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 Trosper Rd SW
Tumwater, WA 98512

RE: Olympics West Senior Living License # 2494

Dear Administrator:

This letter addresses Compliance Determination(s) 39898 (Completion Date 04/17/2024) and 25077 (Completion Date 08/22/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/17/2024 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-2320-1, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b

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

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

Sincerely,

Cory Cisneros

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Olympics West Retirement Inn
Provider Type: Assisted Living Facility
License/Cert.#: 2494
Intake ID: 83704
Compliance Determination #: 25077
Region/Unit #: RCS Region 3 / Unit E
Investigator: Maria Salas
Investigation Date(s): 06/07/2023 through 08/22/2023
Complainant Contact Date(s):

Allegation(s):
1. Staffing: allegations of non trained staff performing nurse delegated tasks

Investigation Methods:

Sample:	Total residents: 62 Resident sample size: 6 Closed records sample size: 0
Observations:	Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff Residents Family members
Record Reviews:	Medical records Incident investigation Staff training records

Investigation Summary:
Based on record review and interview the facility had staff without Nurse Delegation Certification and without Special Focus Diabetes Certification performing the nurse delegated task of injecting insulin to diabetic residents. Failed practice identified.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Olympics West Retirement Inn
Provider Type: Assisted Living Facility
License/Cert.#: 2494
Intake ID: 83831
Compliance Determination #: 25077
Region/Unit #: RCS Region 3 / Unit E
Investigator: Maria Salas
Investigation Date(s): 06/07/2023 through 08/22/2023
Complainant Contact Date(s):

Allegation(s):

1.Financial exploitation: residents being incorrectly billed.
2. Staffing: allegations of non trained staff performing nurse delegated tasks

Investigation Methods:

Sample:	Total residents: 62 Resident sample size: 6 Closed records sample size: 0
Observations:	Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff Residents Family members
Record Reviews:	Medical records Incident investigation Staff training records

Investigation Summary:

1.Based on record review and interview there was no evidence to substantiate allegation of financial exploitation. No failed practice found.
2.Based on record review and interview the facility had staff without Nurse Delegation Certification and without Special Focus Diabetes Certification performing the nurse delegated task of injecting insulin to diabetic residents. Failed practice identified.

Conclusion / Action:

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

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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Statement of Deficiencies	License #: 2494	Compliance Determination # 25077
Plan of Correction	Olympics West Retirement Inn	Completion Date
Page 1 of 5	Licensee: SH1 Olympics West LLC	08/22/2023

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 06/07/2023 and 08/09/2023 of:

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

This document references the following complaint number(s): 83704, 83831, 82685

The following sample was selected for review during the unannounced on-site visit: 6 of 62 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.

Cory Cisneros
Residential Care Services

08/31/2023
Date

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

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Residential Care Services

08/31/2023
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HSD
Administrator (or Representative)

9/11/23
Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on record review and interview the facility failed to ensure required Registered Nurse (RN) Delegation training and documentation was in place for 3 of 3 residents reviewed (Resident 1, Resident 2 and Resident 3). This failure placed all residents receiving RN delegated services at risk for receiving care and services by untrained staff.

Findings included...

Washington Administrative Code (WAC) 246-840-930 "Criteria for delegation.

(1) Before delegating a nursing task, the registered nurse delegator decides the task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.
ASSESS
(2) The setting allows delegation because it is a community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii).
(3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition.
(4) Determine the task to be delegated is within the delegating nurse's area of responsibility.
(5) Determine the task to be delegated can be properly and safely performed by the nursing assistant or home care aide. The registered nurse delegator assesses the potential risk of harm for the individual patient.
(6) Analyze the complexity of the nursing task and determine the required training or additional training needed by the nursing assistant or home care aide to competently accomplish the task. The registered nurse delegator identifies and facilitates any additional training of the nursing assistant or home care aide needed prior to delegation. The registered nurse delegator ensures the task to be delegated can be properly and safely performed by the nursing assistant or home care aide.
(7) Assess the level of interaction required. Consider language or cultural diversity

Administrator (or Representative) Date

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(5) Determine the task to be delegated can be properly and safely performed by the nursing assistant or home care aide. The registered nurse delegator assesses the potential risk of harm for the individual patient.
(6) Analyze the complexity of the nursing task and determine the required training or additional training needed by the nursing assistant or home care aide to competently accomplish the task. The registered nurse delegator identifies and facilitates any additional training of the nursing assistant or home care aide needed prior to delegation. The registered nurse delegator ensures the task to be delegated can be properly and safely performed by the nursing assistant or home care aide.
(7) Assess the level of interaction required. Consider language or cultural diversity

affecting communication or the ability to accomplish the task and to facilitate the interaction.
(8) Verify that the nursing assistant or home care aide:
(a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without restriction;
(b) Has completed both the basic caregiver training and core delegation training before performing any delegated task;
(c) Has evidence as required by the department of social and health services of successful completion of nurse delegation core training;
(d) Has evidence as required by the department of social and health services of successful completion of nurse delegation special focus on diabetes training when providing insulin injections to a diabetic client; and
(e) Is willing and able to perform the task in the absence of direct or immediate nurse supervision and accept responsibility for their actions.
(9) Assess the ability of the nursing assistant or home care aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision.
(l) Document teaching done and a return demonstration, or other method for verification of competency; and
(m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least weekly for the first four weeks, and may be more frequent...
(13) The administration of medications may be delegated at the discretion of the registered nurse delegator, including insulin injections. Any other injection (intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) is prohibited. The registered nurse delegator provides to the nursing assistant or home care aide written directions specific to an individual patient.
IMPLEMENT
(14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.
(15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s).
EVALUATE
...(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems.
(18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.
(19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least weekly for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days."

Record review of Resident 1's (R1), Face Sheet, unknown date, showed R1 admitted to facility on [redacted]-2023 with a history of Type 2 Diabetes (A chronic condition that affects

affecting communication or the ability to accomplish the task and to facilitate the interaction.
(8) Verify that the nursing assistant or home care aide:
(a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without restriction;
(b) Has completed both the basic caregiver training and core delegation training before performing any delegated task;
(c) Has evidence as required by the department of social and health services of successful completion of nurse delegation core training;
(d) Has evidence as required by the department of social and health services of successful completion of nurse delegation special focus on diabetes training when providing insulin injections to a diabetic client; and
(e) Is willing and able to perform the task in the absence of direct or immediate nurse supervision and accept responsibility for their actions.
(9) Assess the ability of the nursing assistant or home care aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision.
(l) Document teaching done and a return demonstration, or other method for verification of competency; and
(m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least weekly for the first four weeks, and may be more frequent...
(13) The administration of medications may be delegated at the discretion of the registered nurse delegator, including insulin injections. Any other injection (intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) is prohibited. The registered nurse delegator provides to the nursing assistant or home care aide written directions specific to an individual patient.
IMPLEMENT
(14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.
(15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s).
EVALUATE
...(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems.
(18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.
(19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least weekly for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days."

Record review of Resident 1's (R1), Face Sheet, unknown date, showed R1 admitted to facility on [redacted]-2023 with a history of Type 2 Diabetes (A chronic condition that affects

the way the body processes sugar in the blood).

Record review of Resident 2's (R2), Face Sheet, undated, showed R2 admitted on [redacted]/2020 with a history of Type 2 Diabetes.

Record review of Resident 3's (R3), Face Sheet, undated, showed R3 admitted on [redacted]/2022 with a history of Type 2 Diabetes.

Record review of R1's Medication Administration Record (MAR), dated 04/01/2023 through 04/30/2023, showed Staff A, caregiver/nurse delegate, administered insulin subcutaneously (under the skin) 1 of 30 days and Staff B, caregiver/nurse delegate, administered insulin subcutaneously 1 of 30 days.

Record review of R1's MAR, dated 05/01/2023 through 05/31/2023, showed Staff A administered insulin subcutaneously 6 of 31 days and Staff B administered insulin subcutaneously 1 of 31 days.

Record review of R2's MAR, dated 05/01/2023 through 05/31/2023, showed Staff A administered insulin subcutaneously 4 of 31 days and Staff B administered insulin subcutaneously 1 of 31 days.

Record review of R2's MAR, dated 06/01/2023 through 06/06/2023, showed Staff B administered insulin subcutaneously 1 of 6 days.

Record review of R3's MAR, dated 05/01/2023 through 05/31/2023, showed Staff A administered insulin subcutaneously 5 of 31 days and Staff B administered insulin subcutaneously 2 of 31 days.

Record Review of the facility Nurse Delegation Binder on 06/07/2023, showed no Nurse Delegation Credentials and Training Verification form completed and showed no certification for Special Focus Diabetes training for Staff A.

Record Review facility Nurse Delegation Binder on 06/07/2023, showed no Nurse Delegation Credentials and Training Verification form completed and showed no certification for Special Focus Diabetes training for Staff B

In an interview on 06/07/2023 at 12:25pm, Staff D, Assisted Living Director, stated that she was unable to find the requested Nurse Delegation Credentials and Training Verification form and the Special Focus Diabetes certifications forms for Staff A and Staff

the way the body processes sugar in the blood).

Record review of Resident 2's (R2), Face Sheet, undated, showed R2 admitted on [redacted]/2020 with a history of Type 2 Diabetes.

Record review of Resident 3's (R3), Face Sheet, undated, showed R3 admitted on [redacted]/2022 with a history of Type 2 Diabetes.

Record review of R1's Medication Administration Record (MAR), dated 04/01/2023 through 04/30/2023, showed Staff A, caregiver/nurse delegate, administered insulin subcutaneously (under the skin) 1 of 30 days and Staff B, caregiver/nurse delegate, administered insulin subcutaneously 1 of 30 days.

Record review of R1's MAR, dated 05/01/2023 through 05/31/2023, showed Staff A administered insulin subcutaneously 6 of 31 days and Staff B administered insulin subcutaneously 1 of 31 days.

Record review of R2's MAR, dated 05/01/2023 through 05/31/2023, showed Staff A administered insulin subcutaneously 4 of 31 days and Staff B administered insulin subcutaneously 1 of 31 days.

Record review of R2's MAR, dated 06/01/2023 through 06/06/2023, showed Staff B administered insulin subcutaneously 1 of 6 days.

Record review of R3's MAR, dated 05/01/2023 through 05/31/2023, showed Staff A administered insulin subcutaneously 5 of 31 days and Staff B administered insulin subcutaneously 2 of 31 days.

Record Review of the facility Nurse Delegation Binder on 06/07/2023, showed no Nurse Delegation Credentials and Training Verification form completed and showed no certification for Special Focus Diabetes training for Staff A.

Record Review facility Nurse Delegation Binder on 06/07/2023, showed no Nurse Delegation Credentials and Training Verification form completed and showed no certification for Special Focus Diabetes training for Staff B

In an interview on 06/07/2023 at 12:25pm, Staff D, Assisted Living Director, stated that she was unable to find the requested Nurse Delegation Credentials and Training Verification form and the Special Focus Diabetes certifications forms for Staff A and Staff

B.

In an interview on 08/02/2023 at 2:40pm, Staff B, stated that she had not completed the Nurse Delegation Certification course and that she had not completed the Special Focus Diabetes Certification course.

In an interview on 08/07/2023 at 3:00pm, Staff C, Nurse Delegator, stated that she had assumed the position as the Nurse Delegator for the facility around March of 2023. Staff C stated she had performed an audit at that time of all delegated staff and residents. The facility had been unable to provide Staff C with credentialing for Staff A and the facility was notified by Staff C that Staff A was not qualified to be delegated until the documents were provided. Staff C stated that Staff A and Staff B were not qualified to perform delegated tasks including the administration of insulin.

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) 10/1/23.

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

HSD — 9/11/23

Administrator (or Representative) — Date

B.

In an interview on 08/02/2023 at 2:40pm, Staff B, stated that she had not completed the Nurse Delegation Certification course and that she had not completed the Special Focus Diabetes Certification course.

In an interview on 08/07/2023 at 3:00pm, Staff C, Nurse Delegator, stated that she had assumed the position as the Nurse Delegator for the facility around March of 2023. Staff C stated she had performed an audit at that time of all delegated staff and residents. The facility had been unable to provide Staff C with credentialing for Staff A and the facility was notified by Staff C that Staff A was not qualified to be delegated until the documents were provided. Staff C stated that Staff A and Staff B were not qualified to perform delegated tasks including the administration of insulin.

Plan/Attestation Statement

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Administrator (or Representative) Date