



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

February 24, 2020

Orchards Highlands Enhanced Services Facility Inc  
Orchards Highlands Enhanced Services Facility Inc  
9505 NE 116th Ave  
Vancouver, WA 98662

RE: Orchards Highlands Enhanced Services Facility Inc License #1000002

Dear Administrator:

The Department completed a follow-up inspection of your enhanced services facility on February 21, 2020 for the deficiency or deficiencies cited in the report/s dated January 15, 2020 and found no deficiencies.

The Department staff who did the follow-up inspection:  
Bryon Rain, Assisted Living Facility Complaint Investigator

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

Sincerely,

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



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** Orchards Highlands Enhanced Services Facility Inc (981882)      **Intake ID(s):** 3681835  
**License/Cert. #:** EF1000002  
**Investigator:** Rain, Bryon      **Region/Unit:** RCS Region 3/Unit E      **Investigation Date(s):** 01/06/2020 through 01/15/2020  
**Complainant Contact Date(s):** 01/02/2020

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**Allegations:**

Other- Staff had not received de-escalation training within the required time frame.

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**Investigation Methods:**

- |  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> <b>Sample:</b>     | Named staff and two other staff.   | <input checked="" type="checkbox"/> <b>Observations:</b>   | Staff members and common areas.   |
| <input checked="" type="checkbox"/> <b>Interviews:</b> | Caregivers, nurse, Facility Charge Nurse, Program Manager, and the Executive Director. | <input checked="" type="checkbox"/> <b>Record Reviews:</b> | Staff files, disclosure of services, facility forms, and staff schedules. |
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**Allegation Summary:**

Other Staff files were reviewed. De-escalation training was scheduled to be attended by staff without the training. Employee schedules verified the training dates. No failed practice identified.

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

Deficiencies not related to original allegation were identified. Two staff did not complete specialty training by the time of hire.

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

WAC 388-107-0650 (1) Specialized Training and 388-112A-0720 (3b) What are the CPR and first-aid training requirements? See SOD written 1/16/20.

RECEIVED

FEB 07 2020

DSHS RCS  
REGION 3



STATE OF WASHINGTON  
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800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

Statement of Deficiencies License #: 1000002 Completion Date  
Page 1 of 2 Orchards Highlands Enhanced Services Facility Inc January 15, 2020  
Licensee: Orchards Highlands Enhanced Services Facility Inc

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Enhanced Services Facility license.

This document references the following complaint number: 3681835

The department has completed data collection for the unannounced on-site complaint investigation on 1/6/2020 and 1/15/2020 of:

Orchards Highlands Enhanced Services Facility Inc  
9505 NE 116th Ave  
Vancouver, WA 98662

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

The department staff that inspected and investigated the Enhanced Services Facility:  
Bryon Rain, RN, BSN, Assisted Living Facility 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

*Chris Connelly for Karyl Ramsey 2/2/2020*

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

Residential Care Services Date

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

*Nahid Ruzgaly* Administrator (or Representative) 2-5-20 Date

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

FEB 07 2020

Statement of Deficiencies

License #: 1000002

Completion Date

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Orchards Highlands Enhanced Services Facility Inc

DSHS RCS  
REGION 3

January 15, 2020

Licensee: Orchards Highlands Enhanced Services Facility Inc

**WAC 388-107-0650 Specialized training.**

(1) The enhanced services facility must ensure all staff who have any interaction with the residents successfully complete the mental health and dementia specialized trainings, consistent with chapter 388-112A WAC, prior to working in the enhanced services facility.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure two of three sampled staff (Staff C and H) had completed specialized training in mental health prior to working at the facility. This failure placed the residents at risk for unmet care needs due to untrained and unqualified staff.

**Findings included:**

Staff C and H's employee files were reviewed on 01/06/20.

Staff C, Certified Nurse Assistant (CNA), was hired on 12/17/19. There was no documentation in the file indicating Staff C successfully completed the mental health training prior to working in the facility.

Staff G, CNA, was hired on 11/21/19. There was no documentation in the file indicating Staff C successfully completed the mental health training prior to working in the facility.

During an interview on 01/06/20 at 3:54 PM Staff F, Program Manager, stated that the facility uses their New Hire Plan Worksheet to organize who needs to take what trainings and when they need to be completed.

Record review of the New Hire Plan Worksheet revised 05/29/19 showed new employees must complete mental health certification, "If not completed at hire, must obtain as soon as possible and no later than 60 days of hire."

During an interview 01/15/20 at 2:55 PM Staff B, the Facility Charge Nurse stated that it is impossible to staff new hires with mental health training. Staff C stated that new staff are signed up for the class as soon as possible after hire.



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

January 27, 2020

**CERTIFIED MAIL**

7018 3090 0000 2464 5074

Orchards Highlands Enhanced Services Facility Inc  
Orchards Highlands Enhanced Services Facility Inc  
9505 NE 116th Ave  
Vancouver, WA 98662

RE: Orchards Highlands Enhanced Services Facility Inc License #1000002

Dear Administrator:

The Department completed a complaint investigation of your Enhanced Services Facility on January 15, 2020 and found that your facility does not meet the Enhanced Services Facility minimum licensing requirements.

**The Department:**

- Found one or more deficiencies which impacts the health or safety of a resident or with probable impact to the health or safety of a resident;
- Wrote the enclosed Statement of Deficiencies (SOD) report;
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- Will inspect the facility to determine if you have corrected all deficiencies.

**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, provide a written Plan of Correction (POC)

which must include for each citation:

- a. How the facility will correct the deficiency as it relates to the resident;
- b. How the facility will act to protect residents in similar situations;
- c. Measures the facility will take, or the systems it will alter, to ensure that the problem does not recur;
- d. How the facility plans to monitor its performance to make sure that solutions are sustained;
- e. Dates when the corrective action will be completed which cannot be more than 45 days from the date of the SOD. Should a citation require more than 45 days to complete, you must obtain permission from the Field Manager;
- f. The title of the person or persons responsible to

ensure correction for each deficiency;

- g. Administrator Signature and date signed;
- Sign the SOD;
  - Mail the SOD and POC with original signature to:

Karyl Ramsey, Field Manager  
Residential Care Services  
Region 3, Unit E  
800 NE 136th Avenue, Suite#220  
Vancouver, WA 98684

- Complete correction(s) within 45 days, or sooner if directed by the department after review of your proposed correction dates.
- Contact me for clarification of the deficiency or deficiencies found.

**Consultation:**

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

**WAC 388-112A-0720 What are the CPR and first-aid training requirements?**

(3) Enhanced services facilities.

(b) Licensed nurses working in an enhanced services facility must have and maintain a valid CPR card or certificate within thirty days of their date of hire.

One nurse did not have a cardiopulmonary resuscitation (CPR) card within 30 days of hire. The staff has documentation of registration for an upcoming class.

**You May:**

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Contact me for clarification of the deficiency or deficiencies found.

**Informal Dispute Resolution:**

RCW 70.97 does not provide an option for the Enhanced Living Facility to participate in an Informal Dispute Resolution (IDR) process.

Orchards Highlands Enhanced Services Facility Inc  
Orchards Highlands Enhanced Services Facility Inc License #1000002  
January 27, 2020  
Page 3

**If You Have Any Questions:**

- Please contact me at (360) 397-9549.

Sincerely,

A handwritten signature in cursive script that reads "Chris Cornell for Karyl Ramsey". The signature is written in black ink and is positioned above the typed name and title.

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

Enclosure