STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Sunrise Senior Home LLC

Sunrise Senior Home LLC
1820 224th St SW
Bothell, WA 98021

RE: Sunrise Senior Home LLC License # 754607

Dear Provider:

This letter addresses Compliance Determination(s) 50523 (Completion Date 11/21/2024) and 47776 (Completion Date 10/03/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/21/2024 and found that you have corrected the violations listed in the Complaint report dated 10/03/2024. Your home is back in compliance as of 11/05/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10015-1, WAC 388-76-10225-3-b, WAC 388-76-10225-3-a, WAC 388-76-10225-3, WAC 388-76-10255-3, WAC 388-76-10255-2, WAC 388-76-10255-1, WAC 388-76-10036-1, WAC 388-76-10036-2, WAC 388-76-10036-3, WAC 388-76-10036

The Department staff who did the on-site verification:
Meazawork Tekie, Complaint Investigator

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 754607	Compliance Determination # 47776
Plan of Correction	Sunrise Senior Home LLC	Completion Date
Page 1 of 8	Licensee: Sunrise Senior Home LLC	10/03/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site complaint investigation on 09/25/2024 and 09/25/2024 of:

Sunrise Senior Home LLC
1820 224th St SW
Bothell, WA 98021

This document references the following complaint number(s): 148338

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Meazawork Tekie, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

10/14/2024
Date

I understand that to maintain an Adult Family Home license, I 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.

Provider (or Representative) Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to establish a Respiratory protection program (RPP) that included, a written program, respiratory training program and respirator fit testing for 4 of 4 staff (Staff A, Entity Representative, Staff B, Resident Manager, C and D, Caregivers), and medical test site waver license (MTSW) for performing COVID-19 (illness that can be transmitted from person to person through respiratory droplets when infected people cough, sneeze, or talk) testing for 6 of 6 residents (Resident 1,2,3,4, 5, and 6). These failures placed 6 of 6 residents (Resident 1,2,3,4, 5, and 6) and staff at risk for illness and infection and placed Residents 1,2,3,4,5, and 6 at risk for error in test result readings by unqualified caregivers.

Findings included...

Review of, Washington State Department of Health (DOH), "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training and fit testing before their first use of the respirator (WAC 296-842-16005), then annually. DOH also stated that In accordance with WAC 296-842-16005 and WAC 296-842-22010, facilities need to provide respirator fit testing for tight-fitting respirators.

Review of Dear Provider Letter, dated 04/01/2022, showed the requirements necessary for obtaining a Medical test site waiver (MTSW) license. The Dear Provider Letter listed when a MTSW license is required to include when the AFH provider administers a medical test (such as a Covid-19 [an infectious disease by a virus causing respiratory illness that could result in severe impairment or death] test), or interprets the test results, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State DOH website link to the MTSW licensing application.

Record review of Resident 1's incident report, dated 09/06/2024, 09/09/2024, and 09/13/2024, showed Staff B, had tested Resident 1 for COVID-19 infection.

Record review of Resident 2's incident report, dated 09/06/2024, 09/09/2024, and 09/13/2024, showed Staff B had tested Resident 2 for COVID-19 infection.

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Record review of Resident 3's incident report, dated 09/06/2024, 09/13/2024, and 09/22/2024, showed Staff B had tested Resident 3 for COVID-19 infection.

Record review of Resident 4's incident report, dated 09/06/2024, 09/13/2024, and 09/22/2024, showed Staff B had tested Resident 4 for COVID-19 infection.

Record review of Resident 5's incident report, dated 09/06/2024, 09/13/2024, and 09/22/2024, showed Staff B had tested Resident 5 for COVID-19 infection.

Record review of Resident 6's incident report, dated 09/06/2024, 09/13/2024, and 09/22/2024, showed Staff B had tested Resident 6 for COVID-19 infection.

In an interview, on 09/25/2024 at 9:37AM, Resident 1 stated that AFH staff had tested them for COVID-19 on 09/23/2024 and that they (Resident 1) had a [redacted] COVID -19 result.

In an interview, on 09/25/2024 at 9:46AM, Staff B stated that they had performed COVID-19 tests on Resident 1,2,3,4,5, and 6 multiple times.

In an interview, on 09/25/2024, at 11:00AM, Staff B, Manager, stated they would locate infection control policies and procedures.

In an interview, on 09/25/2024, at 11:22AM, Staff B stated they contacted Staff A and had been waiting for guidance.

In an interview, on 09/25/2024 at 11:32AM, Staff B stated AFH did not have RPP and MTSW license.

In an interview, on 09/25/2024, at 12:00PM, Staff B stated they could not locate the infection control policies and procedures.

Record review of AFH facility records showed no record of RPP written program, respiratory training program, respirator fit testing for Staff A, Staff B, Staff C, or Staff D. The AFH also had no record of a MTSW license.

Attestation Statement

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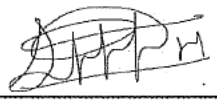
I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Sunrise Senior Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/05/24 .

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

Provider (or Representative)  Date 10/20/24

WAC 388-76-10225 Reporting requirement.

(3) Whenever an outbreak of suspected food poisoning or communicable disease occurs, the adult family home must notify:

(a) The local public health officer; and

(b) The department's complaint toll-free hotline number.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to notify the Complaint Resolution Unit (CRU) of an outbreak, when 4 of 6 residents (Residents 1, 2, 3, and 4) contracted COVID-19 (illness that can be transmitted from person to person through respiratory droplets when infected people cough, sneeze, or talk). This failure placed Residents 1, 2, 3, and 4 at risk of not having the incident investigated and placed Residents 1, 2, 3, 4, 5 and 6 at risk of unmet care needs.

Findings Included...

Record review of AFH incident report, dated 09/09/2024, and 09/13/2024, showed Resident 1 had tested [redacted] for COVID -19 infection.

Record review of AFH incident report, dated 09/06/2024, showed Resident 2 had tested [redacted] for COVID -19 infection.

Record review of AFH incident report, dated 09/13/2024, showed Resident 3 had tested [redacted] for COVID -19 infection.

Record review of AFH incident report, dated 09/13/2024, showed Resident 4 had tested [redacted] for COVID -19 infection.

In an interview, on 10/02/2024 at 1:42PM, Staff A, Provider, stated that the outbreak had not been reported to CRU and local public health officer.

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Provider (or Representative) Date

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Findings Included...

Record review of AFH incident report, dated 09/09/2024, and 09/13/2024, showed Resident 1 had tested [redacted] for COVID -19 infection.

Record review of AFH incident report, dated 09/06/2024, showed Resident 2 had tested [redacted] for COVID -19 infection.

Record review of AFH incident report, dated 09/13/2024, showed Resident 3 had tested [redacted] for COVID -19 infection.

Record review of AFH incident report, dated 09/13/2024, showed Resident 4 had tested [redacted] for COVID -19 infection.

In an interview, on 10/02/2024 at 1:42PM, Staff A, Provider, stated that the outbreak had not been reported to CRU and local public health officer.

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

Record review of departments Secure Tracking and Reporting System, on 10/09/2024, showed no reports were made to CRU by AFH.

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Provider (or Representative) — Date: 10/20/24

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

(2) Emphasizes frequent hand washing and other means of limiting the spread of infection;

(3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

This requirement was not met as evidenced by:

Based on observations and interviews, Adult Family Home (AFH) Staff C, and D, Care givers, failed to follow proper infection control procedures when providing care to 6 out of 6 (Residents 1, 2,3,4,5 and 6). This failure placed Residents 1, 2,3,4,5 and 6 contributed to the spread of infection in the AFH and placed Residents 1, 2,3,4,5 and 6 at risk of contracting infections.

Findings included....

Observation, on 09/25/2024 at 8:56 AM, Staff D opened door for the Regulator. Staff D was observed wearing gloves and a surgical mask.

Observation showed Staff D walked into Resident 1 room, a COVID-19 isolation room. Staff D had not donned (put on) Personal Protective Equipment (PPE) prior to when Staff D entered Resident 1's room.

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

Record review of departments Secure Tracking and Reporting System, on 10/09/2024, showed no reports were made to CRU by AFH.

Attestation Statement

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Provider (or Representative) _____ Date _____

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(2) Emphasizes frequent hand washing and other means of limiting the spread of infection;

(3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

This requirement was not met as evidenced by:

Based on observations and interviews, Adult Family Home (AFH) Staff C, and D, Care givers, failed to follow proper infection control procedures when providing care to 6 out of 6 (Residents 1, 2,3,4,5 and 6). This failure placed Residents 1, 2,3,4,5 and 6 contributed to the spread of infection in the AFH and placed Residents 1, 2,3,4,5 and 6 at risk of contracting infections.

Findings included....

Observation, on 09/25/2024 at 8:56 AM, Staff D opened door for the Regulator. Staff D was observed wearing gloves and a surgical mask.

Observation showed Staff D walked into Resident 1 room, a COVID-19 isolation room. Staff D had not donned (put on) Personal Protective Equipment (PPE) prior to when Staff D entered Resident 1's room.

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Observation, on 09/25/2024 at 8:56AM, AFH postings showed no COVID-19 informational signages.

Observation, on 09/25/2024 at 9:02AM, Staff C went to the AFH medication room, grabbed a box of gloves and donned the gloves. Staff C had not washed their hands. Staff C then touched doorknobs, drawer handles, while they wore gloves, and grabbed slices of English muffin and applied jam with the same glove.

Observation, on 09/25/2024 at 9:10 AM, Staff C delivered breakfast to Residents 1, 2,3,4,5 and 6 in their rooms. Staff C had not donned PPE when Staff C entered a COVID-19 isolation room, Resident 1's room.

Observation, on 09/25/2024 at 9:15 AM, Collateral Contact 1 (CC1), dental hygienist, came out of Resident 6 room wearing a regular surgical mask and face shield. CC1 stated that Staff B, AFH Manager, had not informed them (CC1) that any of the AFH Residents had a COVID infection. CC1 stated that they had spoken to Staff B on 09/24/2024 and had made the arrangements to visit Residents 1, 2,3,4,5 and 6 on 09/25/2024.

Observation, on 09/25/2024 at 9:17AM, showed Staff D came out of Resident 1's room, applied gloves from the AFH common area, and went to Resident 3's room. Staff D did not apply hand sanitizer or wash hands before donning gloves.

Observation, on 09/25/2024 at 10:00AM, showed Staff C and Staff D, provided care to Residents 1, 2,3,4,5 and 6 with improperly donned N-95 masks. Staff C and Staff D wore their N-95 masks with the lower strap that hung blow their chins. Staff C and Staff D did not wear grows, or face shields when Staff C and Staff D entered Resident 1's room.

Observation, on 09/25/2024 at 10:00AM, of AFH PPE storage areas did not include face shields.

Observation, on 09/25/2024 at 11:30AM showed, Staff D donned a gown, and sprayed Lysol (disinfectant) on the gown, before they (Staff D) entered Resident 1's room.

Observation, on 09/25/2024 at 11:49AM, showed Staff D applied soap, turned on the water, scrubbed their hands, rinsed, and turned off the faucet with wet hands. Staff D took ten seconds when they washed their hands.

In an interview, on 09/25/2024 at 10:56AM, Staff C acknowledged that they had not followed the proper infection control procedures when they prepared residents meals and when they cared for Resident 1.

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In an interview, on 09/25/2024 at 9:46AM, Staff D stated that they wear surgical masks to care for COVID-19 patients and wear N-95 Mask for when in common areas. Staff D acknowledged that they did not don proper PPE when they cared for Resident 1. Staff D were not able to explain when they would perform hand hygiene. Staff D also stated they did not know what to do if they (staff D) contracted respiratory infection.

Attestation Statement

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

Provider (or Representative) — Date: 10/20/24

WAC 388-76-10036 License requirements Multiple adult family home management. When there is more than one home licensed to a provider, the adult family home must ensure that:

(1) Each home has one person responsible for managing the overall delivery of care to all residents in the home;

(2) The designated responsible person is the provider, entity representative or a resident manager; and

(3) Each responsible person is designated to manage only one adult family home at a given time.

This requirement was not met as evidenced by:

Based on observations and interview, Staff A, Provider, failed to ensure there was a designated manager for the Adult Family home (AFH) to manage the care needs for 6 of 6 residents (Resident 1,2,3,4,5 and 6). This failure placed Residents 1,2,3,4,5, and 6 at risk for unrecognized and unmet care needs.

Findings included....

Observation, on 09/25/2024 at 9:22AM, showed the AFH provided various care and services for six residents.

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

In an interview, on 09/25/2024 at 9:46AM, Staff D stated that they wear surgical masks to care for COVID-19 patients and wear N-95 Mask for when in common areas. Staff D acknowledged that they did not don proper PPE when they cared for Resident 1. Staff D were not able to explain when they would perform hand hygiene. Staff D also stated they did not know what to do if they (staff D) contracted respiratory infection.

Attestation Statement

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Provider (or Representative) _____ Date _____

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(2) The designated responsible person is the provider, entity representative or a resident manager; and

(3) Each responsible person is designated to manage only one adult family home at a given time.

This requirement was not met as evidenced by:

Based on observations and interview, Staff A, Provider, failed to ensure there was a designated manager for the Adult Family home (AFH) to manage the care needs for 6 of 6 residents (Resident 1,2,3,4,5 and 6). This failure placed Residents 1,2,3,4,5, and 6 at risk for unrecognized and unmet care needs.

Findings included....

Observation, on 09/25/2024 at 9:22AM, showed the AFH provided various care and services for six residents.

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In an interview, on 09/25/2024 at 9:22AM, Resident 2 stated that Staff B, AFH manager, had not come to AFH daily and came to the AFH only when needed.

In an interview, on 09/25/2024 at 9:46AM, Staff C stated that Staff B managed other AFHs and came to this AFH to care for Residents 1,2,3,4,5, and 6 when needed.

In an interview, on 10/02/2024 at 1:42PM, Staff A stated that Staff B managed two AFHs.

Attestation Statement

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

Provider (or Representative) — Date: 11/05/24

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In an interview, on 09/25/2024 at 9:22AM, Resident 2 stated that Staff B, AFH manager, had not come to AFH daily and came to the AFH only when needed.

In an interview, on 09/25/2024 at 9:46AM, Staff C stated that Staff B managed other AFHs and came to this AFH to care for Residents 1,2,3,4,5, and 6 when needed.

In an interview, on 10/02/2024 at 1:42PM, Staff A stated that Staff B managed two AFHs.

Attestation Statement

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