STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Ruthaven ALF LLC

Ruthaven ALF LLC
15843 SE 256TH ST
COVINGTON, WA 98042

RE: Ruthaven ALF LLC License # 2659

Dear Administrator:

This letter addresses Compliance Determination(s) 50096 (Completion Date 11/12/2024) and 46561 (Completion Date 09/11/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/12/2024 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-2790-1, WAC 388-78A-2790-2, WAC 388-78A-2790-3, WAC 388-78A-2790-4, WAC 388-78A-2790, WAC 388-78A-3000-1-a, WAC 388-78A-3000-2, WAC 388-78A-3000-3, WAC 388-78A-2730-2-b-i, WAC 388-78A-2600-2-k, WAC 388-78A-2665, WAC 388-78A-2665-1, WAC 388-78A-2665-2, WAC 388-78A-2665-3, WAC 388-78A-2665-4, WAC 388-78A-2665-5, WAC 388-78A-2665-6, WAC 388-78A-2483-1, WAC 388-78A-2483-2, WAC 388-78A-2483, WAC 388-78A-2480-1, WAC 388-78A-2468-1, WAC 388-78A-2210-1-b, WAC 388-78A-2180-1-b, WAC 388-78A-2180-2, WAC 388-78A-2160, WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-e, WAC 388-78A-2140-2, WAC 388-78A-2140-2-a, WAC 388-78A-2140-2-b, WAC 388-78A-2140-3

The Department staff who did the on-site verification:
Michelle Yip, ALF Licensor

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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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 on 09/03/2024, 09/03/2024, 09/05/2024 and 09/05/2024 of:
Ruthaven ALF LLC
15843 SE 256TH ST
COVINGTON, WA 98042

The following sample was selected for review during the unannounced on-site visit: 4 of 13 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Michelle Yip, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson — Residential Care Services

09/17/2024 — 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) 9/23/2024 Date

WAC 388-78A-2790 Annual renewal. To renew an assisted living facility license, the assisted living facility must:

(1) Submit a completed license renewal application on forms designated by the department, at least thirty days prior to the license expiration date;

(2) Sign the application;

(3) Submit the annual license fee as specified in WAC 388-78A-3230 ; and

(4) If the licensee's agent prepares a renewal application on the licensee's behalf, the licensee must review, sign and attest to the accuracy of the information contained on the renewal application.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to renew 1 of 1 license (Assisted Living Facility license). This failure placed all 13 residents at risk of improper care from an unlicensed facility.

Findings included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed that the facility's license renewal was due on 01/15/2024. STARS showed that as of 09/09/2024, the facility had not renewed the Assisted Living Facility (ALF) license.

Observation between 09/03/2024 and 09/05/2024 showed the ALF licensed posted in the facility expired on 02/28/2024.

During an interview on 09/05/2024 at 4:00 PM, Staff C, Certified Nursing Assistant, Manager, confirmed that they did not renew their ALF license.

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, Ruthaven ALF LLC is or will be in compliance with this law and / or regulation on (Date) 10/26/24 .

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

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Administrator (or Representative) 9/23/24 Date

WAC 388-78A-3000 Ventilation. The assisted living facility must meet the ventilation requirements of the mechanical code as adopted and amended by the Washington state building council; and

(1) Ventilate rooms to:

(a) Prevent excessive odors or moisture; and

(2) If provided, locate outdoor smoking areas in accordance with Washington state law;

(3) Provide intact sixteen mesh screens on operable windows and openings used for ventilation; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure the exhaust air vents in 3 of 10 rooms (the laundry room, the common bathroom, and Apartment 106) provided proper air flow and ventilation to the outside. The facility failed to provide a window screen used for ventilation in 1 of 7 sampled residents' rooms (Apartment [redacted]). This failure placed all 13 residents at risk of a diminished quality of life and potential respiratory illnesses from poor air circulation in the building.

Findings included...

NOTE: WAC 388-78A-3030 Toilet rooms and bathrooms stated (2) The assisted living facility must provide each toilet room and bathroom with: (e) Provide mechanical ventilation to the outside. WAC 388-78A-3040 Laundry stated (5) The assisted living facility must ventilate laundry rooms and areas to the outside of the assisted living facility, including areas or rooms where soiled laundry is held for processing by off-site commercial laundry services.

Observations during the environmental tour on 09/03/2024, between 10:30 AM and noon, showed the laundry room ventilation system was non-functioning. Observation showed the vent was covered with dust. Observation showed the ventilation system in the bathroom of Apartment 106 was non-functioning. Observation showed there was no vent cover on the exhausted air vent in the common bathroom. Observation showed one sliding window in Apartment [redacted]. Observation showed no screen on the window. Observation showed Resident 1 and Resident 2 resided in the Apartment [redacted].

During an interview on 09/03/2024 at the time of the observations, Staff C, Certified Nursing Assistant, Manager, stated that the residents used the laundry room and the common bathroom. Staff C stated that they were unsure why the vents did not function.

Staff C stated that they were unsure why the window in Apartment [redacted] did not have a screen.

Plan/Attestation Statement

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Administrator (or Representative) 9/23/24 Date

WAC 388-78A-2730 Licensee's responsibilities.

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(i) A current assisted living facility license, including any related conditions on the license;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to post 1 of 1 assisted living facility license (the current license) in the facility. This failure placed all 13 residents at risk of being uninformed about the facility licensure status and any conditions on the license.

Findings included...

Observation between 09/03/2024 and 09/05/2024 showed the facility's assisted living facility (ALF) license was posted on the wall at the entrance. Observation showed the posted license expired in February 2024. There was no current ALF license posted.

During an interview on 09/05/2024 at 4:00 PM, Staff C, Certified Nursing Assistant, Manager, stated that they were unable to find the current facility's ALF license.

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Administrator (or Representative) Date 9/23/24

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:

(k) To prevent and limit the spread of infections consistent with WAC 388-78A-2610 ;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed ensure 6 of 6 staff (Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F) were trained in the facility's respiratory protection program policy. This failure placed all 13 residents at risk of receiving care from untrained staff that may unknowingly spread infections.

Findings included...

Review of the Department of Social and Health Services (DSHS) Dear Provider Letter, "Provider Responsibilities for Provision of Personal Protective Equipment (PPE), Respiratory Protection Program (RPP), and changes to Department of Health (DOH) RPP Resources", dated 09/14/2023, provided information about the responsibilities of long-term care facilities (LTCF) to develop a respiratory protection program. The letter showed that employers were responsible to identify respiratory hazards in the workplace, provide appropriate PPE to staff who provided care to residents with a known or suspected communicable disease, and follow regulations pertaining to respiratory protection.

Review of the Washington State DOH website, titled "Respiratory Protection Program for Long Term Care Facility (https://doh.wa.gov/public-health-provider-resources/healthcare-professions-and-facilities/healthcare-associated-infections/hai-resources-and-tools/respiratory-protection-program), dated 07/23/2024, showed specific guidelines for RPP. The website showed that facilities were required to maintain a written respiratory program. The website showed that facilities were required to provide medical evaluation, fit tests, and staff training for any employee identified as potentially being exposed to respiratory hazard. The publication showed that facilities were responsible to provide each employee with the properly fit-tested respirator identified at

the fit test and maintain the records.

Review of the facility's Employee Roster showed that the facility hired seven employees to provide care and services to the residents. The document showed that the facility hired Staff A, Administrator, on 11/21/2019; Staff B, Administrator Assistant, on 05/30/2023; Staff C, Certified Nursing Assistant/Manager, on 10/05/2022; Staff D, Medication Technician/Caregiver, on 04/09/2024; Staff E, Medication Technician/Caregiver, on 03/15/2024; Staff F, Medication Technician/Caregiver, on 06/02/2024.

Review of the facility's policy documents showed that the facility followed the Washington state DOH guidelines for RPP. There was no written RPP policy and protocols that showed the respiratory protection for staff in providing care to residents with a known or suspected communicable disease. There was no documentation that showed how the facility identified respiratory hazards in the workplace. There was no documentation that showed the facility completed medical evaluation for each employee. There was no documentation that showed the facility completed respirator fit test for Staff C, Staff D, Staff E, and Staff F. There was no documentation that showed the facility completed staff training for Staff A, Staff B, Staff C, Staff D, Staff E, or Staff F.

During an interview on 09/05/2024 at 3:30 PM, Staff B stated that they were unfamiliar with the latest DOH guidelines. Staff B stated that they did not have a written RPP policy. Staff B stated that they were responsible to maintain the medical evaluation and respirator fit test documents. Staff B stated that they were unable to find the medical evaluation, fit test, and staff training documents for the care staff.

Plan/Attestation Statement

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Administrator (or Representative) Date 9/23/24

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to disclose the facility's policy on accepting Medicaid payments and maintain the signed disclosure documentation in the residents' records for 13 of 13 sampled residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, Resident 10, Resident 11, Resident 12, and Resident 13). This failure placed all 13 residents at risk of being discharged and unable to reside in the facility on State Medicaid assistance, when necessary.

Findings included...

Review of the Department of Social and Health Services' Client Service Contract showed that the facility's Medicaid contracts included Enhanced Adult Residential Care Services (EARC) Expanded Community Services (ECS). The document showed that the contract was effective between 05/02/2022 and 04/30/2026.

Review of the facility's Characteristic Roster showed that the facility provided care and services to 13 residents. The document showed that the facility admitted Resident 1 in [redacted] 2024, Resident 2 in [redacted] 2021, Resident 3 in [redacted] 2024, Resident 4 in [redacted] 2022, Resident 5 in [redacted] 2022, Resident 6 in [redacted] 2020, Resident 7 in [redacted] 2022, Resident 8 in [redacted] 2024, Resident 9 in [redacted] 2022, Resident 10 in [redacted] 2022, Resident 11 in [redacted] 2022, Resident 12 in [redacted] 2024, and Resident 13 in [redacted] 2024.

During an interview on 09/05/2024 at 2:00 PM, Staff B, Administrator Assistant, stated that they were aware of the regulation that required the facility to notify every resident about the facility's policy of accepting Medicaid as a payment source. Staff B stated that they were unaware the facility was required to obtain the signature of each resident on the notice. Staff B stated that they were unable to find the Medicaid disclosure notice in any of the residents' files.

During an interview on 09/05/2024 at 4:00 PM, Staff A, Administrator, stated that in June 2023, the facility changed ownership and operated under a new license. Staff A stated that under the new license, the facility did not establish a procedure that provided the residents with a copy of the facility's Medicaid policy. Staff A stated that the Medicaid

policy was disclosed in the residence agreement form upon admission. Staff A stated that the facility did not have a separate document for the Medicaid policy. Staff A stated that they did not obtain any resident signatures to acknowledge that each resident received a copy of the Medicaid policy.

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) 9/23/24 Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure 4 of 6 sampled staff (Staff C, Staff D, Staff E, and Staff F) were tested for tuberculosis (TB). This failure placed all 13 the residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

STAFF C
Review of the facility's Employee Roster showed the facility hired Staff C, Certified Nursing Assistant, Manager, on 10/05/2022. Review of Staff C's personnel records showed documentation that on 09/13/2022, Staff C completed a Quantiferon-TB Gold Plus (a blood test for TB), with a negative result, 22 days prior to Staff C's hire date. There was no documentation that showed Staff C completed another one-step test when hired, as required.

STAFF D
Review of the facility's Employee Roster showed the facility hired Staff D, Medication

Technician, Caregiver, on 04/09/2024. Review of Staff D's personnel records showed that on 12/11/2023, Staff D completed a one-step TB skin test, with a negative result, 120 days prior to Staff D's hire date. There was no documentation that showed Staff D completed another one-step test when hired, as required.

STAFF E
Review of the facility's Employee Roster showed the facility hired Staff E, Medication Technician, Caregiver, on 03/15/2024. Review of Staff E's personnel records showed that on 02/14/2024, Staff E completed a one-step TB skin test, with a negative result, 30 days prior to Staff E's hire date. There was no documentation that showed Staff E completed a one-step TB skin test when hired, as required.

STAFF F
Review of the facility's Employee Roster showed the facility hired Staff F, Medication Technician, Caregiver, on 06/02/2024. Review of Staff F's personnel file showed that on 09/19/2023, Staff F completed a one-step TB skin test, with a negative result, 257 days prior to Staff F's hire date. There was no documentation that showed Staff F completed a one-step TB skin test when hired, as required.

During an interview on 09/04/2024 2:00 PM, Staff B, Administrator Assistant, stated that they were responsible for maintaining the TB documentation in the personnel files for all employees. Staff B stated that they did not find any additional TB documents in any of the personnel files. Staff B stated that they were unfamiliar with the TB testing requirements per the Washington Administrative Code. Staff B stated that the facility did not complete one TB test for Staff C, Staff D, Staff E, and Staff F, when they were hired.

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, Ruthaven ALF LLC is or will be in compliance with this law and / or regulation on (Date) 10/26/24 .

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

Administrator (or Representative) 9-23-24 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:

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Based on interview and record review, the facility failed to ensure failed to ensure 1 of 6 care staff (Staff A) was screened for tuberculosis (TB), within three days of hire. This failure placed all 13 residents at risk for contracting tuberculosis, a contagious illness.

Findings included...

Review of the facility's Staff Roster showed the facility hired Staff A, Administrator, on 11/21/2019. Review of Staff A's personnel records showed that on 08/01/2023, Staff A completed a one-step TB skin test, with a negative result. The records showed that on 04/26/2024, Staff A completed another one-step TB skin test, with a negative result. There was no documentation that showed Staff A completed any TB test when hired, as required.

During an interview on 09/09/2024 at 5:00 PM, Staff A, Administrator, stated that they were aware of the TB testing requirements per the Washington Administrative Code (WAC). Staff A stated that they did not find the previous TB testing record in the personnel file.

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) 9-23-24 Date

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to submit the Washington state name and date of birth background inquiry (BGI) for 3 of 7 sampled staff (Staff B, Staff C, and Staff H) and 1 of 1 sampled contracted staff (Staff G) within one business day after their start date. This failure placed all 13 residents as risk

for abuse and neglect from caregivers and staff persons with unknown background.

Findings included...

STAFF B
Observation between 09/03/2024 and 09/05/2024 showed Staff B, Administrator Assistant, worked in the facility. Observation showed Staff B interacted with the residents.

Review of the facility's Employee Roster showed that the facility hired Staff B on 05/30/2023. Review of Staff B's personnel record showed that the facility completed the Washington state name and date of birth BGI on 07/03/2023, 34 days after Staff B was hired.

STAFF C
Observation between 09/03/2024 and 09/05/2024 showed Staff C, Certified Nursing Assistant, Manager, provided direct care and services to residents in the facility.

Review of the facility's Employee Roster showed that the facility hired Staff C on 10/05/2022. Review of Staff C's personnel record showed that the facility completed the Washington state name and date of birth BGI on 08/01/2023, 300 days after Staff C was hired.

STAFF H
Observation on 09/05/2024 showed Staff H, Administrator Assistant, worked in the facility. Observation showed Staff H interacted with the residents.

Review of the facility's Employee Roster showed that the facility hired Staff H on 05/30/2023. Review of Staff H's personnel record showed that the facility completed the Washington state name and date of birth BGI on 06/12/2023, 13 days after Staff H was hired.

STAFF G
Review of the facility's Employee Roster showed that the facility hired Staff G, Registered Nurse Delegator (RND), as a contracted staff on 06/07/2023. Review of the facility's nurse delegation records showed that Staff G provided resident assessment and staff training and evaluation. Review of Staff G's personnel record showed no documentation that the facility completed the Washington state name and date of birth BGI for Staff G.

During an interview on 09/03/2024 at 4:15 PM, Staff B stated that the facility hired Staff G as a contracted RND. Staff B stated that they were unaware the facility was required to complete a background check for the contracted staff. Staff B confirmed that they did

not complete a background check for Staff G when they were hired.

During an interview on 09/04/2024 at 2:00 PM, Staff B stated that they did not find the initial BGI for Staff B, Staff C, and Staff H in the personnel files. Staff B stated that they were aware the facility was out of compliance with background checks.

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) 9-23-24 Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to implement medication and treatment regimen for 1 of 1 sampled resident (Resident 2) as agreed upon in the service plan. This failure placed Resident 2 at risk for worsening medically diagnosed conditions and unmet care needs.

Findings included...

Review of Resident 2's records showed that the facility admitted Resident 2 in [redacted] 2021 with a medical diagnosis [redacted]. The records showed that on 05/13/2024, the Department of Health and Social Services (DSHS) completed an assessment for Resident 2. The assessment showed Resident 2 required blood sugar checks and insulin (a drug that lowers blood sugar levels) administration.

Review of Resident 2's Physician's Orders of Medications showed that Resident 2 received Humulin 70/30 (a medication that lowers the blood sugar levels), 16 units

injected subcutaneously (under the skin), two times a day with meals. Resident 2 received blood glucose checks before breakfast, lunch, and dinner and before insulin administration. The document showed that Resident 2 received nurse delegation for blood glucose checks and insulin administration.

Review of Resident 2's nurse delegation documentation showed that on 03/07/2023, Resident 2's representative signed the Consent for Delegation. The document showed that Staff G, Registered Nurse Delegator, delegated Medication Technicians (unlicensed staff who administers medications) to administer blood sugar checks and insulin administration.

Review of Resident 2's June 2024, July 2024, August 2024, and September 2024 Medication Administration records (MARs) showed that Resident 2 received blood glucose checks three times per day, before meals. The MARs showed Resident 2's blood glucose levels ranged from 81 to 291. The MARs instructed care staff to notify the physician if the blood glucose level was less than 60 or greater than 350. The MARs showed no documentation that instructed the staff to withhold insulin administration. The MARs showed that in June 2024, staff did not administer 51 of 60 doses of insulin. The MARs showed that in July 2024, the staff did not administer 58 of 62 doses of insulin. The MARs showed that in August 2024, the staff did not administer 62 of 62 doses of insulin. The MARs showed that between 09/01/2024 and 09/04/2024, the staff did not administer 8 of 8 doses of insulin.

Observation on 09/05/2024 at 11:51 AM showed Staff E, Medication Technician, Caregiver, checked Resident 2's blood glucose. Observation showed the blood sugar was 158. Observation showed staff E documented Resident 2's blood sugar results in the system. Observation showed Staff E did not administer any insulin. During an interview at this time, Staff E stated that they were instructed not to administer insulin when Resident 2's blood sugar level was 158.

During an interview on 09/05/2024 at 2:30 PM, Staff G stated that they delegated staff to complete blood sugar checks and administer insulin injections for Resident 2. Staff G stated that they completed the training, evaluation, and supervision for the delegated staff, which included Staff E. Staff G confirmed that the physician order of insulin on the MAR was current. Staff G stated that they instructed delegated staff to administer insulin when Resident 2's blood sugar level was 61 and above. Staff G stated that in the most recent nursing visit on 07/05/2024, they reviewed the resident records. Staff G stated that they were unaware of Resident 2's blood sugar levels and they were unaware the delegated staff did not administer Resident 2's insulin.

During an interview on 09/05/2024 at 2:30 PM, Staff B, Certified Nursing Assistant, Manager, stated that recently Resident 2's blood sugar levels fluctuated. Staff B stated that they monitored Resident 2's blood sugar levels. Staff B stated that they thought Resident 2's blood glucose levels were "unsafe" to administer insulin injections. Staff B stated that they did not administer insulin for Resident 2. Staff B stated that they did not discuss their concerns with Staff G, and they did not report Resident 2's blood sugar levels to the doctor.

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Administrator (or Representative) 9-23-24 Date

WAC 388-78A-2180 Activities. The assisted living facility must:

(1) Provide space and staff support necessary for:

(b) Group activities at least three times per week that may be planned and facilitated by caregivers consistent with the collective interests of a group of residents.

(2) Make available routine supplies and equipment necessary for activities described in subsection (1) of this section.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living facility failed to provide activities for 13 of 13 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, Resident 10, Resident 11, Resident 12, and Resident 13). This failure placed all 13 residents at risk for a decreased quality of life.

Findings included...

Review of the facility's undated "Disclosure of Services" showed that the facility assisted residents to arrange social, recreational, religious, or other activities in the assisted living facility and in the community. The document also showed that the facility followed the Washington State law requirements to inform each resident, or their representative, in writing, of the services, items and activities customarily available in the facility and arranged for by the facility.

Observation on 09/03/2024 between 9:00 AM and 5:00 PM showed no September 2024 activity calendar posted in any of the resident accessible areas, within the assisted living premises.

Review of the facility's July 2024, August 2024, and September 2024 Activity Calendars on 09/05/2024 showed the facility offered one activity each day. The calendars showed no time schedule of the activity. The calendars showed the facility offered 'Popcorn

Maie' on 09/03/2024, 'Aerobic' on 09/04/2024, and 'Art' on 09/05/2024.

Observation on 09/03/2024, 09/04/2024, 09/05/2024, between 9:00 AM and 5:00 PM, showed no activities were offered to the residents, as listed on the September 2024 Activity Calendar. Observation of the Activity Room showed there no fitness activities. Observation showed that several unidentified residents were seated in the activity room and watched television between meals.

During the Resident Group Meeting on 09/04/2024 at 10:00 AM, five anonymous residents stated that the facility did not offer them activities. The residents stated that the facility only offered them bingo on Wednesdays, and not every week.

During an interview on 09/04/2024 at 11:40 AM, an anonymous resident stated that the facility did not offer them any activities. The resident stated that the facility did not provide them any room or equipment for activities.

During an interview on 09/05/2024 at 9:40 AM, Staff B, Certified Nursing Assistant, Manager, stated that the facility hired them as the manager. Staff B stated that they were responsible to lead resident activities. Staff B stated that they did not provide activity to the residents according to the activity calendar, due to lack of available staff.

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, Ruthaven ALF LLC is or will be in compliance with this law and / or regulation on (Date) 10/26/24 .

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

Administrator (or Representative) — Date: 9-23-24

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 provide shower assistance for 1 of 1 sampled resident (Resident 5) as agreed upon in the service plan. This failure placed Resident 5 at risk for unmet care needs.

Findings included...

Review of Resident 5's records showed that the facility admitted Resident 5 in [redacted] 2022. The record showed that on 07/17/2024, the Department of Health and Social Services (DSHS) completed an assessment for Resident 5. The assessment showed that Resident 5 required one-person physical assistance with bathing tasks, every week. The assessment showed caregiver instructions included "cue to complete bathing tasks, provide assistance at resident's request, and physical assistance with transfer in and out of the tub shower".

Review of Resident 5's service plan, dated 08/11/2022, showed that the facility was responsible to provide shower assistance to Resident 5. The service plan showed that shower assistance included: moving Resident 5 into the shower chair, washing areas that resident could not reach, shower resident, and monitor resident for safety. The service plan showed that the facility was responsible to monitor for skin problems, document and report any skin problems, and apply lotion after each shower.

Observation on 09/04/2024 at 11:00 AM showed Resident 5 independently used a wheelchair for mobility in the facility. During an interview at this time, Resident 5 stated that they were wheelchair bound. Resident 5 stated that they had right side weakness and were unable to independently perform a full shower. Resident 5 stated that they required shower assistance once a week and preferred a female caregiver. Resident 5 stated that they had not receive any shower assistance for two months. Resident 5 stated that two months ago, the facility assigned a female caregiver for shower assistance. Resident 5 stated that the female caregiver was unskilled and that they felt unsafe in the shower with this caregiver. Resident 5 stated that since July 2024, they received no shower assistance or bed bath from the facility.

During an interview on 09/05/2023 at 2:00 PM, Staff B, Certified Nursing Assistant, Manager, stated that they were aware Resident 5 required shower assistance. Staff B stated that the facility was responsible to provide shower assistance to the resident. Staff B stated that the facility they only had one female caregiver. Staff B stated this limited the facility's ability to provide Resident 5 with shower assistance. Staff B stated that Resident 5 declined male caregivers providing shower assistance.

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, Ruthaven ALF LLC is or will be in compliance with this law and / or regulation on (Date) 10/26/24 .

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

Statement of Deficiencies	License #: 2659	Compliance Determination # 46561
Plan of Correction	Ruthaven ALF LLC	Completion Date
Page of 19	Licensee: Ruthaven ALF LLC	09/11/2024

Administrator (or Representative) 9-23-24 Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to update 2 of 4 sampled residents' (Resident 2 and Resident 5) Negotiated Service Agreement (NSA). This failure placed Resident 2 and Resident 5 at risk for unmet care needs and potential for worsening of medically diagnosed conditions.

Findings included...

RESIDENT 2
Review of Resident 2's records showed that the facility admitted Resident 2 in [redacted] 2021 with medical diagnoses [redacted]. The records showed that on 05/13/2024, the Department of Health and Social Services (DSHS) completed an assessment for Resident 2. The assessment showed that Resident 2 required passive range of motion (exercise of a joint performed by another person that causes the movement), once daily and active range of motion (the range of movement exercise that a person performs by using their own muscles to move a body part without another person's assistance), once daily. The assessment showed Resident 5 required blood sugar checks and insulin (a drug that lowers blood sugar levels) administration.

Review of Resident 2's June 2024, July 2024, August 2024, and September 2024 Medication Administration records (MARs) showed that Resident 2 received Humulin 70/30 (a medication that lowers the blood sugar levels), 16 units injected subcutaneously (under the skin), two times a day, with meals.

Review of Resident 2's Service Plan, updated 04/10/2024, showed no documentation that Resident 2 received assistance with passive and active range of motion. There was no daily schedule and no staff instructions for the range of motion assistance to be provided. The service plan showed no documentation that Resident 2 received assistance with insulin administration. There was no documentation that provided care staff with guidance about the possible side effects from daily insulin usage, such as high blood sugar levels and low blood sugar levels. There were no instructions for staff about what actions were needed if Resident 2 experienced any side effects.

RESIDENT 5
Review of Resident 5's records showed that the facility admitted Resident 5 in [redacted] 2022. The records showed that on 07/17/2024, the DSHS completed an assessment for Resident 5. The assessment showed Resident 5's medical diagnoses included [redacted]. The assessment showed that Resident 5 required assistance with medication administration.

Review of Resident 5's June 2024, July 2024, August 2024, and September 2024 MARs showed that Resident 5 received Aspirin (a medication with blood thinning property), 81 Milligrams (mg), one time a day, by mouth.

Review of Resident 5's Service Plan, updated 04/10/2024, showed no documentation that Resident 5 received Aspirin. There was no documentation that provided care staff with guidance about the possible side effects from daily Aspirin usage, such as bleeding and bruising. There were no instructions for staff about what actions were needed if Resident 5 experienced any side effects.

During an interview on 09/05/2024 at 2:30 PM, Staff C, Certified Nursing Assistant, Manager, stated that resident's service plans were updated when the resident

experienced changes in care needs. Staff C stated that Resident 2 and Resident 5's service plans were not updated to include all areas of assistance required.

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, Ruthaven ALF LLC is or will be in compliance with this law and / or regulation on (Date) 10/26/24 .

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

Administrator (or Representative) 9-23-24 Date