STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

10/25/2023

Soundview Rehabilitation and Health Care Inc
Rosario Assisted Living
1105 27th St
Anacortes, WA 98221

RE: Rosario Assisted Living License # 2528

Dear Administrator:

This letter addresses Compliance Determination(s) 30668 (Completion Date 10/04/2023) and 25913 (Completion Date 07/05/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/04/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2120-1

The Department staff who did the on-site verification:
Cristina Gonzalez, ALF Licensor

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

Sincerely,

Kim Ripley

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

Statement of Deficiencies	License #: 2528	Compliance Determination # 25913
Plan of Correction	Rosario Assisted Living	Completion Date
Page 1 of 3	Licensee: Soundview Rehabilitation and Health Care Inc	07/05/2023

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

The department completed data collection for an unannounced on-site follow-up on 06/20/2023 and 06/20/2023 of:

Rosario Assisted Living
1105 27th St
Anacortes, WA 98221

This document references the following SOD dated: 07/05/2023

The following sample was selected for review during the unannounced on-site visit: 2 of 49 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Kim Ripley — Residential Care Services

07/12/2023 — Date

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

Administrator (or Representative) Date

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

(1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to monitor and take action in response to resident requests for care needs for 2 of 2 sampled residents (Residents 1 & 2) when residents had extended wait times after using their call lights. This failure placed all residents at risk for injury and unmet care needs.

Findings included...

Resident 1

Resident 1 was admitted to the ALF on [redacted]/2023 with multiple medical diagnoses including [redacted] and [redacted]

Observation on 06/20/2023 at 3:56 PM showed Resident 1 pressing the call pendant around his neck. A red flashing light went off after the pendant was pressed. At 4:15 PM, the call pendant had not been responded to by staff.

In an interview on 06/20/2023 at 4:16 PM, Staff B, Caregiver, stated that the resident presses the button on the call pendant, and it rings to the pagers the caregivers carry. Staff B stated that she did not see the pager go off for Resident 1.

Resident 2

Resident 2 was admitted to the ALF on [redacted]/2023 with multiple medical diagnoses including [redacted] and [redacted]

Observation on 06/20/2023 at 4:23 PM showed a call pendant being pressed by Resident

2. A noise went off verifying the button had been pressed. At 4:40 PM, the call pendant had not been responded to by staff.

In an interview on 06/20/2023 at 4:36 PM, Resident 2 stated that they are able to do most things themselves, so if they press the call light, it means that they really need help.

In an interview on 06/20/2023 at 4:41 PM, Staff C, Caregiver, stated that Resident 2 had a new call system installed. Staff C was unsure how Resident 2's call system differed from the rest of the resident's call pendants. Staff C stated that they did not get notified when Resident 2 pressed their call pendant.

An observation on 06/20/2023 at 4:44 PM showed that the computer system used to view call lights with times the call light was pressed and how exactly how long it's been since they called was not working.

In an interview on 06/20/2023 at 4:45, Staff C stated that they use this computer program sometimes when the pagers aren't working. Staff C stated that the pagers aren't always reliable.

In an interview on 06/20/2023 at 3:17 PM, Staff A, Executive Director, stated that staff agree that the call system with pagers is not very good. Staff A stated that there are multiple times when the call system does not work.

This is an uncorrected deficiency previously cited on 03/21/2023.

In an interview on 06/20/2023 at 1:15 PM, Staff A stated that they were unable to provide a plan of correction for this previously cited deficiency. Staff A was unable to state how the ALF has corrected or is planning on correcting this deficiency.

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, Rosario Assisted Living 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Rosario Assisted Living
Provider Type: Assisted Living Facility
License/Cert.#: 2528
Compliance Determination #: 21441
Intake ID: 70318
Investigator: Judith Mellon
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 03/21/2023 through 04/21/2023
Complainant Contact Date(s): 03/14/2023

Allegation(s):

1) It was alleged a named Resident's call lights were not responded to, food was cold, a bathroom sink was clogged and not useable and the sanitation and housekeeping of the named Resident's living quarters was not sanitary.
2) It was alleged a named Resident had safety concerns related to no response by staff to the call light while in the shower and lightbulbs were not working or replaced.
3) It was alleged that a named Resident was inappropriately placed on a self-medication administration program.

Investigation Methods:

Sample:	Total residents: 50 Resident sample size: 12 Closed records sample size:
Observations:	Environment, named Residents, named Resident's living quarters, staff response to resident care needs, dining services, random sample residents, medication carts, call light response time
Interviews:	Interim Executive Director, Named Residents, sample Residents, Resident Care Coordinators, Health and Wellness Director/Registered Nurse, Maintenance Director, Caregiver, Outside Agency
Record Reviews:	Named Resident's medical records including negotiated service agreement and assessments, electronic medication administration records, All-Alarms Report

Investigation Summary:

1) The named Resident's bathroom sink was unclogged and working; living quarters were clean and well maintained. The named Resident denied any food concerns or concerns related to call light responses.
2) The Assisted Living Facility (ALF) failed to respond to the named Resident's call light. Light bulbs within the named Resident's living quarters were working. Citations written.
3) The ALF followed their Medication Management policy and assessed the named Resident to be able to safely administered their medication.

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: Rosario Assisted Living
Provider Type: Assisted Living Facility
License/Cert.#: 2528
Compliance Determination #: 21441
Intake ID: 74305
Investigator: Judith Mellon
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 03/21/2023 through 04/21/2023
Complainant Contact Date(s):

Allegation(s):

1. The Named Resident (NR) had multiple falls in the Assisted Living Facility (ALF).
2. The NR's call pendant does not work.

Investigation Methods:

Sample:	Total residents: 50 Resident sample size: 12 Closed records sample size:
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Call pendant response time
Interviews:	Identified resident Identified staff Family
Record Reviews:	All Alarms Report Negotiated Service Agreement

Investigation Summary:

1. The Named Resident had multiple falls identified in the Assisted Living Facility. The Named Resident's Negotiated Service Agreement was not updated to meet the named Resident's current level of care.
2. The Named Resident's call pendant was located on the night stand and not working when activated.

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

AMENDED
04/21/2023

CERTIFIED MAIL

9489 0090 0027 6382 8334 09

Licensee: Soundview Rehabilitation and Health Care Inc
Rosario Assisted Living
1105 27th St
Anacortes, WA 98221

RE: Rosario Assisted Living License # 2528

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 04/21/2023 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Kimberley Ripley, Field Manager
Residential Care Services
Region 2, Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

You May:

• Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

• Please contact me at (360)651-6846.

Sincerely,

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

Enclosure

RECEIVED
MAY 08 REC'D
ALTSA/RCS ARLINGTON

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

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 the unannounced on-site full inspection and complaint investigation on 03/21/2023, 03/22/2023, 03/23/2023 and 03/24/2023 of:

Rosario Assisted Living
1105 27th St
Anacortes, WA 98221

This document references the following complaint numbers: 70318, 74406, 73179, 71398, 74305.

The following sample was selected for review during the unannounced on-site visit: 12 of 50 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Judith Mellon, RN, Licensor
Cristina Gonzalez, ALF Licensor
Christine Banta, Community Complaint investigator
Jodi Condyles, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Kim Ripley
Residential Care Services

4-21-2023
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.

X _____ Administrator (or Representative)

X 5/2/23 Date

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(a) Maintain the premises free of hazards;

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure a safe living environment was maintained when 2 out of 3 kitchen ovens were turned on, and plastic items with food were placed in the ovens. These failures placed all residents, staff and visitors at risk for injury.

Findings included...

The ALF is a two building complex with four active communities; Rainier, Erie, Denali and Mount (Mt.) Baker. One of the communities, Mt., Baker house residents in the memory care unit. The memory care area had a secured, fenced area open for the memory care residents to access without staff assistance.

The following observations were made during a tour of the ALF;

03/21/2023 at 11:20 AM, in the Denali Community, a stove was observed to be turned "on" showing a digital temperature of 170 degrees Fahrenheit (F). The oven rack had an open package of waffles with the original plastic packing on them sitting on the rack. A metal container with bacon had plastic wrap stretched over the top of the pan and was sitting in the oven next to the waffles.

An observation on 03/23/2023 at 11:40 AM, in the Rainier Community, showed a kitchen oven to be turned on at 170 degrees F. Staff D, Caregiver, was observed placing two containers of soup with plastic wrap over the containers into the oven.

In an interview on 03/21/2023 at 11:22 AM, Staff A, Interim Executive Director, stated "the staff shouldn't be putting plastic in the ovens, it's a fire hazard and the saran wrap releases chemicals but even so it's plastic and shouldn't be in the oven."

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, Rosario Assisted Living is or will be in compliance with this law and / or regulation on (Date) X 6/10/23 .

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

X _____ X 5/2/23

Administrator (or Representative) Date

WAC 388-78A-2980 Lighting.

(2) The assisted living facility must maintain electric light fixtures and lighting necessary for the comfort and safety of residents and for the activities of residents and staff.

This requirement was not met as evidenced by:

Based on observations and interview, the Assisted Living Facility (ALF) failed to ensure light fixtures were maintained in good working order in common areas, dining rooms, and hallways. This failure placed 50 residents at risk for injury and a decreased quality of life.

An observation, on 03/21/2023 at 10:32 AM in the Rainer Community next to room B107, showed two out of three hallway lights were missing a lightbulb.

In an interview, on 03/21/2023 at 10:33 AM, with Staff C, Maintenance Director, stated that, "The tab that holds the lightbulbs are cracked, so I didn't want to put in a lightbulb only for it to fall. We are in the process of replacing all the lights in the building, so we didn't replace these tabs since we are getting new ones in soon. I don't think they've been out that long."

During an environmental tour, on 03/21/2023 in the Rainier Community, observations showed several non-functioning lighting fixtures. At 10:34 AM, in the common area above the television, observation showed two out of three lights did not have lightbulbs and the third light did not work. At 10:36 AM, next to Room B105, observation showed two hallway lights that were not operational. The hallways had no natural light sources. The hallway was dim, and the corners of the space were dark with shadows. At 10:49 AM, in the hallway next to room B103, observation showed one light in the hallway did not work. At 10:50 AM, observation showed one of the pendant lights above the dining room did not turn on.

During an environmental tour, on 03/21/2023 in the Denali Community, observations showed several non-functioning lighting fixtures. At 11:16 AM, in the common area, observation showed three light fixtures hung above the TV. None of these lights were operational. The living space was dim and any details in the area were difficult to see. At

11:17 AM, one of three hallway lights observed by room A105 were not operational.

In an interview, on 03/21/2023 at 10:37 AM, Staff C stated that, "It's a systemic issue in the building as it's been the same system for 26 years and all of them [light fixtures] seem to be failing at the same rate." Staff C stated that, "We had someone out here about a week and a half ago. We were waiting to get a report from them as soon as possible, so we can get to working on it [lighting]. We want to do LED lights as an upgrade instead of replacing bad with just alright, we want an actual upgrade."

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, Rosario Assisted Living is or will be in compliance with this law and / or regulation on (Date) X 6/10/23 .

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

X _____ X 5/2/23

Administrator (or Representative) Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

This requirement was not met as evidenced by:

Based on observations and interview, the Assisted Living Facility (ALF) failed to provide a safe, sanitary, well-maintained environment for residents living at the ALF. This failure resulted in 50 residents living in an unsafe and unsanitary environment and placed them at risk for injury and a decreased quality of life.

Findings included...

An environmental tour of the ALF on 03/21/2023, showed the following observations. At 10:40 PM, in the Rainier Community Laundry Room, the ceiling had a hole, approximately eight inches in diameter, in the drywall around the dryer vent tubing. At 10:59 AM, in the Mechanical Room in the Rainer Community, several dirty used rags were left in a pile on the floor near the door. A second pile of dirty used rags were left lying on the floor next to the potable water storage. At 11:23 AM, the floor in the Mechanical Room in the Denali Community was covered in debris including hair, dust, and crumbs. At 11:32

AM, next to the Denali Community exit doors, in the outside garden, a bucket was overfull with trash. At 11:36 AM, outside of the Denali Community, showed two cigarettes butts which appeared wet and half smoked lying on top of a cement wall in the back sidewalk area. At 12:15 PM, outside of the Mt. Baker Community showed greater than 15 cigarette butts on the ground, in the dirt/garden areas and next to the ALF's building structure.

Observation and interview, on 03/21/2023 at 12:16 PM, in the Mt. Baker Community courtyard, showed a large hole, approximate four inches in length, in the window screen of a resident's room and the frame of the screen was broken. On the exterior wall, near the Mt. Baker Community exit doors, a downspout with a metal band to hold the downspout in place, was detached, with a long nail sticking out. Staff C, Maintenance Director, stated that, "Yeah, that should not be like that, I'm not sure what happened. Let me fix that right now since that nail sticking out like that isn't safe."

In an interview, on 03/21/2023 at 12:20 PM, in response to cigarette butts on the ground, Staff A, Interim Executive Director, stated that, "We do not have any residents who smoke in Mt. Baker, those cigarettes belong to staff." Staff A stated that she would talk to the staff about discarding cigarette butts and was looking at initiating a smoke free facility.

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, Rosario Assisted Living is or will be in compliance with this law and / or regulation on (Date) 6/10/23.

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

Administrator (or Representative) — Date 5/2/23

WAC 388-78A-2380 Freedom of movement. An assisted living facility must ensure all of the following conditions are present before moving residents into units or buildings with exits that may restrict a resident's egress:

(3) The assisted living facility must have a system in place to inform and permit visitors, staff persons and appropriate residents how they may exit without sounding the alarm.

This requirement was not met as evidenced by:

Based on observation and record review, the Assisted Living Facility (ALF) failed to ensure visitors in the Mt. Baker Community were able to exit on their own free will. This failure caused ALF visitors unnecessary waiting to have personnel help them exit.

Findings included...

During the initial tour of the ALF on 03/21/2023, the following issue were observed;

Observation on 03/21/2023 at 12:20 PM showed the Mt. Baker Community had two secured entrances. One entrance was in the middle of the unit and required a key to unlock the door to exit. Both caregivers and the med tech had a key for this door. The second entrance is located at the front of the community that opened to the courtyard and had a gate that was secured by a magnetic lock. There was a keypad next to the gate and no sign was posted to indicate the numerical code to unlock the gate.

Interview on 3/24/2023 at 10:06 AM Staff G, Caregiver, stated they did not want to give the gate code to visitors because they did not wait long enough for the door to latch before walking away.

Interview on 03/16/2023 at 1:00 PM, Collateral Contact 1 stated that they had been locked inside the memory care unit for thirty minutes without staff to come and let them out. They were unable to exit through the courtyard gate because there was no code posted and the door did not release. Collateral Contact 1 stated that since then, they made sure to have their cell phone with them.

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, Rosario Assisted Living is or will be in compliance with this law and / or regulation on (Date) X 6/16/23 .

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

X _____ X 5/2/23

Administrator (or Representative) Date

WAC 246-215-03235 Specifications for receiving Temperature (FDA Food Code 3-202.11).

(1) Except as specified in subsections (2) through (4) of this section, refrigerated, time/temperature control for safety food must be at a temperature of 41 F (5 C) or below when received.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure cold foods were maintained at a temperature of 41 degrees Fahrenheit (F) or below during lunch. This failure placed residents who received food services at risk for foodborne illnesses.

Findings included...

The Washington State Retail Food Code 246-215-03235 (1) shows "potentially hazardous food must be at a temperature of 41 degrees F (5 degrees Celsius) or below when received.

Record review showed eight residents resided in the Rainier Community. Review of the ALF's meal service schedule showed resident lunches were scheduled for 11:30 AM to 12:30 PM.

At lunchtime, an insulated food cart was observed being pushed into the Rainier Community resident kitchen area on 03/23/2023 at 11:35 AM. Four residents were present at the dining room tables and four additional place settings showed four residents were missing.

An observation on 03/23/2023 at 11:40 AM showed Staff D, Caregiver, was checking the food cart and placed a baking tray of egg salad sandwiches covered in plastic wrap on top of the kitchen counter.

Staff D was observed on 03/23/2023 at 11:45 AM, in the Rainier Community, showed Staff D using a thermometer through the plastic wrap, into the egg salad sandwich to check the temperature.

In an interview on 03/23/2023 at 11:46 AM, Staff D stated, "the egg salad temperature is 53.6 degrees F." Staff D stated that she was unsure how to know what the correct temperature should be.

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, Rosario Assisted Living is or will be in compliance with this law and / or regulation on (Date) X 5/2/23 .

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

X _____ X 5/2/23

Administrator (or Representative) Date

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

(1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the Assisted Living Facility (ALF) failed to monitor and take action in response to resident requests for care needs for 3 of 3 residents (Residents 4, 5 and 11) in the Denali and Mount Baker Communities when residents had extended wait times after using their call lights. This failure placed all residents at risk for injury and unmet care needs and contributed to a delay in unmet care needs.

Findings included...

Resident 4
Resident 4 was admitted to the ALF on [redacted]/2023 with multiple medical diagnoses including [redacted] and [redacted]

Resident 4's most recent negotiated service agreement dated 02/21/2023, showed Resident 4 needed stand-by assistance with bathing, was a stand-by assist to one-person assist with transfers and needed stand-by assistance with toileting.

In an interview on 03/24/2023 at 11:45 AM, Resident 4 stated, "I have a wrist pendant, but it doesn't fit, it's too small and I had asked for a pendant to wear around my neck. They were supposed to put in an order for it weeks ago and I never got anything." Resident 4 stated, "I was left in the shower for an hour and forty-five minutes, and no one came to help get me out. I was afraid I was going to fall. I get off balance when I take off my [redacted] and slide forward. I was afraid I was going to slide off the shower bench. I went to the store and bought a matt to sit on, so I don't slip off the bench. I scoot myself on the bench and into the corner, so I don't fall." Resident 4 stated, "During the night I use urinals and they get overfull and they don't always get checked and emptied, I ring the light and sometimes they come and sometimes they don't."

Observation on 03/24/2023 at 12:15 PM of Resident 4's bathroom, showed a free-standing shower bench with a white matt on top of the bench and an emergency call light pull-cord next to the shower stall. The emergency call-light cord for the bathroom was not responded to by the ALF staff.

On 03/24/2023 at 12:42 PM, Staff L, Resident Care Coordinator, was observed at the medication cart in the resident common area near Resident 4's living quarters. Staff L stated that he was unaware Resident 4's call light was ringing.

During an interview on 03/24/2023 at 12:45 PM, Staff I, Caregiver, checked her pager and stated that they didn't see the call from Resident 4. Resident 4's shower call light continued to ring, and had been ringing for 30 minutes.

In an interview on 03/24/2023 at 10:15 AM, Staff A, Interim Executive Director, stated, "I reviewed the call lights report and the call light response times are unacceptable."

Record reviews of the ALF's All Alarms Report, dated for 02/21/2023 through 03/23/2023 showed a report with call light response dates and times by the ALF staff. The ALF's All Alarms Report (for all communities) showed a total alarm count of 433 and an average response time of 34 minutes and 43 seconds. The Denali Community showed 94 entries between 02/21/2023 through 03/23/2023 where staff response for resident requests for care assistance were greater than fifteen minutes. The longest wait time was over 11 hours with many wait times over one hour and several over three hours.

In an interview on 03/23/2023 at 11:13 AM, Staff C, Maintenance Director stated, "the residents in the Mount Baker community [secured memory care] have motion detectors and do not use call lights. The motion detectors will reset themselves automatically, so if a resident moves it will turn on and when they stop moving the motion detectors reset themselves automatically." So, if a resident moves it will turn on and when they stop moving the motion detector resets itself." Staff C stated, "you will see repeated motion movements on the report." Staff C stated, "if you see priority assistance, for example Resident 11 has priority assist listed because Resident 11 is a high fall risk." Staff C stated that he was unsure how to tell if staff responded to the call lights in the Mount Baker Community and had checked the residents since the alarms reset themselves.

Resident 11
Resident 11 was admitted to the ALF on [redacted]/2021 with multiple medical diagnoses including [redacted] and [redacted] Resident 11's most recent negotiated service agreement dated 02/14/2023 showed Resident 11 was identified as a fall risk.

The Mount Baker Community showed a random sample Resident, Resident 11, initiated a motion detector movement seventeen times between 02/21/2023 from 12:21 AM through 02/21/2023 at 4:07 AM. Resident 11 was identified on the All-Alarms Report to be a Priority Assist. Several of the call light responses were identified in living quarters without resident names listed and were greater than 25 minutes through one and a half hours. The Mount Baker dining Room showed on 02/21/2023 at 11:11 AM, staff assistance was required, and the response time was three hours, six minutes and thirty-two seconds.

Resident 5
Resident 5 was admitted to the ALF on [redacted]/2023 with multiple medical diagnoses that included [redacted] and [redacted]

In an interview on 03/23/2023 on 10:39 AM, Resident 5 stated they did not know they had a call pendant. Resident 5 stated they would yell out if they needed help.

On 03/24/2023 at 10:30 AM, Staff A, Executive Director, stated, "The call light response time should be not more than fifteen minutes."

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, Rosario Assisted Living is or will be in compliance with this law and / or regulation on (Date) 6/6/23 .

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

Administrator (or Representative) Date 5/2/23

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(f) In response to medical emergencies;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to follow their policy that addresses what staff must do in an event of a medical emergency for 1 of 10 sampled residents (Resident 2). This failure resulted in Resident 2 not receiving care based on informed decisions by their health care provider and representative after a fall with head trauma and placed Resident 2 at risk for similar future situations that could jeopardize Resident 2's health and life.

Findings included...

Review of the ALF's undated policy titled "Fall Management", showed after a resident falls, a Licensed Nurse should assess the resident for injury and determine if 911 should be called and if there is any evidence of head trauma, the resident should be evaluated by a medical professional. Staff would then complete an incident form, turn the form into the Licensed Nurse, place the resident on alert charting, notify the primary care provider and responsible party, and the Wellness Director would update the resident service plan.

Resident 2 was admitted to the ALF on [redacted]/2023 with multiple diagnoses including [redacted] and [redacted]

Review of a Progress Note (PN), dated 03/11/2023 at 9:14 AM, showed Resident 2 reported they had a fall the previous night. Resident 2 had lost their balance and hit their head on the door frame as they were falling. A lump was observed on the back of Resident 2's head. Resident 2 stated they had reported this lump to the previous shift staff. No other progress notes related to the fall were documented.

In an interview on 03/24/2023 at 9:54 AM, Resident 2 stated that, "I did fall the other week maybe, at night, I think. I told one of the people about it because my head was hurting a bit and I had a big bump. I don't know if they did anything after it happened, nothing that I can remember."

In an interview on 03/24/2023 at 11:08 AM, Staff B, Interim Wellness Director, stated that, "Staff had responded to the fall with an assessment, but then they didn't tell me about the incident nor complete an incident report themselves. They did not put them on alert charting either. That person is no longer with us and that's all I can tell you. So, [Resident 2] did fall that night, but the communication was broken. This is the first time I'm hearing about this incident. So, I'm sorry, I can't give you an incident report right now, but we are rectifying that immediately. We will be starting our investigation and doing interviews, as well as finding an intervention to prevent this from happening in the future." No incident report was able to be provided.

In an interview on 03/24/2023 at 1:00 PM, Staff B stated that, "There was zero record that the doctor was notified. This will be repaired right away. It seems there was no call out to family either and there has been no ISPs (Interim Service Plans) created for this incident as of right now."

Review of Resident 2's progress notes and physician correspondences as of 03/24/2023 showed no documentation that staff reported the fall to the resident representative or health care provider.

Review of Resident 2's Negotiated Service Agreement, dated 02/14/2023, showed no documentation of updated interventions to prevent a similar incident from occurring.

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, Rosario Assisted Living is or will be in compliance with this law and / or regulation on (Date) 5/2/23.

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

X _____ X 5/2/23
Administrator (or Representative) Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a fingerprint background check for 1 of 6 sampled staff (Staff I) before allowing unsupervised access to 50 of 50 residents. This failure placed all residents at risk for harm of being cared for by a staff person with a potential disqualification.

Findings included...

Review of the ALF's staff records showed Staff I was hired on 09/06/2022. There was no evidence of a fingerprint background check in Staff I's employee file.

In interview on 03/24/2023 at 10:35 AM, Staff E, Business Office Manager, stated that we were unable to find Staff I's fingerprint background check.

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, Rosario Assisted Living is or will be in compliance with this law and / or regulation on (Date) X 5/15/23

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

X _____ X 5/2/23
Administrator (or Representative) Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) did not ensure 6 of 6 sampled staff had basic and specialty training, first Aid/CPR and 12 hours of annual continuing education within the department specified timeline. This failure placed residents at risk of not having their specialty care needs met due to unqualified staff.

Findings included...

The ALF's employee files showed the following:

Review of the employee file for Staff A, Interim Executive Director, showed a hire date of 02/19/2023. Staff A's employee file did not show the completion of 70 hour basic, specialty dementia and mental health training and first aid/CPR.

Review of Staff G's employee file, Med Tech, showed a hire date of 06/18/2022. Staff G's employee file did not show the completion of 12 hours of annual continuing education.

Review of the employee file for Staff H, Caregiver, showed a hire date of 07/26/2022. Staff H's employee file did not show the completion of 70 hours basic, specialty training for dementia and mental health and 12 hours of annual continuing education.

Review of the employee file for Staff I, Caregiver, showed a hire date of 09/06/2022. Staff I's employee file did not show the completion of 70 hours basic, specialty mental health training and 12 hours of annual continuing education.

Review of the employee file for Staff J, Caregiver, showed a hire date of 12/01/2019. Staff J's employee file did not show the completion of 12 hours of annual continuing education.

Review of the employee file for Staff K, Med Tech, showed a hire date of 12/01/2019. Staff K's employee file did not show the completion of 12 hours of continuing education.

In an interview on 03/22/2023 at 10:40 AM, Staff E, Business Office Director and Staff F, Business Office Assistant, stated that a recent audit was completed on the facilities employee files and believe the missing training certificates were in another location. Staff E and Staff F would review the employees files again and provide an update.

In an interview on 03/24/2023 at 10:35 AM, Staff E and Staff F provided additional missing training documentation. It was determined there were still missing training documentation for Staff A, G, H, I, J, and K.

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, Rosario Assisted Living is or will be in compliance with this law and / or regulation on (Date) X 5/20/23

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

X _____ X 5/2/23

Administrator (or Representative) Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) did not ensure 3 of 6 sampled ALF staff (Staff A, H, & I) were screened for tuberculosis (TB) within 3 days of employment. This failure placed all residents at risk of exposure to a communicable disease.

Findings included...

Employee files were reviewed and showed the following;

Staff A, Interim Executive Director, hired on of 02/19/2023, showed a first step TB skin test completed on 03/23/2023, not within the required 3 days of hire.

In an interview on 03/24/2023 at 2:45 PM, Staff A stated, they did not have an initial TB test upon hire.

Staff G, Med Tech, hired on 06/18/2022, showed no TB skin tests were completed.

Staff I, Caregiver, hired on 09/06/2022, showed an initial TB skin test completed on 11/03/2022, not within 3 days of hire and not read within the required 48 to 72 hours. The second TB skin test was not completed.

In an interview on 03/22/2023 at 10:40 AM Staff E, Office Manager and Staff F, Office Manager Assistant said that some staff TB skin tests were not found in the current employee files during a recent audit. Staff E and F stated they thought the files might have been misplaced.

In an interview on 03/24/2023 at 10:35 AM Staff E and F stated after completing an additional review of the employee files, they did not have any additional documentation.

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, Rosario Assisted Living is or will be in compliance with this law and / or regulation on (Date) X 5/30/23

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

X _____ X 5/2/23

Administrator (or Representative) Date