STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

MALLON PLACE INC

MALLON PLACE INC
1724 W Mallon Ave
Spokane, WA 99201

RE: MALLON PLACE INC License # 1017

Dear Administrator:

This letter addresses Compliance Determination(s) 41388 (Completion Date 05/15/2024) and 39042 (Completion Date 03/28/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/15/2024 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-2305-1, WAC 246-215-02310-8, WAC 246-215-02310-9, WAC 388-78A-2730-1-b

The Department staff who did the on-site verification:
Carla Rose, NCI Community Licensor

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Licensee: MALLON PLACE INC
MALLON PLACE INC
1724 W Mallon Ave
Spokane, WA 99201

RE: MALLON PLACE INC License # 1017

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 03/28/2024 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May 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, 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

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  - o Mail the Plan/Attestation Statement and report with original signatures to:

Stephanie Jenks, Field Manager
Residential Care Services
Region 1, Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

- 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.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

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:
  - What specific deficiency or deficiencies you disagree with;
  - Why you disagree with each deficiency; and
  - Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - 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 (509)993-7821.

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

Enclosure

Stephanie Jenks, Field Manager
Residential Care Services
Region 1, Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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Region 1, Unit B
Residential Care Services

Enclosure

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8617 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 1017	Compliance Determination #:38042
Plan of Correction	MALLON PLACE INC	Completion Date
Page 3 of 10	Licensee: MALLON PLACE INC	03/28/2024

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 the unannounced on-site full inspection and complaint investigation on 03/26/2024, 03/26/2024, 03/27/2024 and 03/28/2024 of:

MALLON PLACE INC
1724 W Mallon Ave
Spokane, WA 99201

This document references the following complaint numbers: 123084.

The following sample was selected for review during the unannounced on-site visit: 9 of 82 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Antonietta Lettieri-Parkin, Long Term Care Surveyor
Carla Rose, NCI Community Licensor
Patty Ford, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit B
8617 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Residential Care Services — 04/04/2024 Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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

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MALLON PLACE INC
1724 W Mallon Ave
Spokane, WA 99201

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Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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Residential Care Services _____ Date _____

Statement of Deficiencies	License # 1017	Compliance Determination # 33042
Plan of Correction	MALLON PLACE INC	Completion Date
Page 4 of 10	Licensee: MALLON PLACE INC	03/28/2024

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.

Administrator (or Representative) 4/5/24 Date

WAC 246-215-02310 Hands and arms -- When to wash (2009 FDA Food Code 2-301.14). FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under WAC 246-215-02305 immediately before engaging in FOOD preparation including working with exposed FOOD , clean EQUIPMENT and UTENSILS , and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and:

(9) Before donning gloves for working with READY-TO-EAT FOOD unless a glove change is not the result of contamination; and

(9) After engaging in other activities that contaminate the hands or gloves.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure staff maintained on-site food service in compliance with Washington State Retail Food Code WAC 246-215 related to hand hygiene/glove use and cross contamination of ready to eat foods, utensils, and equipment for 3 of 3 food workers (Staff F, G, & H). This failure placed residents at risk of food borne illness.

Findings included...

Review of the facility's menu for 03/25/2024 showed a lunch entrée of beef enchilada, Spanish rice, green salad, and pudding. The alternative lunch item was hot dogs.

Observation of lunch service on 03/25/2024, from 12:05 PM through 1:00 PM, showed the following:

-Staff F, Cook, doffed (took off) their gloves and donned a new pair without washing their hands.

-Staff G, Kitchen Aide, with gloved hands, placed glasses for beverages on a cart. Staff G opened the walk-in refrigerator door by the handle, obtained a gallon of milk, opened a drawer for a utensil, stirred chocolate milk, and with the same gloved hands, grabbed the glass of chocolate milk by the top rim of the glass and provided it to a resident.

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.

Administrator (or Representative) Date

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Statement of Deficiencies	License #: 1017	Compliance Determination # 39042
Plan of Correction	MALLON PLACE INC	Completion Date
Page 6 of 10	Licensee: MALLON PLACE INC	03/28/2024

-Staff G doffed their gloves and donned a new pair without washing their hands.

-With gloved hands, Staff G picked up a pitcher of ice water off a counter in the kitchen and drank directly from the pitcher.

-Staff F doffed their gloves and donned a new pair without washing their hands.

-With the same gloved hands, Staff F placed two hot dogs on a plate, opened the microwave by the door handle, touched the buttons on the microwave to heat the hot dogs. Staff F opened the microwave door, held a hot dog with their gloved hand and temped the hot dog. Staff F then opened a bag of hot dog buns and placed the buns over the hot dogs with the same gloved hands.

-With the same gloved hands, Staff F placed two more hot dogs on a plate, opened the microwave by the door handle, and touched the buttons on the microwave to heat the hot dogs.

-Staff G doffed their gloves and donned a new pair without washing their hands. Staff G obtained a glass for a resident beverage. Staff G touched and handled the glass on the inside of the glass with the same gloved hands. Staff G repeated this action again for a second resident immediately after.

-Staff F doffed their gloves and donned a new pair without washing their hands.

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-With the same gloved hands, Staff F opened the microwave door by the handle. Staff F touched and handled hot dogs to temp them. Staff F obtained and handled two hot dog buns and placed them on top of the hot dogs.

-Staff G again doffed their gloves and donned a new pair without washing their hands.

-Staff F doffed their gloves and donned a new pair without washing their hands. Staff F then touched and handled two heated hot dogs and buns with the same gloved hands.

-Staff G obtained and handled a cloth from the sanitization bucket. Staff G wiped a table. Staff G doffed their gloves and donned a new pair without washing their hands.

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Statement of Deficiencies	License #: 1017	Compliance Determination #39042
Plan of Correction	MALLON PLACE INC	Completion Date
Page 6 of 10	Licensee: MALLON PLACE INC	03/28/2024

- With the same gloved hands, Staff F opened the walk-in refrigerator by the handle, obtained and handled a container of cottage cheese, opened a drawer for a utensil, placed cottage cheese on a plate, touched and closed the lid of the cottage cheese container, opened the walk-in refrigerator by the handle, placed the cottage cheese back in the refrigerator, opened the microwave by the handle, and then touched two heated hot dogs to temp them.

-Staff F doffed their gloves and donned a new pair without washing their hands.

Observation of the lunch service on 03/25/2024, showed Staff F and Staff G did not wash their hands between glove changes.

In an interview on 03/26/2024 at 9:06 AM, Staff J, Kitchen Manager, stated kitchen staff were to prevent cross contamination by washing hands, plate food with gloved hands, not touch equipment such as resident cups, not touch ready to eat foods, and use utensils to handle food.

Review of the facility's menu for 03/26/2024, showed a lunch entrée of bratwursts, sauerkraut, pasta salad, peas, and cake. The alternative lunch item was hamburger gravy and mashed potatoes.

Observation of lunch preparation and service on 03/26/2024, from 10:08 AM through 12:44 PM, showed the following:

-Staff G entered the kitchen with their medium length hair down. Staff G used their hands to secure their hair up. Staff G donned gloves without washing their hands.

-Staff H, Housekeeping Supervisor (and cross trained in kitchen as a cook), donned gloves without washing their hands.

-Staff G doffed their gloves and donned a new pair without washing their hands.

-With the same gloved hands, Staff G obtained forks and spoons from a rack that had been washed and sanitized in the dishwasher. Staff G then touched and handled a craft of hot water, touched, and handled a resident's personal travel cup to fill it with water, and touched and turned off a kitchen timer.

-With the same gloved hands, Staff G began to roll a spoon and a fork in napkins and placed them in a plastic tray for the residents' lunch meal. As Staff G rolled the utensils in the napkin, they touch the mouth/scoop portion of the spoon and the prongs of the forks on two occasions.

- With the same gloved hands, Staff F opened the walk-in refrigerator by the handle, obtained and handled a container of cottage cheese, opened a drawer for a utensil, placed cottage cheese on a plate, touched and closed the lid of the cottage cheese container, opened the walk-in refrigerator by the handle, placed the cottage cheese back in the refrigerator, opened the microwave by the handle, and then touched two heated hot dogs to temp them.

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-With the same gloved hands, Staff G opened the ice cooler, touched, and handled the scoop and scooped ice, placed the ice in a water pitcher, touched the ice as they guided it into the pitcher, poured the ice into a glass, and gave it to a resident.

-With the same gloved hands, Staff G continued to roll utensils in napkins. Staff G touched the mouth/scoop portion of the spoon and the prongs of the forks on eight more occasions.

-Staff H doffed their gloves and donned a new pair without washing their hands on two consecutive occasions.

-With the same gloved hands, Staff G touched and handled a cart by its handle. Staff G placed clean glasses, touched at the rim of the glasses, and placed the clean glasses on to the cart.

-Staff G doffed their gloves and donned a new pair without washing their hands on two more occasions.

-Staff G touched and moved a full garbage can, pulling it by its lid, from the dining room into the kitchen. Staff G then doffed their gloves and donned a new pair without washing their hands.

-With the same gloved hands, Staff G touched and handled the sink faucet, handled the sanitization bucket, doffed their gloves, and donned a new pair without washing their hands.

-With the same gloved hands, Staff G touched their neck, a cart in the kitchen, stuck their left gloved hand in between their pant leg and the skin on their upper back hip.

-Staff G doffed their gloves and donned a new pair without washing their hands.

-With the same gloved hands, Staff G touched the wall and door frame, crossed their arms touching their bare skin, and handled residents' cups by touching the inside of the cup, poured the beverage and served them to residents at their table.

-With the same gloved hands, Staff G obtained silverware (forks and spoons) rolled up in a napkin, held the spoon by the head and the fork by the prongs and placed them on residents' tables.

-With the same gloved hands, Staff G placed both their hands in their pant pockets, leaned up against the wall by placing their left hand on the wall of the door frame and one on

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-With the same gloved hands, Staff G placed both their hands in their pant pockets, leaned up against the wall by placing their left hand on the wall of the door frame and one on

their hip.

-With the same gloved hands, Staff G served residents packets of condiments, rolled up silverware in napkins, and obtained cups by placing their gloved fingers in the inside of the cup before pouring the liquid beverage of choice for the resident. Residents were observed opening the condiment packets with their mouth.

-Staff H doffed their gloves and donned a new pair without washing their hands.

-With the same gloved hands, Staff H opened a drawer for a utensil, and obtained and handled a slice of bread from a bread bag for a resident meal.

-With the same gloved hands, Staff H touched and handled a bag of hot dog buns, took a bun out of the bag, opened the bun with their gloved hand on two occasions.

-With gloved hands, Staff G obtained a cloth from the sanitization bucket, wrung out the cloth, and went to the dining room to wipe tables.

-Staff G doffed their gloves and donned a new pair without washing their hands on two more occasions.

-With the same gloved hands, Staff H opened the oven with visibly stained potholders, obtained a tray from the oven, touched, and obtained a hot dog bun from the bag, placed a bratwurst on the bun, and touched and handled the bratwurst as they cut it up.

-With the same gloved hands, Staff H touched and obtained a hot dog bun from the bag, placed a bratwurst on the bun, and touched and handled the bratwurst as they cut it up.

Observation of the lunch service on 03/26/2024, showed Staff G did not wash their hands between glove changes.

When informed of the observations in the facility kitchen during an interview on 03/26/2024 at 4:14 PM, Staff I, Alternate Administrator, stated the cross contamination was concerning.

Plan/Attestation Statement

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Plan/Attestation Statement

Statement of Deficiencies	License # 1017	Compliance Determination # 39042
Plan of Correction	MALLON PLACE INC	Completion Date
Page 9 of 10	Licensee: MALLON PLACE INC	03/28/2024

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, MALLON PLACE INC is or will be in compliance with this law and / or regulation on (Date) 5/11/24.

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

Administrator (or Representative) — Date: 4/5/24

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had completed respirator fit testing for 4 of 5 staff (Staff A, B, C, & E) sampled for infection control. This failure placed residents and staff at risk of exposure to an infectious communicable disease, should an outbreak occur.

Findings included...

Per WAC 296-842-16005, facilities must conduct fit testing (test completed by specially trained personnel to ensure N95 mask seals effectively to reduce the chance of exposure to respiratory viruses) before employees are assigned duties that may require the use of respirators and at least every twelve months after initial testing.

Review of a Department of Social and Health Services provider letter, dated 09/14/2023, showed that employers in long term care settings were responsible to "follow regulations pertaining to respiratory protection".

Review of the facility's policy tiled, "Employee Respiratory Protection Program Training," dated January 2024, showed that fit testing is to protect staff and is an annual requirement.

Review of Staff A's, Caregiver, personnel file showed a hire date of 10/12/2022. Further review showed no documentation of respirator fit testing.

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, MALLON PLACE INC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had completed respirator fit testing for 4 of 5 staff (Staff A, B, C, & E) sampled for infection control. This failure placed residents and staff at risk of exposure to an infectious communicable disease, should an outbreak occur.

Findings Included...

Per WAC 296-842-15005, facilities must conduct fit testing (test completed by specially trained personnel to ensure N95 mask seals effectively to reduce the chance of exposure to respiratory viruses) before employees are assigned duties that may require the use of respirators and at least every twelve months after initial testing.

Review of a Department of Social and Health Services provider letter, dated 09/14/2023, showed that employers in long term care settings were responsible to “follow regulations pertaining to respiratory protection”.

Review of the facility’s policy tiled, “Employee Respiratory Protection Program Training,” dated January 2024, showed that fit testing is to protect staff and is an annual requirement.

Review of Staff A’s, Caregiver, personnel file showed a hire date of 10/12/2022. Further review showed no documentation of respirator fit testing.

Statement of Deficiencies	License # 1017	Compliance Determination # 39042
Plan of Correction	MALLON PLACE INC	Completion Date
Page 10 of 10	Licensee: MALLON PLACE INC	03/28/2024

Review of Staff B's, Caregiver, personnel file showed a hire date of 11/21/2023. Further review showed no documentation of respirator fit testing.

Review of Staff's C's, Caregiver, personnel file showed a hire date of 06/08/2023. Further review showed no documentation of respirator fit testing.

Review of Staff E's, Human Resource Manager/Nurse Assistant Certified, personnel file showed a hire date of 08/17/2019. Further review showed no documentation of respirator fit testing.

In an interview on 03/28/2024, Staff I, Alternate Administrator, acknowledged the absence of fit testing records for Staff A, Staff B, Staff C, and Staff E. Staff I stated that 3 out of 37 staff had been fit tested. Staff I further stated there was no established schedule in place to have the remaining staff fit tested.

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, MALLON PLACE INC is or will be in compliance with this law and / or regulation on (Date) 5/11/24

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

Administrator (or Representative) — Date 4/5/24

Review of Staff B's, Caregiver, personnel file showed a hire date of 11/21/2023. Further review showed no documentation of respirator fit testing.

Review of Staff's C's, Caregiver, personnel file showed a hire date of 06/08/2023. Further review showed no documentation of respirator fit testing.

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

_____ _____

Administrator (or Representative) Date