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

BKD Clare Bridge of Olympia LLC
Brookdale Olympia West
420 YAUGER WAY SW
OLYMPIA, WA 985028660

RE: Brookdale Olympia West License # 2497

Dear Administrator:

This letter addresses Compliance Determination(s) 41428 (Completion Date 05/17/2024) and 37855 (Completion Date 03/26/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/17/2024 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-2160, WAC 388-78A-2371, WAC 388-78A-2371-1, WAC 388-78A-2371-3, WAC 388-78A-2371-4

The Department staff who did the on-site verification:
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

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 #: 2497	Compliance Determination # 37855
Plan of Correction	Brookdale Olympia West	Completion Date
Page 1 of 7	Licensee: BKD Clare Bridge of Olympia LLC	03/26/2024

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 02/05/2024 and 03/26/2024 of:
Brookdale Olympia West
420 YAUGER WAY SW
OLYMPIA, WA 985028660

This document references the following SOD dated: 03/26/2024

The following sample was selected for review during the unannounced on-site visit: 4 of 47 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

04/04/2024
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.

Administrator (or Representative) 4/02/24 Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that the residents Personal Service Plans (facility's version of the negotiated service plan) were followed and implemented for 1 of 1 sampled residents (Resident 4 [R4]). This failure contributed to R4 experiencing a fall with injury, and placed R4 at risk for unmet care needs and decreased quality of life.

Findings included...

Record review of the facility's disclosure of services, undated, showed the facility must maintain the resident's living quarters and other areas the residents may use in a safe, clean, and comfortable condition.

Record review of the facility's policy titled, "Service Plan Process Policy", dated 03/2020, showed "individual resident service plans are developed through the evaluation process or other identified systems and provide information about resident needs to the care associates. Service plans are implemented and maintained for each resident to address these needs."

R4

Record review of R4's Admission Record, dated 03/26/2024, showed R4 moved into the facility on [redacted]/2023 with multiple medical diagnoses that included [redacted].

Record review of R4's Personal Service Plan, dated 02/25/2024, showed R4 had memory impairments and required reminders daily from staff. R4 has a history of falls. R4's bed was to be raised to a comfortable height when assisted the resident with care and or transfers. R4's bed should be kept in lowest position when R4 would rest in bed.

Record review of the facility's "incident log", dated 03/13/2024, showed on 02/27/2024, R4 was found on the ground after an employee entered R4's room. R4's safely you video (facility's electronic monitoring that detects change of gravity events) showed R4 rolled out of bed when they attempted to turn over in bed. R4's mattress was removed from the bed frame to the ground to prevent further falls as R4 had a fractured (broken bone) pelvis related to a past fall.

Record review of R4's progress note, dated 02/29/2024 at 2:45 PM, showed R4 was found on the ground in their room by their bed. R4 had fallen out of bed. R4 stated to the medication technician that they "hurt everywhere". R4 required emergency medical services to provide lift assistance to remove R4's mattress from their bed frame onto the ground. R4 continued to yell in pain and required multiple pain medications to be administered to help subside R4's pain level.

In an interview on 03/13/2024 at 1:55 PM, Staff B, Regional Clinical Services Director, stated when R4 fell out of bed when R4 was attempting to turn over in bed on 02/27/2024. Staff B stated R4's bed height was not in the lowest position. Staff B stated the staff were to keep R4's bed in the lowest position when staff were not providing care.

This is an uncorrected and recurring deficiency previously cited on 12/18/2023 and 08/14/2023.

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, Brookdale Olympia West is or will be in compliance with this law and / or regulation on (Date) 5/10/24.

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

Administrator (or Representative) 4/12/24 Date

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

(4) Protect residents during the course of the investigation.

This requirement was not met as evidenced by:

Based on record review and interview, the memory care facility failed to investigate, document investigative actions and findings after becoming aware of an allegation of abuse and neglect for 2 of 3 residents (Resident 5 [R5] and Resident 6 [R6]), reviewed. This failure placed residents at risk for abuse and decreased quality of life.

Findings included...

Record review of the facility's policy titled, "BAIRS Incident Reporting Policy", dated 01/2024 (no day documented), showed "in the event that a resident or visitor experiences an occurrence, the associate reporting the incident must either complete the preliminary draft notes of a reported incident or enter the incident into the facility's automated incident reporting system ("BAIRS") in accordance with this policy". In the event that a resident or visitor experiences an occurrence such as, but not limited to fall, alleged aggressive behavior, abuse, and neglect, the associate reporting the incident along with the supervisor or management representative, must either complete the preliminary draft notes of a reported incident ("draft incident notes") or enter the incident into the BAIRS during the shift on the day of the incident. A draft incident notes form would be completed by hand, a designated associate should enter the information from the draft incident notes into BAIRS and "submit" the data as soon as practical, but no later than three business days. Upon entering data regarding an incident into the system and "submitting" it, automatic email notifications will be sent to the appropriate individuals based on the severity of the incident and their hierarchy within the company. A management representative should review and lock the incident data as soon as practical, but no later than three business days after the data is "submitted". The completed incident report should not be printed unless state regulations require a hard copy be kept in a secure, private area that can be locked. The policy does not replace the Reportable Events Policy. The Executive Director, or designee, should notify the appropriate leadership above the community of occurrences according to the reportable events policy and procedure and the reportable events categories/reporting time frames grid.

Record review of Staff F's, Caregiver", "Corrective Action", dated 02/15/2024, showed "on 02/05/2024 [Staff F] were observed to not speak kindly with residents [R5], also it was reported that you left residents wet or unchanged and that you intentionally placed call light cords out of reach of your resident [R6]... because they call for no reason or cannot remember why they called. These actions are not conducive to good resident care and are in violation of the [facility] guidelines for appropriate conduct... this not only affects our residents; it affects your ability to work together with peers". These incidents were about Staff F's treatment of R5 and R6.

Record review of the facility's "Incident Log", dated 03/13/2024, showed it was a log of all the incidents that occurred with the residents for date range 02/01/2024 through 03/06/2024. The log showed there were no allegations of abuse or neglect by staff recorded or documented for R5 or R6.

Record review on 03/13/2024 of the Departments database showed there was no reported

incident for the possible allegation of abuse or neglect against Staff F from R6. The database showed there was no reported incident for the possible allegation of abuse or neglect against Staff F for R5.

R6

Record review of R6's Admission Record, dated 02/18/2024, showed R6 moved into the facility on [redacted]/20218 with multiple medical diagnoses that included [redacted]).

Record review of R6's Personal Service Plan, dated 11/29/2023, showed R6 had a history of falls and staff were to ensure that R6's pull cord was within reach when R6 was in bed at night. R6 was able to make their needs known and understood others. R6 had an history of being anxious at times that required staff to provide one to one care. R6 was not reluctant to staff care, as long as they explained any procedure prior to preforming.

In an interview on 02/15/2024 at 11:04 AM, Staff C, Medication Technician, stated on 02/06/2024 during the night to day shift walking rounds in R6's room, R6's pull cord for their call light was taped on the wall out of R6's reach. Staff C stated Staff F had been terminated from employment at the facility. Staff C stated Staff H, District Director of Clinical Service, and Staff A, Executive Director were notified about the call light. Staff H stated Staff E, Health & Wellness Coordinator, saw the call light taped up on the wall where R6 was unable to reach. Staff C was unaware if the incident had been reported to the Department.

R5

Record review of R5's Admission Record, dated 02/15/2024, showed R5 moved into the facility on [redacted]/2024, with multiple medical diagnoses that included [redacted]) and [redacted].

Record review of R5's Personal Service Plan, dated 02/25/2024, showed R5 was aware and was able to ask for assistance as needed. R5 was oriented to person, place and time and did not have any cognitive or psychosocial concerns. R5 did not have any history of being reluctant to care from staff, disruptive or inappropriate behaviors, and was cooperative with all care.

Record review of R5's progress note, dated 02/20/2024 at 7:39 PM, showed R5 was out of character, upset, and had a difficult morning. R5 reported that a night shift caregiver was "rough" with their personal care. R5 told Staff E, Health & Wellness Coordinator/Licensed Practical Nurse, that the night caregiver was "verbally mean" and was not gentle with their

personal care. The executive director was aware of R5's complaints.

In an interview on 03/13/2024 at 1:19 PM, Staff G, Medication Technician, stated there was an incident when Staff F had taped R6's call light pull cord on the wall so R6 could not reach it.

In an interview on 03/13/2024 at 1:55 PM, Staff B, Regional Clinical Services Director, stated there were only incident reports for R6 dated 02/27/2024, 02/18/2024, and 01/27/2024 recorded. Staff B stated none of the incident's listed were related to when R6's call light was taped up on the wall out of the reach of R6's use. Staff B stated that incident did place R6 at jeopardy and an incident report should have been completed with an investigation. Staff B stated Staff E had done the investigation for the incident with Staff F and R5. Staff B stated the incident was not documented on the facility's incident log. Staff B was unable to provide a documented investigation and actions taken for the allegation of abuse against Staff F from R5 for the Department to review.

In an interview on 03/13/2024 at 2:36 PM, Staff A stated they were aware of the incident with Staff F and R6. Staff A stated they were unable to prove that Staff F had taped R6's pull cord to their call light on the wall out of R6's reach. Staff A stated Staff F did come back to work on a different hallway. Staff A stated Staff H had helped R6 to bed the night prior (02/19/2024), R6's pull cord call light was found taped to the wall out of R6's reach. Staff A stated Staff H had placed the call light pull cord on R6's bed within reach for R6 to use as needed. Staff A stated they had seen a picture of the call light taped on the wall and there would have been no way for R6 to reach the pull cord for the call light if they needed to. Staff A stated on 02/20/2024, R5 reported that they did not like the way Staff F treated them. Staff A suspended Staff F two days after returning to work. Staff A stated R5's action and behavior changed with staff after the night shift ended with Staff F. Staff A stated Staff F was assigned and worked both the hallways with R6 and R5 when the incidents with R5 and R6 occurred. When requested, Staff A was unable to provide the Department any documentation for the incidents involving R5 and R6 with the investigation findings and the actions the facility took to protect R5 and R6.

This is an uncorrected and recurring deficiency previously cited on 12/18/2023, previously consulted on 08/10/2022, and previously cited on 05/07/2021.

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, Brookdale Olympia West is or will be in compliance with this law and / or regulation on (Date) 5/10/24 .

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

Statement of Deficiencies	License #: 2497	Compliance Determination # 37855
Plan of Correction	Brookdale Olympia West	Completion Date
Page 7 of 7	Licensee: BKD Clare Bridge of Olympia LLC	03/26/2024

Administrator (or Representative) 4/12/24 Date

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Olympia West
Provider Type: Assisted Living Facility
License/Cert.#: 2497
Compliance Determination #: 33810
Intake ID: 108389
Investigator: Paul Aube
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 12/12/2023 through 12/18/2023
Complainant Contact Date(s):

Allegation(s):

1. Quality of Care/Treatment: Public report of facility failing to provide showers, and laundry services per the Negotiated Service Agreement.
2. Fraud/False Billing: Public report of facility charging resident an incorrect amount for services.

Investigation Methods:

Sample:	Total residents: 46 Resident sample size: 17 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Family members Residents Nursing staff
Record Reviews:	Resident Characteristic Roster Incident Log Facility Policies Disclosure of Services Resident Negotiated Service Agreements Facility Shower Records Resident Admission Agreements

Investigation Summary:

1. Quality of Care/Treatment: Facility found to be completing laundry per agreement. Facility failed to provide showers to residents as agreed upon in the resident's negotiated service agreement. Failed Practice Identified.
2. Fraud/False Billing: Negotiated Service Agreement was signed by POA. Facility charging resident as agreed upon. No failed practice.

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: Brookdale Olympia West
Provider Type: Assisted Living Facility
License/Cert.#: 2497
Compliance Determination #: 33810
Intake ID: 110186
Investigator: Paul Aube
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 12/12/2023 through 12/18/2023
Complainant Contact Date(s):

Allegation(s):

1. Resident/Patient/Client Rights: Public report of recorded having sexual relations in the facility.
2. Quality of Care/Treatment: Public report of residents in the facility having sexual relations, and not verifying consent.

Investigation Methods:

Sample:	Total residents: 46 Resident sample size: 17 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Family members Residents Nursing staff
Record Reviews:	Resident Characteristic Roster Incident Log Facility Policies Disclosure of Services Resident Negotiated Service Agreements Facility Shower Records Resident Admission Agreements

Investigation Summary:

1. Resident/Patient/Client Rights: Facility following policies and procedures on use of video recording equipment in resident rooms. Resident POA's signed agreements for video monitoring. Facility viewing, and discarding videos per protocol. No failed practice.
2. Quality of Care/Treatment: Facility failed to follow policies and procedures on Abuse, Neglect, and Exploitation, and facility did not conduct investigation to whether or not residents are able to consent. Failed Practice Identified.

Conclusion / Action:

- [x] 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 #: 2497	Compliance Determination # 33810
Plan of Correction	Brookdale Olympia West	Completion Date
Page 1 of 9	Licensee: BKD Clare Bridge of Olympia LLC	12/18/2023

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 12/12/2023 and 12/15/2023 of:

Brookdale Olympia West
420 YAUGER WAY SW
OLYMPIA, WA 985029660

This document references the following complaint number(s): 108389, 107902, 110186

The following sample was selected for review during the unannounced on-site visit: 17 of 46 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Paul Aube, ALF NCI

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
Residential Care Services

12/22/2023
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

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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Brookdale Olympia West
420 YAUGER WAY SW
OLYMPIA, WA 985028660

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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

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~~) 01/01/24 Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the facility failed to provide the care and services as agreed upon in the negotiated service agreement for 10 of 12 residents (Resident 1 [R1], Resident 2 [R2], Resident 3 [R3], Resident 4 [R4], Resident 5 [R5], Resident 6 [R6], Resident 7 [R7], Resident 8 [R8], Resident 9 [R9], and Resident 10 [R10], reviewed. This failure resulted in residents in the facility not receiving care per their agreement with the facility.

Findings included...

Review of the facility's Disclosure of Services, last reviewed on 02/2007, under the "Bathing" category it stated, "If needed, boarding homes providing assistance with ADLs must occasionally remind you to
wash and dry all areas of your body; provide stand-by assistance getting into and out of the tub/shower,
and steady you as you bathe. Additionally, we will provide the following optional services:
1.Physical Assistance with getting into/out of the bathtub or shower.
2.Help washing areas that may be hard for you to reach, such as your back or feet.
3.Total bathing assistance if you cannot bathe yourself.
4.Bed Baths.
5.Special equipment, assistance or devices to help transferring into or out of showers or bathtubs.
6.Other bathing services (specify) or comments: Specialized dementia bathing approaches to provide a calming and soothing experience."
For all of these services, the facility has marked "Yes" that these services, although optional, can be provided.

In an undated facility document created for caregivers, titled, "Showers Ins and Outs" it stated, "What to do if a resident refused a shower. Try two other care staff members. Wait at least 15-30 mins between asking. Notify LN/Med Tech (Licensed Nurse/Medication Technician) (They are to try at least twice). If resident still refuses, staff is to call family/POA (Power of Attorney). 2 days of refusals need to fax MD (Medical Doctor)." "After a shower is given, you should put your initials by the resident you showered."
In another undated facility document created for Med Tech's and the Nurse, titled,

Administrator (or Representative) Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

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Based on observation, record review and interview, the facility failed to provide the care and services as agreed upon in the negotiated service agreement for 10 of 12 residents (Resident 1 [R1], Resident 2 [R2], Resident 3 [R3], Resident 4 [R4], Resident 5 [R5], Resident 6 [R6], Resident 7 [R7], Resident 8 [R8], Resident 9 [R9], and Resident 10 [R10], reviewed. This failure resulted in residents in the facility not receiving care per their agreement with the facility.

Findings included…

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In another undated facility document created for Med Tech's and the Nurse, titled,

"Nurse/Med Tech Shower Steps," it stated, "Ensure caregivers are completing showers as scheduled. "If a caregiver reports to you that a resident is refusing their shower, ensure caregiver has approached the resident three times during the shift to offer a shower. Nurse/Med Tech is then to approach resident as well and offer a shower. If resident refuses Nurse/Med Tech, resident to be placed on shower list for the following day and report to the next shift that resident refused their shower. If Resident refuses their shower on the second day, notify HWD/HWC [Health Wellness Director/Health Wellness Coordinator]."

During an interview with Staff C, a caregiver, on 12/12/2023 at 1:35PM, Staff C was asked how they know which residents are scheduled for showers that particular day. Staff C stated, "We have a shower schedule that shows on there who have showers on day shift and evening shift." Staff C was asked what they were trained to do if a resident refused a shower. Staff C stated, "For resident refusals, we try to attempt 3 times, not back-to-back, we space the attempts out. And we let the next shift know and they can try. Then if they are still refusing, we let the Med Tech know, and then the nurse." Staff C was then asked if the resident refusal would be documented anywhere. Staff C stated, "The refusals get documented on the shower log." Staff C was asked if staff was to document completed showers on the shower log. Staff C stated that for completed showers, that there would be a staff signature next to the shower to indicate that it was completed. Staff C was asked what it meant on the shower log when the scheduled resident shower was left blank. Staff C stated that this "means either the resident refused this shower and it wasn't documented, or they didn't get one."

During an interview with Staff D, a caregiver, on 12/12/2023 at 2:10PM, Staff D was asked how they know which residents are scheduled for showers that day. Staff D stated, "We have a shower log. Those are our weekly showers. We go day by day to see who is on that list. Every resident is on that list about 2 to 3 times, depending on the day." Staff D was asked how they indicate on the shower log that a shower was completed. Staff D stated, "We sign it off." Asked Staff D if, and how, they document resident refusals. Staff D stated, "If they refuse, I would go to another care staff to see if they can try. If they are unsuccessful as well, we would ask the med tech to try. Then the caregiver would make a call to the POA to see what they would like us to do." Staff D was asked if the resident refusal is documented anywhere. Staff D stated that it was documented on the shower log. Staff D was then asked what it meant on the shower log when the scheduled resident shower was left blank. Staff D stated, "If it is blank, they either refused, or it didn't get done."

In an interview with Collateral Contact 1 (CC1), R1's family member, on 12/12/2023 at 10:51AM, they stated, that per R1's Personal Service Plan, that the facility is to provide R1 two showers per week. CC1 stated that they visited the facility on multiple occasions and noticed that R1 "smelled really bad." CC1 stated that they spoke with the caregivers on the schedule that day, who stated that R1 was refusing their shower. CC1 stated that they believed the facility staff was not showering R1 twice per week.

[R1]
Review of R1's face sheet showed that the resident admitted to the facility on [redacted]/2023.

"Nurse/Med Tech Shower Steps," it stated, "Ensure caregivers are completing showers as scheduled. "If a caregiver reports to you that a resident is refusing their shower, ensure caregiver has approached the resident three times during the shift to offer a shower. Nurse/Med Tech is then to approach resident as well and offer a shower. If resident refuses Nurse/Med Tech, resident to be placed on shower list for the following day and report to the next shift that resident refused their shower. If Resident refuses their shower on the second day, notify HWD/HWC [Health Wellness Director/Health Wellness Coordinator]."

During an interview with Staff C, a caregiver, on 12/12/2023 at 1:35PM, Staff C was asked how they know which residents are scheduled for showers that particular day. Staff C stated, "We have a shower schedule that shows on there who have showers on day shift and evening shift." Staff C was asked what they were trained to do if a resident refused a shower. Staff C stated, "For resident refusals, we try to attempt 3 times. not back-to-back, we space the attempts out. And we let the next shift know and they can try. Then if they are still refusing, we let the Med Tech know, and then the nurse." Staff C was then asked if the resident refusal would be documented anywhere. Staff C stated, "The refusals get documented on the shower log." Staff C was asked if staff was to document completed showers on the shower log. Staff C stated that for completed showers, that there would be a staff signature next to the shower to indicate that it was completed. Staff C was asked what it meant on the shower log when the scheduled resident shower was left blank. Staff C stated that this "means either the resident refused this shower and it wasn't documented, or they didn't get one."

During an interview with Staff D, a caregiver, on 12/12/2023 at 2:10PM, Staff D was asked how they know which residents are scheduled for showers that day. Staff D stated, "We have a shower log. Those are our weekly showers. We go day by day to see who is on that list. Every resident is on that list about 2 to 3 times, depending on the day." Staff D was asked how they indicate on the shower log that a shower was completed. Staff D stated, "We sign it off." Asked Staff D if, and how, they document resident refusals. Staff D stated, "If they refuse, I would go to another care staff to see if they can try. If they are unsuccessful as well, we would ask the med tech to try. Then the caregiver would make a call to the POA to see what they would like us to do." Staff D was asked if the resident refusal is documented anywhere. Staff D stated that it was documented on the shower log. Staff D was then asked what it meant on the shower log when the scheduled resident shower was left blank. Staff D stated, "If it is blank, they either refused, or it didn't get done."

In an interview with Collateral Contact 1 (CC1), R1's family member, on 12/12/2023 at 10:51AM, they stated, that per R1's Personal Service Plan, that the facility is to provide R1 two showers per week. CC1 stated that they visited the facility on multiple occasions and noticed that R1 "smelled really bad." CC1 stated that they spoke with the caregivers on the schedule that day, who stated that R1 was refusing their shower. CC1 stated that they believed the facility staff was not showering R1 twice per week.

[R1]
Review of R1's face sheet showed that the resident admitted to the facility on [redacted]/2023.

Review of R1's Personal Service Plan, last reviewed on 10/18/2023, under "Showering or Bathing," it stated that the resident prefers showers between 9AM and 10AM on Tuesdays, and Fridays.

During an interview with R1 on 12/12/2023 at 1:20PM, R1 was observed to have greasy, unkept hair. During the interview, R1 was noted to have a strong, foul odor.
Review of a facility document titled, "Bridge Day Shift Showers," for the week of 12/10/2023 to 12/16/2023, R1 was noted to have a shower scheduled for Sunday, 12/10/2023, and Thursday, 12/14/2023. Noted that on 12/10/2023, the shower documentation was left blank. There was no indication of a resident refusal made. There was no shower log for the week of 12/03/2023 to 12/09/2023 to review.

[R2]
Review of R2's face sheet showed that the resident admitted to the facility on [redacted]2023.

Review of R2's Personal Service Plan, last reviewed on 10/13/2023, under "Showering or Bathing," it stated that the resident prefers showers between 7PM and 8PM on Sundays and Thursdays.

Review of a facility document titled, "Clare Evening Shift Showers," for the week of 12/10/2023 to 12/16/2023, R2 was noted to have a shower scheduled for Sunday, 12/10/2023, and Wednesday, 12/13/2023. Noted that on 12/10/2023, the shower documentation was left blank. There was no indication of a resident refusal made. There was no shower log for the week of 12/03/2023 to 12/09/2023 to review.

[R3]
Review of R3's face sheet showed that the resident admitted to the facility on [redacted]/2023.

Review of R3's Personal Service Plan, last reviewed on 06/15/2023, under "Showering or Bathing," it stated that the resident prefers showers between 3PM and 4PM on Sundays and Thursdays.

Review of a facility document titled, "Clare Evening Shift Showers," for the week of 12/10/2023 to 12/16/2023, R3 was noted to have a shower scheduled for Sunday, 12/10/2023, and Wednesday, 12/13/2023. Noted that on 12/10/2023, the shower documentation was left blank. There was no indication of a resident refusal made. There was no shower log for the week of 12/03/2023 to 12/09/2023 to review.

[R4]
Review of R4's face sheet showed that the resident admitted to the facility on [redacted]2022.

Review of R4's Personal Service Plan, last reviewed on 10/17/2023, under "Showering or Bathing," it stated that the resident prefers showers between 3PM and 4PM on Sundays and

Review of R1's Personal Service Plan, last reviewed on 10/18/2023, under "Showering or Bathing," it stated that the resident prefers showers between 9AM and 10AM on Tuesdays, and Fridays.

During an interview with R1 on 12/12/2023 at 1:20PM, R1 was observed to have greasy, unkept hair. During the interview, R1 was noted to have a strong, foul odor.
Review of a facility document titled, "Bridge Day Shift Showers," for the week of 12/10/2023 to 12/16/2023, R1 was noted to have a shower scheduled for Sunday, 12/10/2023, and Thursday, 12/14/2023. Noted that on 12/10/2023, the shower documentation was left blank. There was no indication of a resident refusal made. There was no shower log for the week of 12/03/2023 to 12/09/2023 to review.

[R2]
Review of R2's face sheet showed that the resident admitted to the facility on [redacted]/2023.

Review of R2's Personal Service Plan, last reviewed on 10/13/2023, under "Showering or Bathing," it stated that the resident prefers showers between 7PM and 8PM on Sundays and Thursdays.

Review of a facility document titled, "Clare Evening Shift Showers," for the week of 12/10/2023 to 12/16/2023, R2 was noted to have a shower scheduled for Sunday, 12/10/2023, and Wednesday, 12/13/2023. Noted that on 12/10/2023, the shower documentation was left blank. There was no indication of a resident refusal made. There was no shower log for the week of 12/03/2023 to 12/09/2023 to review.

[R3]
Review of R3's face sheet showed that the resident admitted to the facility on [redacted]/2023.

Review of R3's Personal Service Plan, last reviewed on 06/15/2023, under "Showering or Bathing," it stated that the resident prefers showers between 3PM and 4PM on Sundays and Thursdays.

Review of a facility document titled, "Clare Evening Shift Showers," for the week of 12/10/2023 to 12/16/2023, R3 was noted to have a shower scheduled for Sunday, 12/10/2023, and Wednesday, 12/13/2023. Noted that on 12/10/2023, the shower documentation was left blank. There was no indication of a resident refusal made. There was no shower log for the week of 12/03/2023 to 12/09/2023 to review.

[R4]
Review of R4's face sheet showed that the resident admitted to the facility on [redacted]/2022.

Review of R4's Personal Service Plan, last reviewed on 10/17/2023, under "Showering or Bathing," it stated that the resident prefers showers between 3PM and 4PM on Sundays and

Wednesdays.

Review of a facility document titled, "Clare Evening Shift Showers," for the week of 12/10/2023 to 12/16/2023, R4 was noted to have a shower scheduled for Sunday, 12/10/2023, and Thursday, 12/14/2023. Noted that on 12/10/2023, the shower documentation was left blank. There was no indication of a resident refusal made. There was no shower log for the week of 12/03/2023 to 12/09/2023 to review.

[R5]
Review of R5's face sheet showed that the resident admitted to the facility on [redacted]/2023.

Review of R5's Personal Service Plan, last reviewed on [redacted]/2023, under "Showering or Bathing," it stated that the resident prefers showers between 9AM and 10AM on Wednesday and Saturday.

Review of a facility document titled, "Clare Day Shift Showers," for the week of 12/03/2023 to 12/09/2023, R5 was noted to have a shower scheduled for Monday, 12/04/2023, and Friday 12/08/2023. Noted that on 12/04/2023, the shower documentation was left blank. There was no indication of a resident refusal made. Review of the "Clare Day Shift Showers" for the week of 12/10/2023 to 12/16/2023 showed R5 was scheduled to have a shower on Monday, 12/11/2023, and Friday, 12/15/2023. Noted that on 12/11/2023, the shower documentation was left blank. There was no indication of a resident refusal made.

[R6]
Review of R6's face sheet showed that the resident admitted to the facility on [redacted]2022.

Review of R6's Personal Service Plan, last reviewed on 12/06/2023, under "Showering or Bathing," it stated that the resident prefers showers between 9PM and 10PM on Tuesday and Saturday.

Review of a facility document titled, "Clare Day Shift Showers," for the week of 12/03/2023 to 12/09/2023, R6 was noted to have a shower scheduled for Tuesday, 12/05/2023, and Friday 12/08/2023. Noted that on 12/05/2023 and 12/08/2023, the shower documentation was left blank. There was no indication of a resident refusal made for either date. Review of the "Clare Day Shift Showers" for the week of 12/10/2023 to 12/16/2023 showed R5 was scheduled to have a shower on Tuesday, 12/12/2023, and Friday, 12/15/2023. Noted that on 12/12/2023, the shower documentation was left blank. There was no indication of a resident refusal made.

[R7]
Review of R7's face sheet showed that the resident admitted to the facility on [redacted]2022.

Review of R7's Personal Service Plan, last reviewed on 07/05/2023, under "Showering or

Wednesdays.

Review of a facility document titled, "Clare Evening Shift Showers," for the week of 12/10/2023 to 12/16/2023, R4 was noted to have a shower scheduled for Sunday, 12/10/2023, and Thursday, 12/14/2023. Noted that on 12/10/2023, the shower documentation was left blank. There was no indication of a resident refusal made. There was no shower log for the week of 12/03/2023 to 12/09/2023 to review.

[R5]
Review of R5's face sheet showed that the resident admitted to the facility on [redacted]/2023.

Review of R5's Personal Service Plan, last reviewed on [redacted]/2023, under "Showering or Bathing," it stated that the resident prefers showers between 9AM and 10AM on Wednesday and Saturday.

Review of a facility document titled, "Clare Day Shift Showers," for the week of 12/03/2023 to 12/09/2023, R5 was noted to have a shower scheduled for Monday, 12/04/2023, and Friday 12/08/2023. Noted that on 12/04/2023, the shower documentation was left blank. There was no indication of a resident refusal made. Review of the "Clare Day Shift Showers" for the week of 12/10/2023 to 12/16/2023 showed R5 was scheduled to have a shower on Monday, 12/11/2023, and Friday, 12/15/2023. Noted that on 12/11/2023, the shower documentation was left blank. There was no indication of a resident refusal made.

[R6]
Review of R6's face sheet showed that the resident admitted to the facility on [redacted]/2022.

Review of R6's Personal Service Plan, last reviewed on 12/06/2023, under "Showering or Bathing," it stated that the resident prefers showers between 9PM and 10PM on Tuesday and Saturday.

Review of a facility document titled, "Clare Day Shift Showers," for the week of 12/03/2023 to 12/09/2023, R6 was noted to have a shower scheduled for Tuesday, 12/05/2023, and Friday 12/08/2023. Noted that on 12/05/2023 and 12/08/2023, the shower documentation was left blank. There was no indication of a resident refusal made for either date. Review of the "Clare Day Shift Showers" for the week of 12/10/2023 to 12/16/2023 showed R5 was scheduled to have a shower on Tuesday, 12/12/2023, and Friday, 12/15/2023. Noted that on 12/12/2023, the shower documentation was left blank. There was no indication of a resident refusal made.

[R7]
Review of R7's face sheet showed that the resident admitted to the facility on [redacted]/2022.

Review of R7's Personal Service Plan, last reviewed on 07/05/2023, under "Showering or

Bathing," it stated that the resident prefers showers between 9AM and 10AM on Tuesday and Friday.

Review of a facility document titled, "Clare Day Shift Showers," for the week of 12/03/2023 to 12/09/2023, R7 was noted to have a shower scheduled for Tuesday, 12/05/2023, and Friday 12/08/2023. Noted that on 12/05/2023 the shower documentation was left blank. There was no indication of a resident refusal made. Review of the "Clare Day Shift Showers" for the week of 12/10/2023 to 12/16/2023 showed R7 was scheduled to have a shower on Tuesday, 12/12/2023, and Friday, 12/15/2023. Noted that on 12/12/2023, the shower documentation was left blank. There was no indication of a resident refusal made.

[R8]
Review of R8's face sheet showed that the resident admitted to the facility on [redacted]2022.

Review of R8's Personal Service Plan, last reviewed on 07/09/2023, under "Showering or Bathing," it stated that the resident prefers showers between 10AM and 11AM on Tuesday and Friday.

Review of a facility document titled, "Clare Day Shift Showers," for the week of 12/03/2023 to 12/09/2023, R8 was noted to have a shower scheduled for Tuesday, 12/05/2023, and Saturday 12/09/2023. Noted that on 12/05/2023 and 12/09/2023, the shower documentation was left blank. There was no indication of a resident refusal made for either date. Review of the "Clare Day Shift Showers" for the week of 12/10/2023 to 12/16/2023 showed R8 was scheduled to have a shower on Tuesday, 12/12/2023, and Saturday, 12/16/2023. Noted that on 12/12/2023, the shower documentation was left blank. There was no indication of a resident refusal made.

[R9]
Review of R9's face sheet showed that the resident admitted to the facility on [redacted]/2019.

Review of R9's Personal Service Plan, last reviewed on 11/21/2023, under "Showering or Bathing," it stated that the resident prefers showers between 11AM and 12PM on Sunday and Friday.

Review of a facility document titled, "Bridge Day Shift Showers," for the week of 12/10/2023 to 12/16/2023, R9 was noted to have a shower scheduled for Sunday, 12/10/2023, and Thursday, 12/14/2023. Noted that on 12/10/2023, the shower documentation was left blank. There was no indication of a resident refusal made. There was no shower log for the week of 12/03/2023 to 12/09/2023 to review.

[R10]
Review of R10's face sheet showed that the resident admitted to the facility on [redacted]2022.

Bathing," it stated that the resident prefers showers between 9AM and 10AM on Tuesday and Friday.

Review of a facility document titled, "Clare Day Shift Showers," for the week of 12/03/2023 to 12/09/2023, R7 was noted to have a shower scheduled for Tuesday, 12/05/2023, and Friday 12/08/2023. Noted that on 12/05/2023 the shower documentation was left blank. There was no indication of a resident refusal made. Review of the "Clare Day Shift Showers" for the week of 12/10/2023 to 12/16/2023 showed R7 was scheduled to have a shower on Tuesday, 12/12/2023, and Friday, 12/15/2023. Noted that on 12/12/2023, the shower documentation was left blank. There was no indication of a resident refusal made.

[R8]
Review of R8's face sheet showed that the resident admitted to the facility on [redacted]/2022.

Review of R8's Personal Service Plan, last reviewed on 07/09/2023, under "Showering or Bathing," it stated that the resident prefers showers between 10AM and 11AM on Tuesday and Friday.

Review of a facility document titled, "Clare Day Shift Showers," for the week of 12/03/2023 to 12/09/2023, R8 was noted to have a shower scheduled for Tuesday, 12/05/2023, and Saturday 12/09/2023. Noted that on 12/05/2023 and 12/09/2023, the shower documentation was left blank. There was no indication of a resident refusal made for either date. Review of the "Clare Day Shift Showers" for the week of 12/10/2023 to 12/16/2023 showed R8 was scheduled to have a shower on Tuesday, 12/12/2023, and Saturday, 12/16/2023. Noted that on 12/12/2023, the shower documentation was left blank. There was no indication of a resident refusal made.

[R9]
Review of R9's face sheet showed that the resident admitted to the facility on [redacted]/2019.

Review of R9's Personal Service Plan, last reviewed on 11/21/2023, under "Showering or Bathing," it stated that the resident prefers showers between 11AM and 12PM on Sunday and Friday.

Review of a facility document titled, "Bridge Day Shift Showers," for the week of 12/10/2023 to 12/16/2023, R9 was noted to have a shower scheduled for Sunday, 12/10/2023, and Thursday, 12/14/2023. Noted that on 12/10/2023, the shower documentation was left blank. There was no indication of a resident refusal made. There was no shower log for the week of 12/03/2023 to 12/09/2023 to review.

[R10]
Review of R10's face sheet showed that the resident admitted to the facility on [redacted]/2022.

Review of R10's Personal Service Plan, last reviewed on 11/21/2023, under "Showering or Bathing," it stated that the resident prefers showers between 9AM and 10AM on Sunday and Wednesday.

Review of a facility document titled, "Bridge Day Shift Showers," for the week of 12/10/2023 to 12/16/2023, R10 was noted to have a shower scheduled for Tuesday, 12/12/2023, and Saturday, 12/16/2023. Noted that on 12/12/2023, the shower documentation was left blank. There was no indication of a resident refusal made. There was no shower log for the week of 12/03/2023 to 12/09/2023 to review.

During an interview with Staff B, the Health Services Director, on 12/12/2023 at 2:52PM, Staff B was asked how staff know which residents are to be offered showers, on what day. Staff B stated, "The shower schedule. There is one for dayshift, and one evening shift for each side." Staff B was asked what staff are instructed to do when residents refuse showers. Staff B stated, "They are supposed to get three separate refusals. Two are from the care staff, and one is from the Med Techs, all different employees. Then they are supposed to notify myself and their POA and document that [in the resident record]." Staff B was then asked what it meant on the shower log when the scheduled resident shower was left blank. Staff B stated, "It was probably not done. Either because [the resident] refused and [staff] didn't document it, or it just was not done."

This is a recurring deficiency, previously cited on 08/28/2023.

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, Brookdale Olympia West is or will be in compliance with this law and / or regulation on (Date) 02/01/24

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

Administrator (or Representative) — Date: 01/01/24

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

Review of R10's Personal Service Plan, last reviewed on 11/21/2023, under "Showering or Bathing," it stated that the resident prefers showers between 9AM and 10AM on Sunday and Wednesday.

Review of a facility document titled, "Bridge Day Shift Showers," for the week of 12/10/2023 to 12/16/2023, R10 was noted to have a shower scheduled for Tuesday, 12/12/2023, and Saturday, 12/16/2023. Noted that on 12/12/2023, the shower documentation was left blank. There was no indication of a resident refusal made. There was no shower log for the week of 12/03/2023 to 12/09/2023 to review.

During an interview with Staff B, the Health Services Director, on 12/12/2023 at 2:52PM, Staff B was asked how staff know which residents are to be offered showers, on what day. Staff B stated, "The shower schedule. There is one for dayshift, and one evening shift for each side." Staff B was asked what staff are instructed to do when residents refuse showers. Staff B stated, "They are supposed to get three separate refusals. Two are from the care staff, and one is from the Med Techs, all different employees. Then they are supposed to notify myself and their POA and document that [in the resident record]." Staff B was then asked what it meant on the shower log when the scheduled resident shower was left blank. Staff B stated, "It was probably not done. Either because [the resident] refused and [staff] didn't document it, or it just was not done."

This is a recurring deficiency, previously cited on 08/28/2023.

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) Date

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

(4) Protect residents during the course of the investigation.

This requirement was not met as evidenced by:

Based on record review and interview, the memory care facility failed to investigate, document investigative actions and findings, and protect the resident during the investigation after becoming aware of an allegation of possible sexual abuse for 1 of 1 resident (Resident 11 [R11]), reviewed. This failure placed the resident at risk for further abuse due to the memory care facility failing to implement appropriate measures to prevent future occurrences.

Findings Included...

Review of the memory care facility policy titled, "Abuse, Neglect & Exploitation Policy" last reviewed on 05/2021, it stated, "Sexual Abuse" means any form of nonconsensual sexual contact, including but not limited to, unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment." Under the "Response to Incident" section, it stated, "Upon learning of alleged abuse, neglect or exploitation, the Executive Director or supervisor on duty should attempt to take necessary steps to ensure that residents are protected from subsequent episodes of abuse, neglect or exploitation while a determination on the matter is pending." Under the "Investigation" section, it stated that an internal investigation should be conducted "as soon as practicable upon becoming aware of the incident." It stated, "The Executive Director or designee should maintain a written record of the investigation. A summary of interviews should be prepared by the Executive Director or designee, including the date, time, name of person being questioned and an impartial report of the facts." Under the "Sexual Abuse and/or Rape Procedure" section, it stated, "In the event of suspected rape or sexual abuse, the following procedure should also occur... " "A Plan should be developed as soon as practicable and implemented to protect the suspected victim."

During an interview with Collateral Contact 2 (CC2), an outside Healthcare Provider, on 12/15/2023 at 8:43AM, CC2 stated that they were made aware that R11 had been engaging in sexual activities with R7. CC2 stated that they became aware of this after speaking with Staff A, the Executive Director, at the memory care facility.

During an interview with Staff A and Staff B, the Health and Wellness Director, on 12/15/2023 at 9:39AM, Staff A and Staff B were both asked if they could explain what they knew about the relationship between R11, and R7. Staff B stated that R11, who is married to another resident in the memory care facility, has been in an on and off relationship with R7. Staff B stated that both residents, R11 and R7, are both consenting adults, and that neither one has ever expressed that they do not want to be close to one another. Staff A and Staff B were asked how they knew that the residents were consenting, versus being unaware of their actions due to their diagnoses of [redacted]. Staff A stated, "[R11] actually wants [their spouse] to stay in [their] room, so [they do not] see it." When asked how long this relationship has been going on, Staff B stated, "this has been off and on for well over a year."

(4) Protect residents during the course of the investigation.

This requirement was not met as evidenced by:

Based on record review and interview, the memory care facility failed to investigate, document investigative actions and findings, and protect the resident during the investigation after becoming aware of an allegation of possible sexual abuse for 1 of 1 resident (Resident 11 [R11]), reviewed. This failure placed the resident at risk for further abuse due to the memory care facility failing to implement appropriate measures to prevent future occurrences.

Findings Included…

Review of the memory care facility policy titled, “Abuse, Neglect & Exploitation Policy” last reviewed on 05/2021, it stated, "Sexual Abuse" means any form of nonconsensual sexual contact, including but not limited to, unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment.” Under the “Response to Incident” section, it stated, “Upon learning of alleged abuse, neglect or exploitation, the Executive Director or supervisor on duty should attempt to take necessary steps to ensure that residents are protected from subsequent episodes of abuse, neglect or exploitation while a determination on the matter is pending.” Under the “Investigation” section, it stated that an internal investigation should be conducted “as soon as practicable upon becoming aware of the incident.” It stated, “The Executive Director or designee should maintain a written record of the investigation. A summary of interviews should be prepared by the Executive Director or designee, including the date, time, name of person being questioned and an impartial report of the facts.” Under the “Sexual Abuse and/or Rape Procedure” section, it stated, “In the event of suspected rape or sexual abuse, the following procedure should also occur…” “A Plan should be developed as soon as practicable and implemented to protect the suspected victim.”

During an interview with Collateral Contact 2 (CC2), an outside Healthcare Provider, on 12/15/2023 at 8:43AM, CC2 stated that they were made aware that R11 had been engaging in sexual activities with R7. CC2 stated that they became aware of this after speaking with Staff A, the Executive Director, at the memory care facility.

During an interview with Staff A and Staff B, the Health and Wellness Director, on 12/15/2023 at 9:38AM, Staff A and Staff B were both asked if they could explain what they knew about the relationship between R11, and R7. Staff B stated that R11, who is married to another resident in the memory care facility, has been in an on and off relationship with R7. Staff B stated that both residents, R11 and R7, are both consenting adults, and that neither one has ever expressed that they do not want to be close to one another. Staff A and Staff B were asked how they knew that the residents were consenting, versus being unaware of their actions due to their diagnoses of [redacted]. Staff A stated, “[R11] actually wants [their spouse] to stay in [their] room, so [they do not] see it.” When asked how long this relationship has been going on, Staff B stated, “this has been off and on for well over a year.”

Review of R11's face sheet showed that the resident admitted to the facility on [redacted] 2022.

During an interview with R11, on 12/15/2023 at 10:35AM, R11 was asked if they recalled having any sexual relations with any other resident at the facility, other than their spouse. R11 stated that they had no recollection of any sexual relationship with any other resident. R11 was asked if they wanted to continue a sexual relationship with another resident in the facility. R11 stated, "I don't know this [person] you are talking about. I don't want it. I have got a good [spouse] and I want to keep [them]. We have been married for over 60 years. I don't know [R7]." Verified again with R11 their wishes and asked if they wanted a sexual relationship with anyone other than their [spouse]. "I don't want no relationships with nobody but my [spouse]."

During an interview with Staff B on 12/15/2023 at 10:43AM, asked Staff B was notified of R11's wishes of not engaging in any sexual relations with any resident in the facility, other than their spouse. Staff B was asked to provide the department with any documentation, such as an incident report or progress notes, to show that an investigation was completed by a facility designee to verify that both residents R11 and R7 were consenting of sexual activity. Staff B stated that they were unable to locate any documentation that an investigation was done at all in the resident records. Staff B stated there were no interviews recorded, no progress notes about the resident's relationships or interactions, and no Incident Report or investigation that could be located.

This is a recurring deficiency, previously consulted on 08/10/2022, and previously cited on 03/30/2021.

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) — Date: 01/01/24

Review of R11's face sheet showed that the resident admitted to the facility on [redacted]/2022.

During an interview with R11, on 12/15/2023 at 10:35AM, R11 was asked if they recalled having any sexual relations with any other resident at the facility, other than their spouse. R11 stated that they had no recollection of any sexual relationship with any other resident. R11 was asked if they wanted to continue a sexual relationship with another resident in the facility. R11 stated, "I don't know this [person] you are talking about. I don't want it. I have got a good [spouse] and I want to keep [them]. We have been married for over 60 years. I don't know [R7]." Verified again with R11 their wishes and asked if they wanted a sexual relationship with anyone other than their [spouse]. "I don't want no relationships with nobody but my [spouse]."

During an interview with Staff B on 12/15/2023 at 10:43AM, asked Staff B was notified of R11's wishes of not engaging in any sexual relations with any resident in the facility, other than their spouse. Staff B was asked to provide the department with any documentation, such as an incident report or progress notes, to show that an investigation was completed by a facility designee to verify that both residents R11 and R7 were consenting of sexual activity. Staff B stated that they were unable to locate any documentation that an investigation was done at all in the resident records. Staff B stated there were no interviews recorded, no progress notes about the resident's relationships or interactions, and no Incident Report or investigation that could be located.

This is a recurring deficiency, previously consulted on 08/10/2022, and previously cited on 03/30/2021.

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_____ _____

Administrator (or Representative) Date