



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

WOODLAND ASSISTED LIVING CENTER INC
WOODLAND ASSISTED LIVING
PO BOX 69
WOODLAND, WA 98674

RE: WOODLAND ASSISTED LIVING License # 1028

Dear Administrator:

This letter addresses Compliance Determination(s) 38042 (Completion Date 03/13/2024) and 34524 (Completion Date 01/18/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/13/2024 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-2450-2-e, WAC 388-78A-2474-2-a, WAC 388-78A-2474-2-c

The Department staff who did the off-site verification:
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services



DSHS RCS REG. 3
VANCOUVER

FEB 05 2024

RECEIVED

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 1028	Compliance Determination # 34524
Plan of Correction	WOODLAND ASSISTED LIVING	Completion Date
Page 1 of 3	Licensee: WOODLAND ASSISTED LIVING CENTER INC	01/18/2024

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 an unannounced off-site follow-up on 12/29/2023 and 01/18/2024 of:

WOODLAND ASSISTED LIVING
310 4th St
Woodland, WA 98674

This document references the following SOD dated: 01/18/2024

The following sample was selected for review during the unannounced off-site verification: 3 of 22 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jennifer Siharath, ALF Licenser
Kyle Gehlen, ALF Licenser - LTC

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

As a result of the off-site verification(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.

01/30/2024

Residential Care Services

Date

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.

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

Statement of Deficiencies	License #: 1028	Compliance Determination # 34524
Plan of Correction	WOODLAND ASSISTED LIVING	Completion Date
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Administrator (or Representative)

Date

Justin Settlemier

02/05/24

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

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;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 2 of 2 sampled staff (Staff E and Staff F) completed required training per regulations. This failure placed all residents at risk of being cared for by untrained staff.

Findings included...

During an unannounced revisit for a full inspection on 01/09/2023 at 12:49 PM, the department requested Orientation and Safety, Dementia, and Mental Health Training records for Staff E and Staff F, Nursing Assistants.

Record review of document named "Resident Characteristic Roster", dated 12/29/2023, showed 7 of 22 residents with [REDACTED] or [REDACTED] diagnoses.

Staff E

On 01/10/2023 at 4:00 PM, the department received the requested staff records for Staff E from Staff C, Business Office Assistant.

Record review for Staff E showed Staff E was hired on 06/21/2023. Documentation of specialty training for Dementia and Mental Health were not provided for Staff E.

During email communication on 01/18/2024 at 9:40 AM, Staff D, LPN, stated that Staff E had failed the exam for the Mental Health class they had completed on 01/09/2024 and

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had not rescheduled to retake. Staff D also stated that Staff E had not attended the Dementia class that they were scheduled to attend on 01/16/2024.

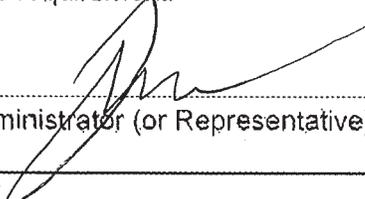
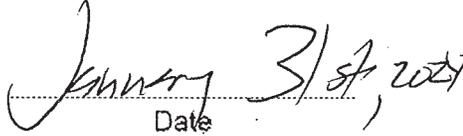
Staff F

On 01/18/2023 at 9:40 AM, the department received the requested staff records for Staff F from Staff D.

Record review for Staff F showed Staff F was hired on 11/22/2023. Documentation of Orientation and Safety Training and specialty training for Dementia were not provided for Staff F.

During email communication on 01/18/2024 at 9:40 AM, Staff D stated that Staff F had failed the exam for the Dementia class they had completed on 01/16/2024 and had not yet rescheduled to retake. Staff D also stated that Staff F had been provided a link to complete the Orientation and Safety Training class but had not yet completed as of 01/18/2024 at 9:40 AM.

This is an uncorrected deficiency previously cited on 12/06/2023.

Plan/Attestation Statement	
<p>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, WOODLAND ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) <u>2/18/24</u></p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
<p style="text-align: center;"></p> <p>..... Administrator (or Representative)</p>	<p style="text-align: center;"></p> <p>..... Date</p>



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies License #: 1028 Compliance Determination # 33327
Plan of Correction WOODLAND ASSISTED LIVING Completion Date
Page 1 of 5 Licensee: WOODLAND ASSISTED LIVING CENTER 12/06/2023

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 on 12/05/2023 and 12/06/2023 of:
WOODLAND ASSISTED LIVING
310 4th St
Woodland, WA 98674

The following sample was selected for review during the unannounced on-site visit: 7 of 23 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

- Jennifer Siharath, ALF Licensor
- Kyle Gehlen, ALF Licensor - LTC
- Jacob Ubl, ALF NCI CI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

[Signature]
Residential Care Services

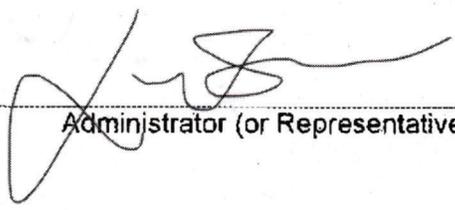
12.12.2023

Date

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.

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

Statement of Deficiencies	License #: 1028	Compliance Determination # 33327
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Adminjstrator (or Representative)

12/27/23
Date

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:

- (1) The care and services necessary to meet the resident's needs, including:
 - (a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:
 - (i) The resident's preadmission assessment;
 - (ii) The resident's full assessments;
 - (iii) On-going assessments of the resident;
 - (b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;
 - (c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;
 - (d) The plan to provide necessary health support services, if provided by the assisted living facility;
 - (e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.
- (2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:
 - (a) Exclusively for the individual resident; or
 - (b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.
- (3) The times services will be delivered, including frequency and approximate time of day, as appropriate;
- (4) The resident's preferences for activities and how those preferences will be supported;
- (5) Appropriate behavioral interventions, if needed;

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- (6) A communication plan, if special communication needs are present;
- (7) The resident's ability to leave the assisted living facility premises unsupervised; and
- (8) The assisted living facility must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of personal property or injury on the resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in the resident's Negotiated Service Agreements (NSA) the plan to provide necessary health support services from outside providers and specific resident identified care and service needs for 2 of 7 sampled residents (Resident 1 and 2). Failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

Resident 1 (R1)

During an unannounced full inspection on 12/05/2023 at 12:20 PM, R1's records showed that R1 admitted to the facility on [REDACTED] 2023 with various diagnoses including [REDACTED].

Review of the facilities "Resident Characteristic Roster" documented that R1 was receiving home health services.

Review of R1's NSA dated, 09/01/2023, showed no mention of home health services being provided to R1.

In an interview on 12/06/2023 at 2:10 PM, Staff B, Director of Nursing Services, confirmed that R1 was receiving home health services.

Resident 2 (R2)

R2's records showed that R2 admitted to the facility on [REDACTED] 2023 with various diagnoses including [REDACTED].

Review of the facilities updated "Resident Characteristic Roster" documented that R2 was receiving home health services.

Review of R2's NSA dated, 11/15/2023, showed no mention of home health services being

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provided to R2.

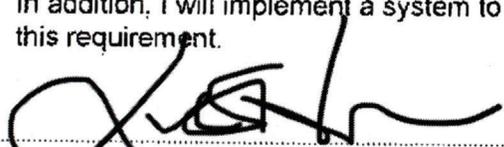
In an interview on 12/06/2023 at 2:10 PM, Staff B confirmed that R2 was receiving physical therapy services from a home health provider.

In an exit interview on 12/06/2023 at 2:10 PM, Staff A, Executive Director, acknowledged that the NSA's for R1 and R2 lacked the necessary health support services from outside providers and/or specific resident identified care and service needs.

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, WOODLAND ASSISTED LIVING is or will be in compliance with this law and / or regulation on
 (Date) 12/27/23

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


 Administrator (or Representative)

12/27/23
 Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

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;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 1 of 3 sampled staff (Staff E) completed required training per regulations. This failure placed all residents at risk of being cared for by untrained staff.

Statement of Deficiencies	License #: 1028	Compliance Determination # 33327
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Findings included...

During an unannounced licensing inspection on 12/06/2023 at 10:30 AM, the department received the requested staff records from Staff C, Business Office Assistant.

Staff E

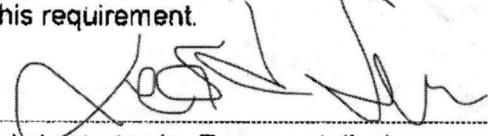
Record review for Staff E, Nursing Assistant, showed Staff E was hired on 06/21/2023. Documentation of Orientation and Safety Training, and specialty training for Dementia and Mental Health were not found for Staff E.

In an exit interview on 12/06/2023 at 2:10 PM, Staff A, Executive Director, acknowledged that the required training for Staff E was not completed.

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, WOODLAND ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 12/27/23.

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



Administrator (or Representative)

12/27/23

Date

Licensee: WOODLAND ASSISTED LIVING CENTER INC

WOODLAND ASSISTED LIVING

PO BOX 69

WOODLAND, WA 98674

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop and document the resident's record, the agreed upon plan to address and support each resident's assessed capability, needs and preferences.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in the resident's Negotiated Service Agreements (NSA) the plan to provide necessary health support services from outside providers and specific resident identified care and service needs for 2 of 7 sampled residents (Resident 1 and 2). Failure to develop and complete NSA placed these residents at risk for un met care needs and fro care and services not being provided per the NSA.

Findings included...

Resident 1 (R1)

During an unannounced full inspection on 12/05/2023 at 12:20PM: R1's records showed that R1 admitted to the facility on [REDACTED] 2023 with various diagnoses including [REDACTED].

Review of the facilities' "Resident Characteristic Roster" documented that R1 was receiving home health services.

Review of R1's NSA dated, 09/01/2023 showed no mention of home health services being provided to R1.

In an interview on 12/06/2023 at 2:10PM Staff B, Director of Nursing, confirmed that R1 was receiving home health services.

Correction WAC 388-78A-2140:

Resident 1 (R1)

The facility updated R1's Negotiated Service Agreement on 12/8/2023 to include the home health services being received

Resident 2(R2)

R2's records showed that R2 admitted to the facility on [REDACTED] 2023 with various diagnoses including [REDACTED].

Review of the facilities updated "Resident Characteristic Roster" documented that R2 was receiving home health services.

Review of R2's NSA dated, 11/15/2023, showed no mention of home health services being provided to R2.

In an interview on 12/06/2023 at 2:10PM, Staff B confirmed that R2 was receiving physical therapy services from a home health provider.

Correction WAC 388-78A-2140:

Resident 2(R2)

The facility updated R2's Negotiated Service Agreement on 12/06/2023 to include the home health services for physical therapy.

The Licensed Staff Nurse will be responsible to update Negotiated Service Agreements as appropriate when Residents are receiving home health services.

WAC 388-78A-2450 STAFF

(2) The assisted living facility must:

(e) Ensure all resident care and services are provided only by staff persons who have training, credentials, experience and other qualifications necessary to provide the care and services;

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrator. 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:

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 1 of 3 sampled staff (Staff E) completed required training per regulations. This failure placed all resident at risk of being cared for by untrained staff.

Findings Included:

During an unannounced licensing inspection on 12/06/2023 at 10:30 AM the department received the requested staff records from Staff C, Business Office Assistant.

Staff E

Record review for Staff E Nursing Assistant, showed Staff E was hired on 06/21/2023. Documentation of Orientation and Safety Training, and specialty training for Dementia and Mental Health were not found for Staff E

Correction for WAC 388-78A-2140 & WAC 388-78A-2450 STAFF

Staff E will complete Orientation and Safety by 12/29/2023 post completion she will then be scheduled for duty.

Staff E is registered for dementia training on 1/3/2024 and mental illness training on 1/9/2024

The administrator or designee will be responsible to validate that all new hires have completed Orientation and Safety and copy of certificate is in personal file prior to direct resident care.

The administrator or designee will be responsible to see that all new hires have completed or are scheduled for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs.

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, WOODLAND ASSISTED LIVING is or will be in compliance with this law and/or regulation on (Date) January 10, 2024

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



Administrator (or Representative)

12/28/23

Date