STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***800 NE 136th Avenue, Suite#220, Vancouver, WA 98684***


November 20, 2018

Highlander Place AID Opco LLC
Highlander Place
114 Corduroy Rd
Kelso, WA 98626

RE: Highlander Place License #2348

Dear Administrator:

The Department completed a follow-up inspection of your assisted living facility on November 8, 2018 for the deficiency or deficiencies cited in the report/s dated September 6, 2018 and found no deficiencies.

The Department staff who did the follow-up inspection:
Hongyan Cluer, Community Licensor
Ginger Larson, Licensor

If you have any questions please, contact me at (360) 397-9549.

Sincerely,

CBurinsky for:

Karyl Ramsey, Field Manager
Region 3, Unit E
Residential Care Services

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

# Residential Care Services

## Investigation Summary Report

**Provider/Facility:** Highlander Place (920650)
**Intake ID(s):** 3555767
**License/Cert. #:** AL2348
**Investigator:** Wabinga, Jutta
**Region/Unit:** RCS Region 3/Unit D
**Investigation Date(s):** 09/04/2018 through 09/05/2018
**Complainant Contact Date(s):**

**Allegations:**

Quality of care and services

**Investigation Methods:**

- [X] **Sample:** Named resident and twelve current sampled residents.
- [X] **Observations:** Residents, environment, and staff interacting with residents, staff members providing care and services.
- [X] **Interviews:** Named resident, other residents, staff members, administrative and persons not associated with the facility.
- [X] **Record Reviews:** Sampled residents and incident reports.

**Allegation Summary:**

Alleged lack of medication oversight , concerns by another health care professional who realized discrepancies of medication lists and actual medications taken by the resident.

**Unalleged Violation(s):** ☐ Yes ☒ No

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

An on-site investigation was conducted and allegations identified in the intake related to medication self management and assessment to ensure residents were able to manage their medications as prescribed. Medication safe keeping in the residents apartment per WAC and facility own policy were reviewed. The facility failed to assess residents at a minimum annually for their ability of medication management. See Statement of Deficiency dated 09/06/2018.

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RECEIVED
OCT 5 2018
DSHS RCS REGION 3



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 number: 3555767

The department has completed data collection for the unannounced on-site complaint investigation on 9/4/2018 of:

Highlander Place
114 Corduroy Rd
Kelso, WA 98626

The following sample was selected for review during the unannounced on-site complaint investigation : 13 of 33 current residents and 0 former residents.

The department staff that inspected and investigated the assisted living facility:
Jutta Wabinga, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit E
800 NE 136th Avenue, Suite#220
Vancouver, WA 98684
(360)397-9549

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.

C Burinsky for Karyl Ramsey — 09/18/2018
Residential Care Services — 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.

[signature] — 9/27/2018
Administrator (or Representative) — Date

10/21/18

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**WAC 388-78A-2290 Family assistance with medications and treatments.**

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:
(a) By name, the family member who will provide the medication or treatment assistance or administration;
(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;
(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;
(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and
(e) Other information determined necessary by the assisted living facility.
(4) The plan for family assistance with medications or treatments must be signed and dated by:
(a) The resident, if able;
(b) The resident's representative, if any;
(c) The resident's family member responsible for implementing the plan; and
(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

**This requirement was not met as evidenced by:**
Based on interview and record review the facility failed to have a written plan in place from family members who were assisting with medications for two residents (R#1 and R#3) and updated assessments for five residents (R#2, R#6, R#8, R#10, and R#14) for 13 residents identified as independent with their medications. . This failure allowed for lack of knowledge as to who was responsible for the medication management.

Findings include:

On 9/4/18 at 11:45 a.m., the roster indicated 13 residents were independent with their medication management.

At 2:30 p.m., R# 3 stated her daughter came every three weeks to set up her medication set. The resident was not able to state which medications were inside the set and why she was taking her medications.

At 3:15 p.m., R#1 stated her friend would come weekly to visit, but the medication set was filled every three weeks by her. Recently the home health nurse had to stop by to make sure her friend put the right medications inside. The resident did not know the names of the medications she was taking.

R#1 received her insulin injections from the facility, she stated she did not want to incur a higher cost living at the facility and decided she would manage her own medications.

Review of each resident's chart did not identify of who was managing the medications by name,

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the primary medication and/or treatment plan, alternate plan if the family member would not be able to fulfill the duties, and an emergency contact.

Review of the "Self-Med Assessment and Diabetes Self-Management" documents used to assess the resident's ability to safely manage their own medications, R#2 was last assessed on 10/1/15. The document for assessment for R#6 was not dated. R#8 did not have an assessment in his chart. The assessment for R#10 had only 2 of the 11 assessments marked, the assessment was not dated or signed.R#14 self- administration assessment was dated 10/14/15.

Per facility policy, the ability to self-medicate should be documented on the review log for self-administration of medications quarterly.

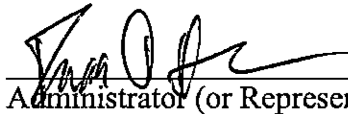
The facilities care management protocol and assessment process document read that a physician order needed to be obtained for all residents who were capable of self-managing their medications. A self-medication summary was to be reviewed quarterly to determine if the resident continued to safely self-administer medications.

At 4:20 p.m., Staff A acknowledge the facility did not have current assessments and no clear understanding if each resident was safe to self-administer, and who was the family member and emergency contact in order to comply with the regulations of the department.

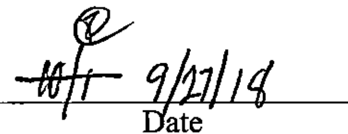
**Plan/Attestation Statement**

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, Highlander Place is or will be in compliance with this law and / or regulation on (Date) 10/16/2018. 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)



Date

**WAC 388-78A-2440 Resident register.**
(1) The assisted living facility must maintain in the assisted living facility a single current register of all assisted living facility residents, their roommates and identification of the rooms in which such persons reside or sleep.

**This requirement was not met as evidenced by:**
Based on interview and record review the facility failed to maintain a current register of all 32 residents living inside the facility. This failure allowed for an absence of a current roster which accounted for all residing residents.

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Failure include:

On 9/12/18 at 8:30 a.m., the department visited Highlander Place to conduct a complaint investigation. A resident roster was requested with the current census. Staff A, administrator, stated 30 residents were residing in house. Once the roster was received and the names of residents written on it were counted a totaled 33.

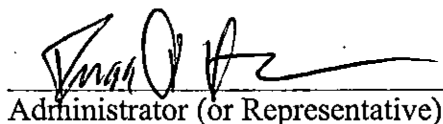
The document did not indicate which residents were currently out of facility, and did not identify the residents who were wearing an indwelling catheter. It was not clear if other characteristics were either incorrect or missing.

At 4 p.m., Staff A, administrator, stated he would review the document and generate a current one.

**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, Highlander Place is or will be in compliance with this law and / or regulation on (Date) 10/5/2018. 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) 9/27/2018 Date

**WAC 388-78A-2270 Resident controlled medications.**
(1) The assisted living facility must ensure all medications are stored in a manner that prevents each resident from gaining access to another resident's medications.

**This requirement was not met as evidenced by:**
Based on interview and record review, the facility failed to have a system in place to secure all medications self-administered by fourteen of fourteen residents (Residents #1, R#2, R#3, R#4, R#5, R#6, R#7, R#8, R#9, R#10, R#11, R#12, R#13 and R#14). This failure allowed medications to remain unsecured and easily accessible in the resident apartments.

Findings include:

On 9/4/18, review of the "Resident Characteristic Roster" indicated fourteen residents were self-managing their medications. Seven residents (R#2; R#5; R#6; R#8; and R#10) were assessed for their ability to safely manage their own medications, or with set up by family or a friend. Staff

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stated not all residents locked their doors when leaving their apartment.

On 9/4/18, review of the facility policy "Storage of Medications" read next to policy: "All medications stored by the community must be maintained in a clean, neat, locked container or area. It further read when medications were delivered to residents who self-administer their medications, staff should escort the delivery person to the resident's apartment. The medications should be stored in the resident's apartment (see state specific regulations) in a designated, secured storage place. If medications are left out in an unsecured area, the door to the resident's apartment must be locked at all times when the resident is not present. For residents who self-administer and have controlled drugs in their apartment, the controlled medications must be secured in a locked area or container, in additions to locking the resident's apartment when unattended."

On 9/4/18 at 4 p.m., Staff A, the executive director, acknowledged residents who were self-administering medications did not have the option to lock their medications, including controlled substances, in a locked drawer or lock box per facility policy.

**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, Highlander Place is or will be in compliance with this law and / or regulation on (Date) 10/16/2018. 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) | 9/27/18 Date

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