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

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

ABBEY ROAD CARE HOME LLC
Kingsgate Highlands Adult Family Home
14113 117TH PL NE
KIRKLAND, WA 98034

RE: Kingsgate Highlands Adult Family Home # 756641

Dear Provider:

This document references Compliance Determination 37671 (03/14/2024), which included complaint number(s) 119544.

The Department completed a complaint investigation of your Adult Family Home on 03/14/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Ellen Schooler, NCI Nurse Consultant Instituation

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

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

The Adult Family Home
(AFH) failed to meet applicable laws and regulations to obtain a Medical Test Site Waiver (MTSW). This failure resulted in the AFH conducting laboratory

medical tests without a waiver.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately; and
• Complete correction as soon as possible.

You Are Not:
• Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
• Inspect the home to determine if you have corrected all deficiencies.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

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

If You Have Any Questions:
• Please contact me at (253)312-1446.

Sincerely,

Jamie Singer, Field Manager
Region 2, Unit K
Residential Care Services

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or

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enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

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Residential Care Services
Investigation Summary Report

Provider/Facility: Kingsgate Highlands Adult Family Home
Provider Type: Adult Family Home
License/Cert.#: 756641
Intake ID: 119544
Compliance Determination #: 37671
Region/Unit #: RCS Region 2 / Unit K
Investigator: Ellen Schooler
Investigation Date(s): 03/04/2024 through 03/14/2024
Complainant Contact Date(s):

Allegation(s):
#1. The Adult Family Home (AFH) had four [redacted] cases of COVID-19.
#2. The Adult Family Home failed to have a Medical Test Site Waiver (MTSW) license in place.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 2 Closed records sample size: 0
Observations:	Adult Family Home environment Resident Appearance Resident to Staff Interaction Direct Resident Care PPE Supplies Infection Control/Prevention Procedures Cleaning supplies
Interviews:	Residents AFH Provider
Record Reviews:	Resident Records, including vital signs/ COVID symptom monitoring. AFH Policies and Procedures, including COVID policies. Respiratory Protection Program

Investigation Summary:
AFH provider placed the home in quarantine after four residents tested [redacted] for COVID-19. The AFH placed the COVID-19 [redacted] residents in isolation. The AFH provider made the required notifications to the Department of Health, King County Local Health Jurisdiction, the residents' families, medical providers, case managers, and the State Department Complaint Hotline. All residents were observed in their rooms, or physically distanced in living room and dining areas, and all reported they are doing well. The AFH had an ample supply of PPE, disinfectant wipes, hand sanitizers, and testing kits. The AFH had their COVID plan in place, screened all visitors at the door, allowed visitation by family members in their resident rooms and

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asked them to wear a surgical mask and use hand sanitizer; however, the AFH asked that non-essential visits be postponed until after the outbreak. Staff screened daily prior to start of shift. Residents' vitals, and symptoms monitored daily. AFH Provider indicated that all caregivers were Fit-Tested for N-95 Respirators as part of the facility's Respiratory Protection Program. No failed practice identified.
#2. Record review showed that AFH Provider did not have Medical Test Site Waiver (MTSW) license in place to perform COVID-19 testing and interpretation of test results in the AFH. Interview with AFH Provider indicated that they applied for the MTSW license on 03.06.2024. Failed practice identified--consultation provided.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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