The business office manager and the administrator were responsible to ensure criminal background checks were completed. The business office manager and the administrator were to default to state regulations if a background check were to be done more frequently than upon hire. Under the section titled, "procedure", showed after an employee was presented with a job offer, either verbally or in writing, the employee was to comply with the necessary steps to obtain a criminal background check clearance.

Record review of the "Department of Social And Health Services" document, Completion date 12/20/2023, showed "As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations [including WAC 388-78A-2462] as stated in the cited deficiencies in the enclosed report. 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." The administrator section showed Staff A, Executive Director, signed the document on 01/10/2024. Staff A signed the "Plan/Attestation Statement" for all citations cited that read "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, [the facility] is or will be in compliance with this law and/or regulation on 02/03/2024."

Record review of a facility provided document, untitled and undated, showed a list of employees, that documented Staff C, Caregiver, was hired at the facility on 02/12/2024.

Record review on 04/17/2024 during an onsite visit, showed Staff C did not have a Washington state name and date of birth background check that was completed upon hire for review.

In an interview on 04/17/2024 at 9:30 AM, Staff A, Executive Director, stated the employee's hire date was the same give or take a few days of the employee's first day of employment.

In an interview on 04/17/2024 at 10:56 AM, Staff B, Business Office Manager, stated the facility does not keep the background check authorization forms for the employee's. Staff B stated all the authorization forms were completed electronically by the employee. Staff B stated the employee was to provide a code that was generated when the Washington state name and date of birth interim background check was completed to Staff B for them to print the results. Staff B stated employees were to complete the electronic authorization form on the first day of employment. Staff B stated the results of the Washington state name and date of birth background check results were available the same day or within a few days if the employee had any criminal findings.

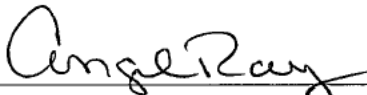
In an interview on 04/17/2024 at 11:31 AM, Staff B stated that new employees completed their Washington state name and date of birth background check on the first day when they complete all the new hire paperwork. Staff B was unable to provide a Washington state name and date of birth background check or the employees background check authorization form, dated around Staff C's date of hire on 02/12/2024, for review.

This is an uncorrected deficiency previously cited on 12/20/2023 for subsection 2462 (2)(a).

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 Senior Living is or will be in compliance with this law and / or regulation on (Date) 05/15/2024.

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



Administrator (or Representative)

5/15/2024

Date



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Olympics West Retirement Inn **Provider Type:** Assisted Living Facility
License/Cert.#: 2494 **Intake ID:** 108603
Compliance Determination #: 33722 **Region/Unit #:** RCS Region 3 / Unit E
Investigator: Maria Salas
Investigation Date(s): 12/11/2023 through 12/20/2023
Complainant Contact Date(s):

Allegation(s):

Allegation of resident abuse by staff

Investigation Methods:

Sample:	Total residents: 49 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Activities Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents Family members Business office manager
Record Reviews:	Medical records State reporting log Incident investigation Facility policies Personnel files Staff training records

Investigation Summary:

Based on record review and interview the facility follow their policy and procedure for reported abuse and completed a thorough investigation. The facility failed to complete required background checks. Failed practice identified.

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:** 107844
Compliance Determination #: 33722 **Region/Unit #:** RCS Region 3 / Unit E
Investigator: Maria Salas
Investigation Date(s): 12/11/2023 through 12/20/2023
Complainant Contact Date(s):

Allegation(s):

Allegation of resident abuse by staff

Investigation Methods:

Sample:	Total residents: 49 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Activities Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents Family members Business office manager
Record Reviews:	Medical records State reporting log Incident investigation Facility policies Personnel files Staff training records

Investigation Summary:

Based on record review and interview the facility follow their policy and procedure for reported abuse and completed a thorough investigation. The facility failed to complete required background checks. Failed practice identified.

Conclusion / Action:



Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A



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Statement of Deficiencies	License #: 2494	Compliance Determination # 33722
Plan of Correction	Olympics West Retirement Inn	Completion Date
Page 1 of 3	Licensee: SH1 Olympics West LLC	12/20/2023

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 12/11/2023 and 12/21/2023 of:

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

This document references the following complaint number(s): 108603, 107844, 106538

The following sample was selected for review during the unannounced on-site visit: 3 of 49 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Maria Salas, ALF Complaint Investigator

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.

Jody Just

Region 3 Field Services Administrator signing for Cory Cisneros

Residential Care Services

12/26/2023

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.



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Statement of Deficiencies	License #: 2494	Compliance Determination # 33722
Plan of Correction	Olympics West Retirement Inn	Completion Date
Page 1 of 3	Licensee: SH1 Olympics West LLC	12/20/2023

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

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

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Residential Care Services

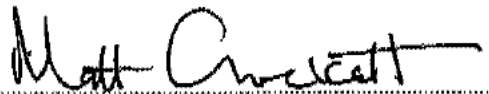
12/26/2023

Date

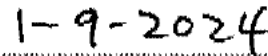
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This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2494	Compliance Determination # 33722
Plan of Correction	Olympics West Retirement Inn	Completion Date
Page 2 of 3	Licensee: SH1 Olympics West LLC	12/20/2023



Administrator (or Representative)



Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

- (a) A Washington state name and date of birth background check; and
- (b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interviews, the provider failed to provide Washington State name and date-of-birth background checks and national fingerprint background checks for 4 of 4 sampled employees. This failure placed 49 of 49 residents at risk for being cared for by staff members with potentially disqualifying history.

Findings include...

Record review of stated document Resuming Fingerprint Background Checks, dated 04-28-2022, showed that Assisted Living providers were notified that all providers and staff hired between November 1, 2019 and April 30, 2022 had 120 days to obtain non-disqualifying fingerprint results from the Background Check Central Unit (BCCU). Meaning providers were to have non-disqualifying results no later than August 28, 2022. New providers who had started providing care on or after May 1, 2022 would have 120 days to get their results from BCCU. Setting were to monitor for compliance with fingerprint completion per normal procedures.

Record review of personnel file for Staff A, caregiver, on 12-11-2023, showed Staff A was rehired on 01-24-2023. Facility provided Washington State Name and Date of Birth background results dated 01-24-2020 from prior employment time frame. No national fingerprint background results provided by facility.

Record review of personnel file for Staff B, caregiver, on 12-11-2023, showed Staff B was hired 02-17-2023. Facility unable to provide Washington State Name and Date of Birth background check results.

Record review of personnel file for Staff C, caregiver, on 12-11-2023, showed Staff C was hired on 02-01-2021. Facility unable to provide Washington State Name and Date of Birth background check results.

Administrator (or Representative)

Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

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Record review of personnel file for Staff A, caregiver, on 12-11-2023, showed Staff A was rehired on 01-24-2023. Facility provided Washington State Name and Date of Birth background results dated 01-24-2020 from prior employment time frame. No national fingerprint background results provided by facility.

Record review of personnel file for Staff B, caregiver, on 12-11-2023, showed Staff B was hired 02-17-2023. Facility unable to provide Washington State Name and Date of Birth background check results.

Record review of personnel file for Staff C, caregiver, on 12-11-2023, showed Staff C was hired on 02-01-2021. Facility unable to provide Washington State Name and Date of Birth background check results.

Statement of Deficiencies	License #: 2494	Compliance Determination # 33722
Plan of Correction	Olympics West Retirement Inn	Completion Date
Page 3 of 3	Licensee: SH1 Olympics West LLC	12/20/2023

Record review of personnel file for Former Staff 1, caregiver, on 12-11-2023, showed Former Staff 1 was hired on 01-06-2022. Facility unable to provide national fingerprint background check results.

In an interview on 12-11-2023 at 4:23pm Staff D, Business Office Manager, stated that she is responsible for ensuring completion of all background checks for staff. Staff D stated that when new staff are hired the Washington Name and Date of Birth background check is completed in less than three days of hire. Staff D will then print the results and place them in her staff background binder. Staff D stated that after that is completed, she will then sit down with the staff person and would schedule their fingerprint background appointment with them on the computer. Staff D stated that the fingerprint background check needs to be completed.

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) 2-3-2024.

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

Matt Crockett

Administrator (or Representative)

1-9-2024

Date

Record review of personnel file for Former Staff 1, caregiver, on 12-11-2023, showed Former Staff 1 was hired on 01-06-2022. Facility unable to provide national fingerprint background check results.

In an interview on 12-11-2023 at 4:23pm Staff D, Business Office Manager, stated that she is responsible for ensuring completion of all background checks for staff. Staff D stated that when new staff are hired the Washington Name and Date of Birth background check is completed in less than three days of hire. Staff D will then print the results and place then files them in her staff background binder. Staff D stated that after that is completed, she will then sit down with the staff person and would schedule their fingerprint background appointment with them on the computer. Staff D stated that the fingerprint background check needs to be completed.

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)_____.

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

Administrator (or Representative)

Date