



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

LONGVIEW C.I. INVESTMENTS, LLC
CANTERBURY RETIREMENT INN
1324 3rd Ave
Longview, WA 98632

RE: CANTERBURY RETIREMENT INN License # 1581

Dear Administrator:

This letter addresses Compliance Determination(s) 17345 (Completion Date 12/14/2022) and 12740 (Completion Date 08/25/2022).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/14/2022 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-2320-1-b, WAC 388-78A-2140-1-b, WAC 388-78A-2140-1-c, WAC 388-78A-2130-2, WAC 388-78A-2150-1

The Department staff who did the on-site verification:

Kyle Gehlen, ALF Licenser - LTC
Anissa Bearden, Licenser

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

09/12/2022

CERTIFIED MAIL

70180680000011571375

LONGVIEW C.I. INVESTMENTS, LLC
CANTERBURY RETIREMENT INN
1324 3rd Ave
Longview, WA 98632

RE: CANTERBURY RETIREMENT INN # 1581

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 08/25/2022 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

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, complete and return the enclosed 'Plan/Attestation Statement';
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Mail the Plan/Attestation Statement and report with original signatures to:

Jody Just, Field Manager
Residential Care Services
Region 3, Unit E
6639 Capitol Blvd SW, Floor 1

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

Tumwater, WA 98501

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

Consultation(s):

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

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

WAC 246-840-930

Criteria for delegation.

(10) If the registered nurse delegator determines delegation is appropriate, the nurse:

(b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter 7.70 RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within thirty days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process.

Facility failed to have documentation of signed consent for nurse delegation for 2 of 5 sampled residents. Facility is in contact with the contract nurse delegator and will obtain copies of the missing signed consents.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

- Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
 - o What specific deficiency or deficiencies you disagree with;
 - o Why you disagree with each deficiency; and
 - o Whether you want an IDR to occur in-person, by telephone or as a paper review.

CANTERBURY RETIREMENT INN # 1581

08/25/2022

Page 3 of 13

o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (360)397-9556.

Sincerely,



Jody Just, Field Manager
Region 3, Unit E
Residential Care Services

Enclosure

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 1581	Compliance Determination # 12740
Plan of Correction	CANTERBURY RETIREMENT INN	Completion Date
Page 4 of 13	Licensee: LONGVIEW C.I. INVESTMENTS, LLC	08/25/2022

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 08/23/2022 and 08/25/2022 of:

CANTERBURY RETIREMENT INN
1324 3rd Ave
Longview, WA 98632

The following sample was selected for review during the unannounced on-site visit: 12 of 84 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anissa Bearden, Licensors
Jennifer Siharath, ALF Licensors

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit E
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jody Just

Residential Care Services

09/09/2022

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.



Administrator (or Representative)

09/30/22

Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

WAC 246-840-930

Criteria for delegation.

(12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes:

(m) Supervision shall occur at least every ninety days. With delegation of insulin injections, the supervision occurs at least weekly for the first four weeks and may be more frequent.

(19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least weekly for the first four weeks. After the first four weeks the supervision shall occur at least every ninety days.

Based on interviews and record review, the facility failed to ensure a registered nurse (RN) had delegated nursing tasks as required when unqualified staff administered insulin injections to 4 of 4 residents (Resident 3, 10, 11, and 12) prior to being supervised and evaluated at least weekly for the first four weeks after initial delegation. This failure placed all residents receiving RN services requiring RN delegation for insulin injections at risk for harm and injury due to untrained and unsupervised care staff.

Findings included...

Resident #3 (R3)

Review of R3's medical records on 08/24/2022 documents R3, admitted to the facility on [REDACTED] 2022 with various diagnoses including [REDACTED]

[REDACTED], and [REDACTED]
[REDACTED] R3 requires administration with medication management.

On 08/24/2022, at 10:20 AM, review of R3's delegation records, no records were found for nursing visits to supervise and evaluate delegated staff for insulin injections weekly for the

first four weeks following delegation to administering insulin injections.

Resident #10 (R10)

Review of R10's medical records on 08/25/2022 documents R10, admitted to the facility on

2019 with various diagnoses including [REDACTED]. R10 requires administration with medication management.

On 08/25/2022, at 12:55 PM, during record review of R10's delegation records, no records were found for nursing visits to supervise and evaluate delegated staff for insulin injections weekly for the first four weeks following delegation to administering insulin injections.

Resident #11 (R11)

Review of R10's medical records on 08/25/2022 documents R11, admitted to the facility on

2021 with various diagnoses including [REDACTED]. R11 requires administration with medication management.

On 08/25/2022, at 12:57 PM, during record review of R11's delegation records, no records were found for nursing visits to supervise and evaluate delegated staff for insulin injections weekly for the first four weeks following delegation to administering insulin injections.

Resident #12 (R12)

Review of R12's medical records on 08/25/2022 documents R12, admitted to the facility on

2021 with various diagnoses including [REDACTED]. R12 requires administration with medication management.

On 08/25/2022, at 12:59 PM, during record review of R12's delegation records, no records were found for nursing visits to supervise and evaluate delegated staff for insulin injections weekly for the first four weeks following delegation to administering insulin injections.

On 08/25/2022, at 02:30 PM, Staff A, B and C were present during meeting to go over preliminary findings. Staff A states that they will look for what is missing and deliver anything that they are able to find.

On 08/25/2022, at 03:36 PM, Staff A was unable to provide any documents for the supervisory visits for delegation for administration of insulin injections.

On 08/25/2022, at 05:00 PM, Staff A and B were present during exit conference. Staff A states that they will get in contact with the contract nurse delegator to go over the 4 weekly supervisory visits for insulin injection delegation as it is important.

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, CANTERBURY RETIREMENT INN is or will be in compliance with this law and / or regulation on
(Date) 10/9/22.

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



9/30/22

Administrator (or Representative)

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:
 - (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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to update the negotiated service agreements annually and not signed for 6 of 12 residents (Resident 3, 4, 5, 10, 11, and 12). This failure violated resident's rights and placed these residents at risk for not having their care needs met.

Findings included...

Resident #3 (R3)

Review of R3's chart on 08/24/2022 at 10:20 AM, documented an initial Plan of Resident Care with a date of 07/01/2022 and a 30 day Plan of Resident Care with an origination date of 08/11/2022. No documentation of R3 receiving nurse delegation services found.

Resident #4 (R4)

Review of R4's medical records on 08/24/2022 documents R4, admitted to the facility on [REDACTED] 2021 with various diagnoses including [REDACTED]. R4 requires a urinary catheter, a tube to help eliminate urine from the bladder, that needs to be changed monthly.

On 08/24/2022, at 11:11 AM, during record review of R4's chart, Plan of Resident Care dated 12/20/2021, on page 4 under "Alternation in Elimination: benign prostatic hypertrophy with urine retention" documents "R4 has an indwelling Foley catheter. (RA) Has catheter changed at urology Q month. (LN)."

On 08/24/2022, at 11:11 AM, during record review of R4's chart, progress notes dated 07/27/2022 document "CHHH... Pt transferred with 2A to bed for catheter change." Progress notes dated 07/13/2022 document "CHHH SW, Cath Change. VSS, denies pain, tolerated cath change – awaiting urine return."

On 08/24/2022, at 01:58 PM, interview with R4, R4 states home health changes his catheter, they "changed it today." R4 states "I haven't been to the urologist in a long time, probably before COVID." Catheter drain bag observed.

Resident #7 (R7)

Review of face sheet for R7 showed she moved into the facility on [REDACTED] 2015 with multiple medical diagnoses including [REDACTED] and [REDACTED].

Review of Nursing Care Plan dated 08/10/2015, showed the resident was on Physical therapy (PT)/ Occupational Therapy (OT) services. She required medication administration assistance with all her medications. She required one person assistance with transfers. Update handwritten notation dated 03/19/2020 showed she required two person assistance with all transfers. She used transfer pole to get up out of chair 12 inches from left side of chair.

Review of Nurse Delegation: Instructions for Nursing Task dated 03/16/2022 showed delegated tasks for R7 was oral scheduled medication administration, blood sugar check, and application of topical medication as ordered.

On 08/23/2022 during an interview at 11:45 AM, R7 stated she does not use her transfer pole when she gets up out of reclining chair. R7 stated, when she used the transfer pole, it

caused her pain and discomfort to her left arm from the osteoarthritis. She stated, she used her walker with a gait belt around her waist and one staff member to transfer out of her recliner. R7 stated, she has not had PT/OT services in at least of few months. She stated she administered and stored all her medications and observed her medications stored on a side table to the left side of her chair.

Resident #9 (R9)

Review of face sheet for R9, showed he moved into the facility on [REDACTED] 2019 with multiple medical diagnoses including [REDACTED]

[REDACTED] and [REDACTED]. Review of Nurse Delegation: Instructions for Nursing Tasks dated 03/16/2022, showed delegated task of oral scheduled medication administration and application of topical medications as ordered.

Review of Assisted Living LOC assessment (monthly) dated 08/09/2022 showed under section AMBULATION, R9 required 1-2 assist totally dependent in transfers, wheelchair escort to and from meals and activities. Under section COMMUNICATION, showed R9 had impaired-requires assistance with use of devices (hearing aid, pad and pencil, corrective lenses) cleaning, putting on or off or changing batteries. Under section PSYCHO-SOCIAL STATUS showed R9 was slightly confused, occasional anxiousness, often forgetful, or seemingly depressed, self-isolating, does not engage in usual enjoyable activities. Review of Plan of Resident Care dated 10/04/2019, showed no documented revision date. Nurse delegation services had not been documented. R9 required one person assistance for transfers. R9 self-propel wheelchair with right arm and leg assist for long distances. R9 was alert and oriented to person, place, time. R9 was able to speak clear English and able to make his needs known.

Resident #10 (R10)

Records reviewed frequently throughout inspection. Review of R10's medical records on 08/25/2022 documents R10, admitted to the facility on [REDACTED] 2019 with various diagnoses including [REDACTED]. R10 requires nurse delegation for blood sugar monitoring and administration with insulin injections.

On 08/25/2022, at 01:00 PM, during record review of R10's Plan of Resident Care dated 07/28/2021, no documentation of R10 receiving nurse delegation services found.

Resident #11 (R11)

Review of R10's medical records on 08/25/2022 documents R11, admitted to the facility on [REDACTED] 2021 with various diagnoses including [REDACTED]

[REDACTED]. R11 requires nurse delegation for blood sugar monitoring and administration with insulin injections.

On 08/25/2022, at 01:15 PM, during record review of R11's Plan of Resident Care dated 04/02/2021, no documentation of R11 receiving nurse delegation services found.

Resident #12 (R12)

Review of R12's medical records on 08/25/2022 documents R12, admitted to the facility on [REDACTED] 2021 with various diagnoses including [REDACTED].

On 08/25/2022, at 12:59 PM, during record review of R12's Plan of Resident Care dated 04/02/2021, no signature of responsible party found.

On 08/25/2022, at 02:30 PM, Staff A, B and C were present during meeting to go over preliminary findings. Staff A states that they will look for what is missing and deliver anything that they are able to find.

On 08/25/2022, at 03:36 PM, Staff A was unable to provide any additional Plan's of Resident Care.

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, CANTERBURY RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date) 10/9/22.

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



Administrator (or Representative)

09/30/22

Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete the Negotiated Service Agreement within 30 days following admission to the facility for 1 of 12 residents (Resident 3). This failure placed this resident at risk for proper care needs being unmet.

Findings included...

Resident #3 (R3)

Review of R3's medical records on 08/24/2022 documents R3, admitted to the facility on [REDACTED] 2022 with various diagnoses including [REDACTED]

[REDACTED] and [REDACTED] Review of R3's chart on 08/24/2022 at 10:20 AM, documented an initial Plan of Resident Care with a date of 07/01/2022 and a 30 day Plan of Resident Care with an origination date of 08/11/2022.

On 08/25/2022, at 02:30 PM, Staff A, B and C were present during meeting to go over preliminary findings. Staff A states that they will look for what is missing and deliver anything that they are able to find.

On 08/25/2022, at 03:36 PM, Staff A was unable to provide any additional Plan's of Resident Care for R3.

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, CANTERBURY RETIREMENT INN is or will be in compliance with this law and / or regulation on
(Date) 10/9/22

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



Administrator (or Representative)

09/30/22

Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to have negotiated service agreements signed and/or completed at least annually for 6 of 12 residents (Resident 3, 4, 5, 10, 11, and 12). This failure violated resident's rights and placed these residents at risk for proper care needs being unmet.

Findings included...

Resident #3 (R3)

Review of R3's chart on 08/24/2022 at 10:20 AM, documented an initial Plan of Resident Care with a date of 07/01/2022 and a 30 day Plan of Resident Care with an origination date of 08/11/2022. No signature of responsible party found.

Resident #4 (R4)

On 08/24/2022, at 11:11 AM, during record review of R4's chart, no signature of responsible party found on the Plan of Resident Care dated 12/20/2021.

Resident #5 (R5)

Review of face sheet for R5, showed they moved into the facility on [REDACTED] 2021 with multiple medical diagnoses included [REDACTED].

Review of Plan of Resident Care dated 05/26/2021, showed it was last signed and reviewed by the responsible party or resident on 05/27/2021.

Resident #10 (R10)

Review of face sheet for R10 showed they moved into the facility on [REDACTED] 2019 with various medical diagnoses including [REDACTED].

Review of Plan of Resident Care dated 07/22/2021, showed it was signed by the responsible party or resident on 07/28/2021.

Resident #11 (R11)

Review of face sheet for R11 showed he moved into the facility on [REDACTED] 2021 with multiple medical diagnoses including [REDACTED].

Review of Plan of Resident Care dated 04/02/2021, showed the signature for the responsible party or resident was missing.

Resident #12 (R12)

Review of face sheet R12 showed, they moved into the facility on [REDACTED] 2021, with multiple medical diagnoses included [REDACTED]

and [REDACTED]

Review of Plan of Resident Care dated 04/02/2021, showed signature of responsible party or resident was missing.

On 08/25/2022, at 02:30 PM, Staff A, Executive Director, Staff B, RN, Director of Nursing and Staff C, LPN, Assistance Director Resident Services were present during preliminary exit meeting and reviewed findings. Staff A stated they would look for additional documents and deliver anything they are able to find.

On 08/25/2022, at 03:36 PM, the department had not received any additional updated and signed Plan of Residents Care for Residents 3, 4, 5, 10, 11, and 12.

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, CANTERBURY RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date) 10/09/22.

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



Administrator (or Representative)

09/30/22

Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 1581	Compliance Determination # 12740
Plan of Correction	CANTERBURY RETIREMENT INN	Completion Date
Page 4 of 13	Licensee: LONGVIEW C.I. INVESTMENTS, LLC	08/25/2022

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 08/23/2022 and 08/25/2022 of:

CANTERBURY RETIREMENT INN
1324 3rd Ave
Longview, WA 98632

The following sample was selected for review during the unannounced on-site visit: 12 of 84 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anissa Bearden, Licenser
Jennifer Siharath, ALF Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jody Just

Residential Care Services

09/09/2022

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.



Administrator (or Representative)9/22/22

Date**WAC 388-78A-2320 Intermittent nursing services systems.**

- (1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:
- (b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

WAC 246-840-930

Criteria for delegation.

(12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes:

(m) Supervision shall occur at least every ninety days. With delegation of insulin injections, the supervision occurs at least weekly for the first four weeks and may be more frequent.

(19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least weekly for the first four weeks. After the first four weeks the supervision shall occur at least every ninety days.

Based on interviews and record review, the facility failed to ensure a registered nurse (RN) had delegated nursing tasks as required when unqualified staff administered insulin injections to 4 of 4 residents (Resident 3, 10, 11, and 12) prior to being supervised and evaluated at least weekly for the first four weeks after initial delegation. This failure placed all residents receiving RN services requiring RN delegation for insulin injections at risk for harm and injury due to untrained and unsupervised care staff.

Findings included...

Resident #3 (R3)

Review of R3's medical records on 08/24/2022 documents R3, admitted to the facility on [REDACTED] 2022 with various diagnoses including [REDACTED]

and [REDACTED]

[REDACTED] R3 requires administration with medication management.

On 08/24/2022, at 10:20 AM, review of R3's delegation records, no records were found for nursing visits to supervise and evaluate delegated staff for insulin injections weekly for the

first four weeks following delegation to administering insulin injections.

Resident #10 (R10)

Review of R10's medical records on 08/25/2022 documents R10, admitted to the facility on [REDACTED] 2019 with various diagnoses including [REDACTED].

R10 requires administration with medication management.

On 08/25/2022, at 12:55 PM, during record review of R10's delegation records, no records were found for nursing visits to supervise and evaluate delegated staff for insulin injections weekly for the first four weeks following delegation to administering insulin injections.

Resident #11 (R11)

Review of R10's medical records on 08/25/2022 documents R11, admitted to the facility on [REDACTED] 2021 with various diagnoses including [REDACTED].

R11 requires administration with medication management.

On 08/25/2022, at 12:57 PM, during record review of R11's delegation records, no records were found for nursing visits to supervise and evaluate delegated staff for insulin injections weekly for the first four weeks following delegation to administering insulin injections.

Resident #12 (R12)

Review of R12's medical records on 08/25/2022 documents R12, admitted to the facility on [REDACTED] 2021 with various diagnoses including [REDACTED].

R12 requires administration with medication management.

On 08/25/2022, at 12:59 PM, during record review of R12's delegation records, no records were found for nursing visits to supervise and evaluate delegated staff for insulin injections weekly for the first four weeks following delegation to administering insulin injections.

On 08/25/2022, at 02:30 PM, Staff A, B and C were present during meeting to go over preliminary findings. Staff A states that they will look for what is missing and deliver anything that they are able to find.

On 08/25/2022, at 03:36 PM, Staff A was unable to provide any documents for the supervisory visits for delegation for administration of insulin injections.

On 08/25/2022, at 05:00 PM, Staff A and B were present during exit conference. Staff A states that they will get in contact with the contract nurse delegator to go over the 4 weekly supervisory visits for insulin injection delegation as it is important.

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, CANTERBURY RETIREMENT INN is or will be in compliance with this law and / or regulation on

(Date) 10/26/22

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



Administrator (or Representative)

9/27/22

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:
 - (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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to update the negotiated service agreements annually and not signed for 6 of 12 residents (Resident 3, 4, 5, 10, 11, and 12). This failure violated resident's rights and placed these residents at risk for not having their care needs met.

Findings included...

Resident #3 (R3)

Review of R3's chart on 08/24/2022 at 10:20 AM, documented an initial Plan of Resident Care with a date of 07/01/2022 and a 30 day Plan of Resident Care with an origination date of 08/11/2022. No documentation of R3 receiving nurse delegation services found.

Resident #4 (R4)

Review of R4's medical records on 08/24/2022 documents R4, admitted to the facility on [REDACTED] 2021 with various diagnoses including [REDACTED]. R4 requires a urinary catheter, a tube to help eliminate urine from the bladder, that needs to be changed monthly.

On 08/24/2022, at 11:11 AM, during record review of R4's chart, Plan of Resident Care dated 12/20/2021, on page 4 under "Alternation in Elimination: benign prostatic hypertrophy with urine retention" documents "R4 has an indwelling Foley catheter. (RA) Has catheter changed at urology Q month. (LN)."

On 08/24/2022, at 11:11 AM, during record review of R4's chart, progress notes dated 07/27/2022 document "CHHH... Pt transferred with 2A to bed for catheter change." Progress notes dated 07/13/2022 document "CHHH SW, Cath Change. VSS, denies pain, tolerated cath change – awaiting urine return."

On 08/24/2022, at 01:58 PM, interview with R4, R4 states home health changes his catheter, they "changed it today." R4 states "I haven't been to the urologist in a long time, probably before COVID." Catheter drain bag observed.

Resident #7 (R7)

Review of face sheet for R7 showed she moved into the facility on [REDACTED] 2015 with multiple medical diagnoses including [REDACTED] and [REDACTED].

Review of Nursing Care Plan dated 08/10/2015, showed the resident was on Physical therapy (PT)/ Occupational Therapy (OT) services. She required medication administration assistance with all her medications. She required one person assistance with transfers. Update handwritten notation dated 03/19/2020 showed she required two person assistance with all transfers. She used transfer pole to get up out of chair 12 inches from left side of chair.

Review of Nurse Delegation: Instructions for Nursing Task dated 03/16/2022 showed delegated tasks for R7 was oral scheduled medication administration, blood sugar check, and application of topical medication as ordered.

On 08/23/2022 during an interview at 11:45 AM, R7 stated she does not use her transfer pole when she gets up out of reclining chair. R7 stated, when she used the transfer pole, it

caused her pain and discomfort to her left arm from the osteoarthritis. She stated, she used her walker with a gait belt around her waist and one staff member to transfer out of her recliner. R7 stated, she has not had PT/OT services in at least of few months. She stated she administered and stored all her medications and observed her medications stored on a side table to the left side of her chair.

Resident #9 (R9)

Review of face sheet for R9, showed he moved into the facility on [REDACTED] 2019 with multiple medical diagnoses including [REDACTED]

[REDACTED] and [REDACTED]. Review of Nurse Delegation: Instructions for Nursing Tasks dated 03/16/2022, showed delegated task of oral scheduled medication administration and application of topical medications as ordered.

Review of Assisted Living LOC assessment (monthly) dated 08/09/2022 showed under section AMBULATION, R9 required 1-2 assist totally dependent in transfers, wheelchair escort to and from meals and activities. Under section COMMUNICATION, showed R9 had impaired-requires assistance with use of devices (hearing aid, pad and pencil, corrective lenses) cleaning, putting on or off or changing batteries. Under section PSYCHO-SOCIAL STATUS showed R9 was slightly confused, occasional anxiousness, often forgetful, or seemingly depressed, self-isolating, does not engage in usual enjoyable activities. Review of Plan of Resident Care dated 10/04/2019, showed no documented revision date. Nurse delegation services had not been documented. R9 required one person assistance for transfers. R9 self-propel wheelchair with right arm and leg assist for long distances. R9 was alert and oriented to person, place, time. R9 was able to speak clear English and able to make his needs known.

Resident #10 (R10)

Records reviewed frequently throughout inspection. Review of R10's medical records on 08/25/2022 documents R10, admitted to the facility on [REDACTED] 2019 with various diagnoses including [REDACTED]

[REDACTED]. R10 requires nurse delegation for blood sugar monitoring and administration with insulin injections.

On 08/25/2022, at 01:00 PM, during record review of R10's Plan of Resident Care dated 07/28/2021, no documentation of R10 receiving nurse delegation services found.

Resident #11 (R11)

Review of R10's medical records on 08/25/2022 documents R11, admitted to the facility on [REDACTED] 2021 with various diagnoses including [REDACTED]

[REDACTED]. R11 requires nurse delegation for blood sugar monitoring and administration with insulin injections.

On 08/25/2022, at 01:15 PM, during record review of R11's Plan of Resident Care dated 04/02/2021, no documentation of R11 receiving nurse delegation services found.

Resident #12 (R12)

Review of R12's medical records on 08/25/2022 documents R12, admitted to the facility on [REDACTED] 2021 with various diagnoses including [REDACTED].

On 08/25/2022, at 12:59 PM, during record review of R12's Plan of Resident Care dated 04/02/2021, no signature of responsible party found.

On 08/25/2022, at 02:30 PM, Staff A, B and C were present during meeting to go over preliminary findings. Staff A states that they will look for what is missing and deliver anything that they are able to find.

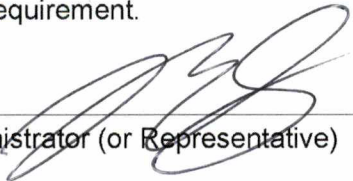
On 08/25/2022, at 03:36 PM, Staff A was unable to provide any additional Plan's of Resident Care.

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, CANTERBURY RETIREMENT INN is or will be in compliance with this law and / or regulation on

(Date) 10/26/22.

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



Administrator (or Representative)

9/22/22

Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete the Negotiated Service Agreement within 30 days following admission to the facility for 1 of 12 residents (Resident 3). This failure placed this resident at risk for proper care needs being unmet.

Findings included...

Resident #3 (R3)

Review of R3's medical records on 08/24/2022 documents R3, admitted to the facility on [REDACTED] 2022 with various diagnoses including [REDACTED] and [REDACTED]

[REDACTED] Review of R3's chart on 08/24/2022 at 10:20 AM, documented an initial Plan of Resident Care with a date of 07/01/2022 and a 30 day Plan of Resident Care with an origination date of 08/11/2022.

On 08/25/2022, at 02:30 PM, Staff A, B and C were present during meeting to go over preliminary findings. Staff A states that they will look for what is missing and deliver anything that they are able to find.

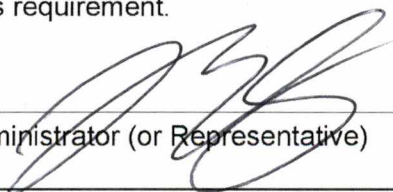
On 08/25/2022, at 03:36 PM, Staff A was unable to provide any additional Plan's of Resident Care for R3.

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, CANTERBURY RETIREMENT INN is or will be in compliance with this law and / or regulation on

(Date) 8/26/22

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



Administrator (or Representative)

9/22/22

Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to have negotiated service agreements signed and/or completed at least annually for 6 of 12 residents (Resident 3, 4, 5, 10, 11, and 12). This failure violated resident's rights and placed these residents at risk for proper care needs being unmet.

Findings included...

Resident #3 (R3)

Review of R3's chart on 08/24/2022 at 10:20 AM, documented an initial Plan of Resident Care with a date of 07/01/2022 and a 30 day Plan of Resident Care with an origination date of 08/11/2022. No signature of responsible party found.

Resident #4 (R4)

On 08/24/2022, at 11:11 AM, during record review of R4's chart, no signature of responsible party found on the Plan of Resident Care dated 12/20/2021.

Resident #5 (R5)

Review of face sheet for R5, showed they moved into the facility on [REDACTED] 2021 with multiple medical diagnoses included [REDACTED].

Review of Plan of Resident Care dated 05/26/2021, showed it was last signed and reviewed by the responsible party or resident on 05/27/2021.

Resident #10 (R10)

Review of face sheet for R10 showed they moved into the facility on [REDACTED] 2019 with various medical diagnoses including [REDACTED].

Review of Plan of Resident Care dated 07/22/2021, showed it was signed by the responsible party or resident on 07/28/2021.

Resident #11 (R11)

Review of face sheet for R11 showed he moved into the facility on [REDACTED] 2021 with multiple medical diagnoses including [REDACTED].

Review of Plan of Resident Care dated 04/02/2021, showed the signature for the responsible party or resident was missing.

Resident #12 (R12)

Review of face sheet R12 showed, they moved into the facility on [REDACTED] 2021, with multiple medical diagnoses included [REDACTED].

and [REDACTED].

Review of Plan of Resident Care dated 04/02/2021, showed signature of responsible party or resident was missing.

On 08/25/2022, at 02:30 PM, Staff A, Executive Director, Staff B, RN, Director of Nursing and Staff C, LPN, Assistance Director Resident Services were present during preliminary exit meeting and reviewed findings. Staff A stated they would look for additional documents and deliver anything they are able to find.

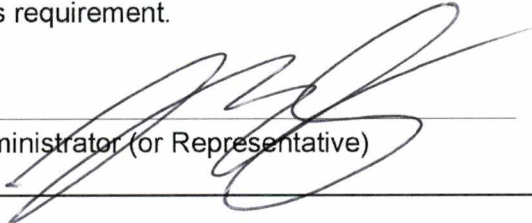
On 08/25/2022, at 03:36 PM, the department had not received any additional updated and signed Plan of Residents Care for Residents 3, 4, 5, 10, 11, and 12.

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, CANTERBURY RETIREMENT INN is or will be in compliance with this law and / or regulation on

(Date) 10/26/22.

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


Administrator (or Representative)

9/22/22
Date