



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3611 River Road, Suite 200, Yakima, WA 98902

July 11, 2019

Amber Waves ALF LLC
Amber Waves ALF LLC
PO Box 368
Waterville, WA 98858

RE: Amber Waves ALF LLC License #2324

Dear Administrator:

The Department completed a follow-up inspection of your assisted living facility on July 3, 2019 for the deficiency or deficiencies cited in the report/s dated May 6, 2019 and found no deficiencies.

The Department staff who did the follow-up inspection:
Brenda Webster, Complaint Investigator

If you have any questions please, contact me at (509) 225-2823.

Sincerely,

Chana White, Field Manager
Region 1, Unit C
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Amber Waves ALF LLC (878473) **Intake ID(s):** 3637884
License/Cert. #: AL2324
Investigator: Webster, Brenda **Region/Unit:** RCS Region 1/Unit C **Investigation Date(s):** 04/16/2019 through 05/06/2019
Complainant Contact Date(s): 04/16/2019

Allegations:

Facility routinely used a [redacted] type walker and jumpsuit type clothing that zipped up the back and prevented bodily access for one named resident.

Investigation Methods:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Sample: | One current resident and one closed record. | <input checked="" type="checkbox"/> Observations: | Resident/staff interactions, resident clothing, general environment. |
| <input checked="" type="checkbox"/> Interviews: | Residents, staff which included caregiver and administrator. | <input checked="" type="checkbox"/> Record Reviews: | Sampled resident records, investigation summaries. |

Allegation Summary:

The named resident was interviewed and had no concerns. The resident was observed to move freely about within the facility in the [redacted] type walker. The resident was able to get in/out of the walker without staff assistance. There was licensed nurse assessment of the walker. The resident was observed to be dressed in a one-piece article of clothing that zipped up the back and restrained access to their body. The provider stated that the clothing was used to prevent the resident from unhealthy behaviors with feces. The provider was not a licensed nurse. The facility failed to meet the WAC criteria for the use of clothing identified as a restraint.

Unalleged Violation(s): Yes No

None

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written** **Failed Provider Practice Not Identified / No Citation Written**

Failed provider practice identified. Citation written. See details in Statement of Deficiency dated 05/06/19.



RECEIVED
MAY 31 2019
BY:

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3611 River Road, Suite 200, Yakima, WA 98902

Statement of Deficiencies License #: 2324 Completion Date
Plan of Correction Amber Waves ALF LLC May 6, 2019
Page 1 of 4 Licensee: Amber Waves ALF LLC

You are required to be in compliance at all times with all licensing laws and regulations to maintain your assisted living facility license.

This document references the following complaint numbers: 3632826 , 3637884
The department has completed data collection for the unannounced on-site complaint investigation on 4/16/2019 of:
Amber Waves ALF LLC
302 East Ash Street
Waterville, WA 98858

The following sample was selected for review during the unannounced on-site complaint investigation : 1 of 13 current residents and 1 former residents.

The department staff that inspected and investigated the assisted living facility:
Brenda Webster, RN, BSN, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1, Unit C
3611 River Road, Suite 200
Yakima, WA 98902
(509)225-2823

As a result of the on-site complaint investigation 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

5/14/19
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)

5-20-19
Date

WAC 388-78A-2100 On-going assessments. The assisted living facility must:

(1) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to complete a safety assessment on admit or at least annually for the use of a medical device for one of three residents reviewed (Resident #1). This failure placed the resident at risk for potential injury related to unsafe use of the device. Findings included. . .


Resident #1 had an admission date of [redacted]/16 with diagnoses which included [redacted]. On 04/16/19 at 4:30 PM, Resident #1 was observed in the ALF laying on a couch in the hallway. Resident #1 got up and transferred into an [redacted] walker (a four wheeled walker made from [redacted] which had [redacted]). Resident #1 demonstrated ability to place and remove the cross bar of the ultimate walker without staff assistance. Resident #1 was able to get in/out of the [redacted] walker safely.

Per record review, an annual assessment was completed by a contracted licensed nurse dated 07/11/18. The assessment identified an ultimate walker was used under a sections entitled "Activities of Daily Living and Orthopedic". The assessment failed to identify the resident's abilities to get in/out of the ultimate walker or any potential safety issues with it's use. Additionally, a physician note dated 04/26/17 included information that "staff would like an order to try placing resident in an [redacted] walker for a few days to see how he does." Per the note, the physician ordered a referral for home PT/OT and wrote an order for a trial of the [redacted] walker.

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date) 5-25-19 . 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)

5-25-19

Date

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(3) Not use restraints on any resident;

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Assisted Living Facility failed to ensure a physical restraint (a jumpsuit which was fastened with a zipper in the back) was not in use for one resident reviewed. (Resident #1). The use of the physical restraint prevented the resident from free access to their body and potentially used for staff convenience. Findings included. . .

Resident #1 was admitted to the facility on [REDACTED] 16 with diagnoses which included [REDACTED]. Resident #1 was observed on 04/16/19 at 4:15 PM. He was wearing a t-shirt and sweatpant outfit that was sewed together at the waist and removable by a zipper down the back. Resident #1 commented positively on the clothing when he was asked if he liked it. The outfit prevented Resident #1 from completing tasks of daily living—dressing and toileting independent of staff assistance.

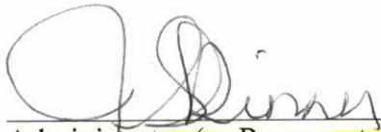
In an interview with the provider, Staff A on 04/16/19 at approximately 4:30 PM, it was determined that Resident #1 had incontinence of bowel/bladder and wore a brief. She stated staff assisted him with toileting each time it was needed. Staff A stated that Resident #1 had behaviors when incontinent of bowel which included putting his hands in the brief and then smearing the feces all over anything that was touched. Staff A said when the resident moved in, he arrived with zip up the back jumpsuits that were not appropriate for use. Staff A stated that she had purchased some button up the front jumpsuits for Resident #1. Staff A stated Resident #1 could unbutton the buttons slowly and staff had time to intervene to toilet him before he was able to put his hands in the brief. Staff A stated she had recently received information from a company that provided specialized clothing for behaviors such as Resident #1 exhibited. Staff A stated she showed Resident #1 the available clothing items in a catalog and he picked the t-shirt/sweatpant combination and so she ordered several. Staff A stated that she was unaware the clothing style was a restraint as it prevented Resident #1 free access to his body. Staff A stated that staff toileted Resident #1 frequently throughout the day and that he liked the new clothing.

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on

(Date) 5-25-19. 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)

5-25-19

Date