STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223
08/21/2023

Josephine Caring Community
Josephine Caring Community
9901 272ND Pl NW
STANWOOD, WA 98292

RE: Josephine Caring Community License # 569

Dear Administrator:

This letter addresses Compliance Determination(s) 27664 (Completion Date 08/07/2023) and 22176 (Completion Date 05/31/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/07/2023 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-2630-1-a

The Department staff who did the on-site verification:
Robin Windhausen, Long Term Care Surveyor

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Josephine Caring Community
License/Cert.#: 569
Compliance Determination #: 22176
Investigator: Karen Glover
Investigation Date(s): 04/13/2023 through 05/31/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 75174
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):
The Named Resident's funds might not be being used appropriately.

Investigation Methods:

Sample:	Total residents: 49 Resident sample size: 1 Closed records sample size: 0
Observations:	Identified resident Resident rooms Infection control practices
Interviews:	Identified resident Nursing staff Administration
Record Reviews:	Facility policies

Investigation Summary:
The Named Resident's funds were being managed by the power of attorney (POA). The facility staff stated the named resident had the financial ability to pay her bills. The facility staff noted that the Named Resident never had any funds for clothes, toiletries or other essentials. The facility staff had been purchasing hair care products, pizza and provided a hair cut for the Named Resident. The Named Resident had an outstanding balance at the facility for back rent. The facility did not report the possible financial exploitation to the Complaint Resolution Unit. Failed practice for non compliance with WAC 388-78A-2630 Reporting abuse and neglect.

Conclusion / Action:

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

Rec'd 6/14

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 #: 569	Compliance Determination # 22176
Plan of Correction	Josephine Caring Community	Completion Date
Page 1 of 3	Licensee: Josephine Caring Community	05/31/2023

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 04/13/2023 and 04/13/2023 of:

Josephine Caring Community
9901 272nd Pl NW
Stanwood, WA 98292

This document references the following complaint number(s): 75174

The following sample was selected for review during the unannounced on-site visit: 1 of 49 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Karen Glover, Complaint Investigator

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

06/08/2023
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.

J Wilson RN, DNS
Administrator (or Representative)

06/16/23
Date

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

This requirement was not met as evidenced by:

Based on record review and interviews the Assisted Living Facility (ALF) failed to report to the Department's Complaint Resolution Unit (CRU) and the local police department, when staff had reasonable cause to believe that financial exploitation had occurred for 1 of 1 sampled residents (Resident 1). This failure placed Resident 1 at risk for financial exploitation and diminished quality of life.

Findings included...

Review of the Assisted Living Guidebook; Partners in Protection, (p.7) dated 02/2018 showed facilities are required to report to the Department's 24-hour hotline when there is reasonable cause to believe violations have occurred involving financial exploitation. Appendix D; (p. 25) Reporting Guidelines for Assisted Living Facilities showed financial exploitation should be reported to the Department's 24 -hour hotline and to the local police department.

Record review of the ALF's Policy E-5 Reporting of Abuse of Dependent Persons dated 10/04/2022 showed that any Josephine Suites ALF Staff in the normal course of providing services to clients, who identifies, notices, recognizes incidents or circumstances of mistreatment, neglect, verbal, mental, sexual, and/or physical abuse, including injuries of unknown source, or misappropriation of client property must report these findings immediately to Josephine Suites ALF and other appropriate authorities in accordance with state law. All caregivers are directed to report to the Administrator and to the appropriate State of Washington Josephine Suites ALF, all situations in which there is reasonable cause to suspect that a child, a frail elderly person, or a mentally/physically impaired or otherwise vulnerable individual, is suffering from abuse or neglect.
Definitions:
• "Exploitation" means any action which involves the misuse of a vulnerable adult's funds, property, or person.
• "Vulnerable Adult" means an adult who lacks the physical or mental capacity to provide for the adult's daily needs.

Statement of Deficiencies	License #: 569	Compliance Determination # 22176
Plan of Correction	Josephine Caring Community	Completion Date
Page 3 of 3	Licensee: Josephine Caring Community	05/31/2023

Resident 1
In an interview on 04/07/2023 at 10:50 AM Staff C, Manager, stated that caregivers had been buying hair care products for Resident 1 for months because Resident 1 did not have any money.

In an interview on 04/07/2023 at 10:58 Staff B, Director of Nursing, stated that caregivers would give Resident 1 a haircut and buy hair coloring. Staff B stated that is was believed Resident 1 had a large income, but Resident 1 never seemed to have money for toiletries or other essentials.

In an interview on 04/07/2023 at 11:17AM Staff D, Accounts Receivable, stated that Resident 1's family representatives have financial power of attorney (POA) and have been difficult to communicate with regarding finances. Staff D stated that they had been working with the case manager on the financial piece.

In an interview on 04/17/2023 at 04:26 PM, Collateral contact (CC) 1, Case Manager, stated that while she was discussing the assessment with the facility, they informed her that Resident 1 was behind in paying the facility and there was also concern that the POA was not providing Resident 1 with allowance/spending funds for personal items.

In an email received on 05/30/2023 at 3:19PM, Staff D stated that Resident 1's [redacted] was faxed into the financial department and someone from [redacted] opened the [redacted] case. Staff D stated that she was not aware that [redacted] had been called.

Review of department records showed no intake was called in by the ALF.

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, Josephine Caring Community is or will be in compliance with this law and / or regulation on (Date) June 30, 2023

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

RN, DNS — June 14, 2023

Administrator (or Representative) — Date

Angelyne Nilson, DNS