



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
316 W Boone Ave., Suite 170, Spokane, WA 99201

November 22, 2019

Aspen Quality Care Inc
Aspen Quality Care Inc
9626 N Colfax Rd
Spokane, WA 99218

RE: Aspen Quality Care Inc License #2307

Dear Administrator:

The Department completed a follow-up inspection of your assisted living facility on November 19, 2019 for the deficiency or deficiencies cited in the report/s dated October 21, 2019 and found no deficiencies.

The Department staff who did the follow-up inspection:
Mara Ryan, Licensor

If you have any questions please, contact me at (509) 323-7324.

Sincerely,

Susan Bergeron, Field Manager
Region 1, Unit B
Residential Care Services



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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
316 W Boone Ave., Suite 170, Spokane, WA 99201

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|---------------------------|----------------------------------|------------------|
| Statement of Deficiencies | License #: 2307 | Completion Date |
| Plan of Correction | Aspen Quality Care Inc | October 21, 2019 |
| Page 1 of 3 | Licensee: Aspen Quality Care Inc | |

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 has completed data collection for the unannounced on-site full inspection on 10/16/2019, 10/17/2019 and 10/18/2019 of:
Aspen Quality Care Inc
9626 N Colfax Rd
Spokane, WA 99218

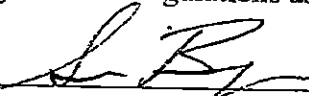
The following sample was selected for review during the unannounced on-site full inspection : 4 of 14 current residents and 0 former residents.

The department staff that inspected the assisted living facility:
Theresa Kochevar, RN, MSN, Licensor
Mara Ryan, BSW, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1, Unit B
316 W Boone Ave., Suite 170
Spokane, WA 99201
(509)323-7324

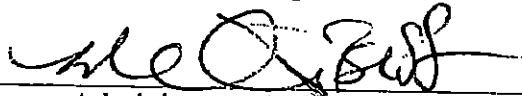
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OCT 31 2019
DSHS ADSA RCS
SPOKANE WA

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


Residential Care Services

10/22/19
Date

I understand that to maintain an assisted living facility license I must be in compliance with all the licensing laws and regulations at all times.


Administrator (or Representative)

10/30/19
Date

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

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| Page 2 of 3 | Licensee: Aspen Quality Care Inc | |

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:

(5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure there was a plan in place for one of one residents (#3) in a sample of four related to ongoing unfounded allegations of mistreatment by staff members. This placed the resident at risk for unmet care needs.

Findings included...

Resident #3, per the negotiated service agreement (NSA) dated 08/12/19, had diagnoses including history of [REDACTED] and [REDACTED].

In an interview on 10/17/19 at 9:15 AM, the resident stated that at times she had problems with some of the male staff members being rough with her and stated that some of them got mad at her when she had pain. The resident stated she reported these problems to one of the staff members a while back but nothing had changed so she just let it go.

In an interview on 10/17/19 at 1:10 PM, Staff F, Caregiver, stated that the resident had ongoing complaints about numerous staff (male and female) being rough with her and mean at times. Staff F stated that making allegations about staff was a pattern for her. Staff F stated that the resident often had delusions and periods of increased confusion.

In an interview on 10/17/19 at 2:04 PM, Staff H, Administrator, stated that the resident had a long history of making unfounded allegations against caregivers, including prior to placement at the current facility (admission date [REDACTED] 17).

Further review of the NSA dated 08/12/19, showed the resident's pattern of making unfounded allegations against staff members was not identified and there was no plan in place to address the ongoing behavior.

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Statement of Deficiencies

License #: 2307

Completion Date

Plan of Correction

Aspen Quality Care Inc

October 21, 2019

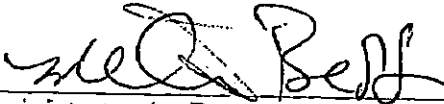
Page 3 of 3

Licensee: Aspen Quality Care Inc

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, Aspen Quality Care Inc is or will be in compliance with this law and / or regulation on (Date) 11/1/2019. In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

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


Administrator (or Representative)

10/30/19
Date

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