



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

SUNSHINE HEALTH FACILITIES INC
SUNSHINE TERRACE
10412 E 9th Ave
Spokane Valley, WA 99206

RE: SUNSHINE TERRACE License # 950

Dear Administrator:

This letter addresses Compliance Determination(s) 29233 (Completion Date 09/15/2023) and 26245 (Completion Date 07/20/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/15/2023 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-2320-1, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2474-2-a, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2, WAC 388-112A-0200, WAC 388-112A-0400, WAC 388-112A-0400-1, WAC 388-112A-0400-3, WAC 388-112A-0400-3-a, WAC 388-112A-0400-3-b, WAC 388-112A-0400-3-c, WAC 388-78A-2450-3-d, WAC 388-78A-2450-3, WAC 388-78A-2450-3-d-i-A

The Department staff who did the on-site verification:

Joy Pipgras, LTC Surveyor
Carla Rose, NCI Community Licensors
Mark Sedhom, Assisted Living Facility Licensors

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit B

SUNSHINE TERRACE # 950

09/15/2023

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Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

AMENDED
08/01/2023

SUNSHINE HEALTH FACILITIES INC
SUNSHINE TERRACE
10412 E 9th Ave
Spokane Valley, WA 99206

RE: SUNSHINE TERRACE # 950

Dear Administrator:

This document references the following complaint numbers 87681.

The Department completed a full inspection of your Assisted Living Facility on 07/20/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

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 Mail the Plan/Attestation Statement and report with original signatures to:

Stephanie Jenks, Field Manager
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

SUNSHINE TERRACE # 950

07/20/2023

Page 2 of 3

Region 1, Unit B

8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

- 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.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2420 Record retention.

(2) The assisted living facility may remove outdated information from the resident's active records that is no longer significant or relevant to the resident's current assessed service and care needs, and maintain it in an inactive record that must remain on the assisted living facility premises as long as the resident remains in the assisted living facility.

Two residents that were admitted in the last six months did not have initial negotiated service agreements (NSA) in their resident files. Staff stated they completed the initial NSAs on paper but discarded them once the full NSAs were completed electronically within 30 days. The facility agreed to retain the initial NSA in resident files.

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

- (a) Provide a safe, sanitary and well-maintained environment for residents;
- (c) Keep facilities, equipment and furnishings clean and in good repair; and

The facility had numerous areas with tape covering damage on the flooring. The tape and flooring were observed to be lifting in high traffic areas causing potential trip hazards. The administrator and maintenance directors stated they were in the process of obtaining bids to replace the flooring.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

- Contact me for clarification of the deficiency or deficiencies found.

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:

This document was prepared by Residential Care Services for the Locator website.

SUNSHINE TERRACE # 950

07/20/2023

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- 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 (509)993-7821.

Sincerely,



Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

Enclosure

This document was prepared by Residential Care Services for the Locator website.

RECEIVED

AUG 11 2023



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

DSHS AL TSA RCS
SPOKANE VALLEY WA

Statement of Deficiencies	License #: 950	Compliance Determination # 26245
Plan of Correction	SUNSHINE TERRACE	Completion Date
Page 4 of 10	Licensee: SUNSHINE HEALTH FACILITIES INC	07/20/2023

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 the unannounced on-site full inspection and complaint investigation on 07/17/2023, 07/18/2023, 07/19/2023 and 07/20/2023 of:

SUNSHINE TERRACE
10412 E 9th Ave
Spokane Valley, WA 99206

This document references the following complaint numbers: 87681.

The following sample was selected for review during the unannounced on-site visit: 12 of 120 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Veronica Jackson, Assisted Living Facility Licensors
Joy Pipgras, LTC Surveyor
Janet Quirk, Long Term Care Surveyor
Carla Rose, NCI Community Licensors

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1, Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

J. Salquist

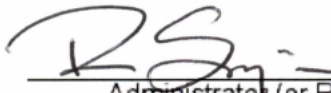
Residential Care Services

07/27/2023

Date

This document was prepared by Residential Care Services for the Locator website.

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)

AUGUST 7th, 2023
Date

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

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

- (a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and
- (b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the registered nurse delegator evaluated delegated tasks, obtained written consent for nurse delegated tasks, evaluated the residents and caregivers initially and at least every 90 days for 2 of 2 residents (Residents 1 and 2). This failure placed residents at risk of receiving delegated nursing tasks that may not have been safe, effective, or agreed upon.

Findings included...

Per WAC 246-840-930, Criteria for nurse delegation, before delegating a task, the registered nurse delegator (RND):

- Assesses the resident's nursing care needs and determines the patient's condition is stable and predictable.
- Obtains written consent from the authorized representative for nurse delegation within 30 days.
- Assesses the ability of the nursing assistant (NA) or home care aide (HCA) to competently perform the delegated nursing task in the absence of direct or immediate supervision.
- The RND ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days.

<Resident 1>

Record review of Resident 1's Memory Care NSA (facility's titled negotiated service agreement) dated 02/16/2023, showed the resident admitted to the memory care unit on [REDACTED]/2021 with a diagnosis of [REDACTED]

[REDACTED] and [REDACTED]. Further review showed they received nurse delegated medication administration services.

Record review of Resident 1's medication administration records (MAR's) dated May 2023, June 2023 and July 2023, showed they had received a Trulicity injection (a long-acting medication, used to lower blood sugar) weekly to treat their diabetes.

Record review of the facility's undated nurse delegation binder, which contained all resident and staff nurse delegation records, did not contain documents needed for Resident 1, including the following:

- Consent of delegated nursing tasks
- Assessment to receive a weekly insulin injection
- Instructions for the insulin task
- List of staff assessed to be competent to administer the injection

In an interview on 07/18/2023 at 11:00 AM, Staff E, Medication Technician, stated "we give the insulin" when asked if the resident can inject themselves with insulin.

In an interview on 07/18/2023 at 11:45 AM, Staff B, Nurse Manager/Registered Nurse Delegator acknowledged there were no nurse delegation documents for Resident 1, as they did not believe they needed to be nurse delegated for their insulin injections.

<Resident 2>

Record review of Resident 2's Memory Care NSA, dated 02/18/2023, showed they admitted to the Memory Care unit on [REDACTED]/2011 and had a diagnosis of [REDACTED] and [REDACTED]. Further review showed they received nurse delegated medication administration services.

Record review of Resident 2's MAR's dated May 2023, June 2023, and July 2023, showed they had been prescribed a basaglar insulin injection (a long-acting medication used to lower blood sugar) prescribed daily to treat their diabetes. In addition to insulin, Resident 2 was also prescribed nystatin powder (medicated powder to treat a common yeast type skin rash) to reddened areas twice daily. Both tasks required nurse delegation.

Record review of the facility's undated nurse delegation binder did not contain documents needed for Resident 2, including the following:

- Consent of delegated nursing tasks.
- Assessment to receive a daily insulin injection and nystatin powder.
- Instructions for administration of the insulin and nystatin powder.

-List of staff assessed to be competent to administer the insulin and nystatin powder.

In an interview on 07/18/2023 at 11:00 AM, Staff E stated they administered the insulin injections and applied nystatin powder to Resident 2's skin, as the resident was unable to administer them independently.

In an interview on 07/18/2023 at 11:45 AM, Staff B acknowledged there were no nurse delegation documents for Resident 2 for insulin or nystatin powder, as they did not believe they needed to be nurse delegated.

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, SUNSHINE TERRACE is or will be in compliance with this law and / or regulation on (Date) September 3, 2023

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

RS
Administrator (or Representative)

August 7th, 2023
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:

(a) Orientation and safety;

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

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

WAC 388-112A-0400 What is specialty training and who is required to take it?

(1) Specialty training refers to approved curricula that meets the requirements of RCW 18.20.270 and 70.128.230 to provide basic core knowledge and skills to effectively and safely provide care to residents living with mental illness, dementia, or developmental disabilities.

(3) Assisted living facility administrators or their designees, enhanced services facility administrators or their designees, adult family home applicants or providers, resident managers, and entity representatives who are affiliated with homes that service residents who have special needs, including developmental disabilities, dementia, or mental health,

must take one or more of the following specialty training curricula:

- (a) Developmental disabilities specialty training as described in WAC 388-112A-0420 ;
- (b) Dementia specialty training as described in WAC 388-112A-0440 ;
- (c) Mental health specialty training as described in WAC 388-112A-0450 .

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff completed required training for safety, facility orientation, and required specialty training for dementia, mental health, and developmental disabilities for 3 of 5 staff (Staff A, B, and C). This failure placed residents at risk for substandard care and unmet needs.

Findings included...

Review of the characteristics roster provided on 07/17/2023 for the Memory Care and Enhanced Assisted Living showed 18 residents with dementia, four residents with a [REDACTED] diagnosis, and one resident with developmental disabilities.

Staff A's, Med Tech , undated personnel file did not contain documentation for facility orientation or mental health, dementia, or developmental disabilities specialty trainings.

Staff B's, Registered Nurse Delegator/Nurse Manager, undated personnel file did not contain documentation for facility orientation or mental health, dementia, or developmental disabilities specialty trainings.

Staff C's, Medication Technician, undated personnel file did not contain documentation for facility orientation or mental health specialty training.

Review of the May, June and July staff schedules showed that Staff A, B, and C were scheduled to work numerous times in the Memory Care and Enhanced Assisted Living units.

In an interview on 07/20/2023 at 3:00 PM, Staff F, Quality Assurance Clinical Assistant Director & Compliance, confirmed the facility did not have specialty training documentation for Staff A, B, and C.

In an interview on 07/20/2023 at 4:01 PM, Staff G, Administrator, stated they have a new education trainer, and they would be including facility orientation for new hires.

WAC 388-78A-2450 Staff.

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(A) Training required by chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff records were kept within the facility for 2 of 6 sampled staff (Staff A and B). This failure placed residents at risk for receiving care from untrained staff.

Findings included...

Record review of Staff A's, Medication Technician, personnel file showed no documentation of specialty training for developmental disabilities, mental health, and dementia, and no 9-hour nurse delegation training certificate.

Record review of Staff B's, Registered Nurse Delegator/Nurse Manager's, personnel file showed no documentation of specialty training for developmental disabilities, mental health, and dementia.

In an interview on 07/18/2023 at 12:00 PM, Staff B stated they could not produce a 9-hour nurse delegation training certificated required for Staff A as the certificate was not on the premises.

In an interview on 07/20/2023 at 2:10 PM, Staff B stated they completed specialty training but could not produce them as the certificates were "at home".

In an interview on 07/20/2023 at 3:30 PM, Staff D, Director of Nursing, acknowledged the facility was unable to produce certificates of completion for specialty training for developmental disabilities, mental health, and dementia for Staff A and B.

In an interview on 07/20/2023 at 3:32 PM, Staff F, Quality Assurance Clinical Assistant Director & Compliance, acknowledged all staff training records should be kept on the premises of the facility.

