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

Olympia Special Care LLC
GARDEN COURTE ALZHEIMER COMMUNITY
626 LILLY RD NE
OLYMPIA, WA 98506

RE: GARDEN COURTE ALZHEIMER COMMUNITY License # 1111

Dear Administrator:

This letter addresses Compliance Determination(s) 43294 (Completion Date 06/27/2024) and 41009 (Completion Date 05/13/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/27/2024 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-2600-2-k

The Department staff who did the on-site verification:
Anissa Bearden, Licensor
Celeste Vashey, ALF LTC Licensor
Emily Boniface, Community Program Nurse Licensor

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

Sincerely,

Cory Cisneros

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

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

| | | |
|---|---|---|
| Statement of Deficiencies | License #: 1111 | Compliance Determination # 41009 |
| Plan of Correction | GARDEN COURTE ALZHEIMER COMMUNITY | Completion Date |
| Page 1 of 4 | Licensee: Olympia Special Care LLC | 05/13/2024 |

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

The department completed data collection for an unannounced on-site follow-up on 05/09/2024 and 05/13/2024 of:
GARDEN COURTE ALZHEIMER COMMUNITY
626 LILLY RD NE
OLYMPIA, WA 98506

This document references the following SOD dated: 05/13/2024

The following sample was selected for review during the unannounced on-site visit: 81 of 81 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anissa Bearden, Licensor

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

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Cory Cisneros
Residential Care Services

05/24/2024
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.

Administrator (or Representative) 5/30/24 Date

**WAC 388-78A-2600 Policies and procedures.**

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(k) To prevent and limit the spread of infections consistent with WAC 388-78A-2610 ;

**This requirement was not met as evidenced by:**

Based on interview, and record review the facility failed to update and implement their policy for infection control and respiratory protection for 1 of 1 facility reviewed. This failure placed 81 of 81 residents and all staff members at risk of not having the proper guidance and training for infection control and respiratory protection and placed all residents and staff at risk of exposure to infectious diseases.

Findings included...

Record review of the dear provider letter number 2023-014, dated 03/30/2023, showed that the Secretary of Health announced the order that required wearing a face covering in long term care facilities had ended on 04/03/2023. Despite that the order had ended the individuals in long-term care facilities, including residents, staff, and visitors, were required to continue to follow the Department of Health (DOH) and Centers of Disease Control and Prevention (CDC) guidance. Facilities were asked to revise their policies to reflect the updated guidance by 05/01/2023. Facilities may create their own policies that require staff and ask residents and visitors to wear a face covering, as long as they were at least as stringent as DOH and CDC guidance. Respiratory Protection Program (RPP) requirements were not changed by the ending of the Secretary of Health's order, nor would they change when the federal public health emergency ended on 05/11/2023. Staff would still be required to wear N95 respirators around individuals with suspected or confirmed COVID-19 (Corona Virus Disease 2019- an infectious communicable disease caused by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, sore throat, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death) , and an RPP was required anytime a respirator was used in a long-term care facility. An RPP must include medical clearance, fit testing, training, written policies, and documentation.

Record review of the Washington State Department of Health document titled, "Respiratory Protection Program for Long-Term Care Facilities", undated, showed "employers have an obligation to protect their employees from hazards in the workplace. Providing your workforce with respiratory protection against respiratory hazards regulated and enforced by the Washington Department of Labor and Industries. Healthcare facilities commonly use the tight-fitting disposable N95 respirator for worker respiratory protection. Keep your workers safe by establishing your respirator program so they are ready to use a respirator at any given time". Under the section titled, "written program", showed "the written

respiratory protection program describes your facility's procedures for respiratory protection. It serves as a reference for the facility workers and helps them understand how to protect themselves from exposure to respiratory hazards while at work."

Record review of the Centers for Disease Control and Prevention (CDC) document titled, "Healthcare Respiratory Protection Resources", undated, showed the toolkit was developed to assist the healthcare setting to develop and implement effective respiratory protection programs with an emphasis on preventing the transmission of aerosol transmissible diseases (ATD [micro sized infectious particles that are spread through air or by contact through inhaling or by direct contact to eyes, nose, or mouth]) to healthcare personnel. Healthcare personnel were paid and unpaid persons who provide patient care in a healthcare setting or support the delivery of healthcare by providing clerical, dietary, housekeeping, engineering, security, or maintenance services. Healthcare personnel may potentially be exposed to ATD pathogens. Aerosols are particles or droplets suspended in air. ATDs are diseases transmitted when infectious agents, which were suspended or present in particles or droplets, contact the mucous membranes or were inhaled. Healthcare settings had an important role to protect their workers from exposure to all types of respiratory hazards and implement their respiratory protection programs (RPP). The RPP were to help implement and protect health care workers from job-related risks of exposure to infectious respiratory illnesses. When an outbreak of infectious disease occurred in a health care setting, the healthcare professionals were relied on to care for those affected, by putting themselves at increased risk of exposure to the pathogen causing disease.

Record review of the "Department of Social And Health Services" document, Completion date 03/20/2024, showed "As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations [including WAC 388-78A-2600] as stated in the cited deficiencies in the enclosed report. 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." The administrator section showed Staff A, Executive Director, signed the document on 04/15/2024. Staff A signed the "Plan/Attestation Statement" for all citations cited that read "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, [the facility] is or will be in compliance with this law and/or regulation on 05/02/2024."

Record review of the facility's Plan of Correction, dated 04/01/2024 and 02/02/2024, showed "the regional team updated Respiratory Policy to be compliant. Corrected policy will be available. Fit testing documents for all employees was audited/updated and binder was created to ensure all employees are complaint."

During an onsite visit on 05/09/2024 at 3:00 PM, the Department received the facility's document titled, "Respiratory Protection Program for use by Health care during the COVID-19 Pandemic, undated, showed "use of respirators at this health care facility is to protect against transmission of the SARS-COV-2 virus and other airborne diseases." The document showed it continued to reference the pandemic.

In an interview on 05/09/2024 at 4:08 PM, Staff A, Executive Director, stated the RPP provided was to be the most updated RPP for the facility. Staff A stated the state was no longer in a pandemic state.

In an email on 05/10/2024 at 12:31 PM, Staff B, Regional Operations Support Specialist,

sent the facility's current RPP for review.

Record review of the facility's Respiratory Protection Program, undated, showed the respirator program administrator was Staff A. The document showed the administrator would evaluate the program regularly to make sure procedures were followed, respirator use was monitored, and respirators continued to provide adequate protection when job conditions change. The facility was to use respirators for the following situations that included working with insulation, sheetrock/drywall, paint thinner, propane or gas leaks, and carbon monoxide. The RPP did not show any guidance to include that staff members were required to be fit tested for an N95 respirator for any respiratory infectious disease, including COVID-19. The RPP showed there was no documentation about respiratory infectious disease as a healthcare hazard.

In an interview on 05/13/2024 at 2:12 PM, Staff A stated that the facility continued to fit test staff for N95 respirators for respiratory infectious disease COVID-19.

In an interview on 05/09/2024 at 2:47 PM, Staff B stated they only included the chemical hazards within the facility for the RPP.

This is an uncorrected and recurring deficiency previously cited on 03/20/2024 and 08/04/2023.

**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, GARDEN COURTE ALZHEIMER COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 6/7/24

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

Lauryn Lau — Administrator (or Representative)

5/28/24 — Date

STATE OF WASHINGTON

# DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

***800 NE 136th Ave Ste 200, Vancouver, WA 98684***



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

The department completed data collection for an unannounced on-site follow-up on 03/06/2024 and 03/20/2024 of:
GARDEN COURTE ALZHEIMER COMMUNITY
626 LILLY RD NE
OLYMPIA, WA 98506

This document references the following SOD dated: 03/20/2024

The following sample was selected for review during the unannounced on-site visit: 4 of 76 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anissa Bearden, Licensor

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

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Cory Cisneros
Residential Care Services

04/02/2024
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.

Administrator (or Representative) — Date: 4/15/24

**WAC 388-78A-2600 Policies and procedures.**

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(k) To prevent and limit the spread of infections consistent with WAC 388-78A-2610 ;

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review the facility failed to update and implement their own policy for infection control and respiratory protection for 1 of 1 facility reviewed. This failure placed 76 of 76 residents and all staff members at risk of not having the proper guidance and training for infection control and respiratory protection, and placed all residents and staff at risk of exposure to infectious diseases.

Findings included...

Record review of the dear provider letter number 2023-014, dated 03/30/2023, showed that the Secretary of Health announced the order that required wearing a face covering in long term care facilities had ended on 04/03/2023. Despite that the order had ended the individuals in long-term care facilities, including residents, staff, and visitors, were required to continue to follow the Department of Health (DOH) and Centers of Disease Control and Prevention (CDC) guidance. Facilities were asked to revise their policies to reflect the updated guidance by 05/01/2023. Facilities may create their own policies that require staff and ask residents and visitors to wear a face covering, as long as they were at least as stringent as DOH and CDC guidance. Respiratory Protection Program (RPP) requirements were not changed by the ending of the Secretary of Health's order, nor would they change when the federal public health emergency ended on 05/11/2023. Staff would still be required to wear N95 respirators around individuals with suspected or confirmed COVID-19 (Corona Virus Disease 2019- an infectious communicable disease caused by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, sore throat, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death) , and an RPP was required anytime a respirator was used in a long-term care facility. An RPP must include medical clearance, fit testing, training, written policies, and documentation.

Record review of CDC's document titled, "Types of Masks and Respirators", updated 05/11/2023, showed COVID-19 community levels was replaced with COVID-19 hospital admission levels to guide prevention decisions.

Record review of the Washington State (WA) Department of Health (DOH) document titled, SARS-CoV-2 [COVID-19] Infection Prevention and Control in Healthcare Settings Toolkit, dated June 2023, showed healthcare facilities may use the toolkit to create flexible polices specific to their facility based on their individual risk assessment following CDC's Interim

Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.

Record review of CDC's document titled, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic", dated 05/08/2023, showed with the end of the federal COVID-19 Public Health Emergency (PHE) on 05/11/2023, CDC was no longer receiving data needed to publish Community Transmission levels for SARS-CoV-2. This metric informed CDC's recommendations for broader use of source control in healthcare facilities to allow for earlier intervention, to avoid strain on a healthcare system, and to better protect individuals seeking care in these settings. Source control was recommended more broadly as described in CDC's core infection prevention control by public health authorities (e.g., in guidance for the community when COVID-19 hospital admission levels are high). Under the section titled, "Assisted Living, Group Homes and Other Residential Care Settings (excluding nursing homes)", showed follow community prevention strategies based on COVID-19 hospital admission levels, similar to independent living, retirement communities or other non-healthcare congregate settings.

Review of the facility's policy, titled, "Infection Control and Respiratory Protection To Prevent and Contain SARS-CoV-2 (COVID-19)", undated, under the section "policy", showed the facility would adhere to all guidance provided by the Center of Disease Control, Washington State Department of Health, the Department of Health and Human Services, Washington State Occupational Safety and Health, and the local health jurisdiction regarding required and best practices to protect residents and staff from infection, and in the event of infection within the community to be prepared to manage the situation to prevent further spread and provide the best possible care to the residents. Under the section titled, "Masking for staff", showed that for the county that the facility was in, if the county's transmission level of COVID-19 was high, then the facility staff should have worn a face covering that covered the mouth and the nose with all resident care encounters. Under the section, "Visitation", showed all visitors must agree to follow Core Principles of COVID-19 infection Prevention while in the facility. Visitors should wear their own well-fitting mask upon arrival to and throughout their visit. Visitors who are unable to adhere to the core principles of infection prevention should not be permitted to visit or should be asked to leave. Under the section, "Residents", showed dedicated staff were to care for ill residents and would only enter the portion of the building where they are working. Under the section, "Person Protective Equipment and Supplies", showed all staff would be fit tested for an N95 respirator upon hire.

Record review of the Washington State Department of Health document titled, "Respiratory Protection Program for Long-Term Care Facilities", undated, showed "employers have an obligation to protect their employees from hazards in the workplace. Providing your workforce with respiratory protection against respiratory hazards regulated and enforced by the Washington Department of Labor and Industries. Healthcare facilities commonly use the tight-fitting disposable N95 respirator for worker respiratory protection. Keep your workers safe by establishing your respirator program so they are ready to use a respirator at any given time". Under the section titled, "written program", showed "the written respiratory protection program describes your facility's procedures for respiratory protection. It serves as a reference for the facility workers and helps them understand how to protect themselves from exposure to respiratory hazards while at work. A Respiratory Protection Program template for COVID-19 in Long-Term Care Facilities. This template was designed by L&I for Long Term Care Facilities. The required elements of your written respirator program should include:

How your worker's can select a N95
How the medical evaluation for respirator use will be done
Who will provide the fit testing and what type of fit testing
How the training will be done to learn how to properly use the N95 and who will provide the training
When the N95 will be used
Where the N95s supply will be kept and any exceptions for storing them
How you will evaluate your program for effectiveness".

Record review of the "Department of Social And Health Services" document, Completion date 08/04/2023, showed "As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations [including WAC 388-78A-2600] as stated in the cited deficiencies in the enclosed report. 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." The administrator section showed Staff A, Executive Director, signed the document on 08/19/2023. Staff A signed the "Plan/Attestation Statement" for all citations cited that read "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, [the facility] is or will be in compliance with this law and/or regulation on 09/18/2023."

Record review of an email sent to the Department on 03/15/2024 at 4:11 PM, showed the facility's RPP policy had not been updated. The policy continued to use community transmission levels instead of hospital transmission levels as the updates required.

Record review of the untitled and undated list of employees, showed Staff B, Receptionist, was hired at the facility on 09/01/2023, and Staff C, Delegated Medication Technician, was hired at the facility on 10/02/2023.

Record review of the facility's fit testing records provided to the Department on 03/06/2024, showed Staff B and Staff C did not have any documentation that showed Staff B and Staff C had been fit tested for an N95 respirator.

In an interview on 03/14/2024 at 4:30 PM, Staff A, Executive Director, stated the RPP policy had not been updated as the regional team was working on it. Staff A stated they identified that not all staff were fit tested for an N95 respirator as their policy stated.

This is an uncorrected citation previously cited on 08/04/2023.

**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, GARDEN COURTE ALZHEIMER COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 5/2/24 .

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

Administrator (or Representative)

4/15/24
Date

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** GARDEN COURTE ALZHEIMER COMMUNITY
**License/Cert.#:** 1111
**Compliance Determination #:** 26844
**Investigator:** Anissa Bearden
**Investigation Date(s):** 07/19/2023 through 08/04/2023
**Complainant Contact Date(s):**

**Provider Type:** Assisted Living Facility

**Intake ID:** 90318
**Region/Unit #:** RCS Region 3 / Unit E

**Allegation(s):**
1) COVID-19 outbreak with residents

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 78<br>Resident sample size: 5<br>Closed records sample size: 0 |
| **Observations:** | Resident care equipment<br>Resident rooms<br>Staff to resident interactions<br>Dining<br>Activities<br>Residents<br>Identified resident |
| **Interviews:** | Identified resident<br>Nursing staff<br>Family members<br>Housekeeping staff<br>Administrative staff<br>Local public health jurisdiction |
| **Record Reviews:** | Staff training records<br>Facility policies<br>State reporting log<br>Guidance letters<br>Medical records |

**Investigation Summary:**
1) after interview and record review the facility failed to report the covid-19 outbreak to the department. The facility failed to report all positive covid-19 cases with the local public health jurisdiction. The facility failed to update their infection control and respiratory protection policy as requested by 05/01/2023 and staff not following and implementing the facility's policy for infection control.

**Conclusion / Action:**

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

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** GARDEN COURTE ALZHEIMER COMMUNITY
**License/Cert.#:** 1111
**Compliance Determination #:** 26844
**Investigator:** Anissa Bearden
**Investigation Date(s):** 07/19/2023 through 08/04/2023
**Complainant Contact Date(s):**

**Provider Type:** Assisted Living Facility

**Intake ID:** 87091
**Region/Unit #:** RCS Region 3 / Unit E

**Allegation(s):**
1) resident sustained a bruise on their buttocks that was of unknown origin.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 78<br>Resident sample size: 5<br>Closed records sample size: 0 |
| **Observations:** | Resident to resident interactions<br>Staff to resident interactions<br>Resident rooms<br>Resident care equipment<br>Dining<br>Activities<br>Residents<br>Identified resident |
| **Interviews:** | Family members<br>Residents<br>Nursing staff<br>Administrative staff<br>Identified staff<br>Identified resident |
| **Record Reviews:** | Staff training records<br>Facility policies<br>Incident investigation<br>State reporting log<br>Medical records |

**Investigation Summary:**
1) after interview and record review the facility failed to rule out abuse or neglect and conduct a thorough investigation for 2 residents that sustained dark bruising to their buttocks. There were no interviews from staff or justification that these bruises were related to abuse or neglect. failed practice identified.

**Conclusion / Action:**

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

STATE OF WASHINGTON

# DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

***800 NE 136th Ave Ste 200, Vancouver, WA 98684***



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

The department completed data collection for an unannounced on-site complaint investigation on 07/19/2023 and 08/04/2023 of:

GARDEN COURTE ALZHEIMER COMMUNITY
626 LILLY RD NE
OLYMPIA, WA 98506

This document references the following complaint number(s): 86921, 87091, 90318

The following sample was selected for review during the unannounced on-site visit: 5 of 78 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anissa Bearden, Licensor

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

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services _____ Date _____

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) Date

**WAC 388-78A-2371 Investigations. The assisted living facility must:**

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

(4) Protect residents during the course of the investigation.

**This requirement was not met as evidenced by:**

Based on interview and record review the facility failed to investigate, determine the circumstances of event, rule out possible abuse, and protect residents for 2 of 2 residents (Resident 1 and Resident 2). This failure resulted in residents being at risk for potential on going injury from an unknown source.

Findings included…

Record review of the facility's policy, titled, "Reporting Incidences", undated, showed the community was to investigate all unexplained incidences and accidents that involved an injury to residents. A thorough investigation was to be conducted. Thorough documentation was to be completed of the investigation and the resident and/or residents were to be protected and if appropriate, changes were to be made in the negotiated service agreement to meet the residents needs. Under the section titled, "procedure", showed an incident report would be prepared for any incident or accident that involved a resident to determine the circumstances of the event and to determine appropriate measures to prevent similar future situations. The following information was to be gathered that included, interviews with witnesses, contributing factors, assessment of the resident, description of the incident, findings, actions taken, and interventions to prevent reoccurrence.

Record review of the "Assisted Living Facility Guidebook, Partners in Protection", dated February 2018, under the section, "what to report", showed "substantial injuries of unknown source not related to suspected abuse or neglect (because under some circumstances the failure to take preventive measures may constitute abuse or neglect)." Under the section, "the investigation process", showed all significant injuries of unknown source must be thoroughly investigated. Investigation would be completed to determine what occurred and to make necessary changes to the care and services to prevent reoccurrence. A thorough investigation was a systematic collection and review of evidence/information that described and explained an event or a series of events. It would seek to determine if abandonment, abuse, neglect or misappropriation of resident property

occurred and how to prevent further occurrence. Review of appendix H, Definitions, showed "examples of substantial injuries may include, but are not limited to the following bruises of deep color and depth, or those occurring in areas not generally vulnerable to trauma such as buttocks. Review of Appendix H, guidelines and comments for "substantial injuries" showed "all substantial injuries of unknown source must be thoroughly investigated and all injuries (regardless of the extent) occurring in non-vulnerable area of the body will be considered substantial injuries."

Record review of an article from Harvard Health Publishing Harvard Medical School, titled, "Harvard Health Ad Watch: A blood thinner winner?", dated 03/07/2022, showed there was some evidence that the medication Eliquis (medication to thin the blood thinner to help prevent blood clots to form) may cause less minor and major bleeding or bruising than other, older blood thinners.

Resident 1 (R1)

Record review of the R1's face sheet showed R1 moved into the facility on [redacted]/2019 with multiple medical diagnoses including [redacted]

Record review of R1's Service Plan, effective date 07/21/2023, showed R1 was able to communicate and make their needs known. R1 required one-person physical assistance from caregivers with transfers and personal care needs. R1 required as needed two-person physical assistance from caregivers with toileting and transfers. R1 had mild confusion. R1 took blood thinner medications that placed R1 at risk for bleeding. There was no documentation that showed R1 was at an increased risk for bruising or had a history of bruising.

Record review of R1's resident incident report, dated 06/23/2023 at 4:20 AM, showed R1 was found to have a bruise on their right buttocks' cheek when routine care had been provided by the caregiver. The bruise was dark purple and measured 13 centimeters(cm) long and 8 cm wide. There were no witnesses, and the injury was of unknown origin.

Record review of R1's progress note, dated 06/23/2023 at 8:50 AM, showed a care staff reported while toileting R1, R1 had a large bruise to the right butt cheek measuring 13 cm length and 8 cm width. R1 didn't show any signs of discomfort and was unaware of the injury.

Record review of R1's Residents Incident Investigation, dated 06/24/2023, showed there was no history of this type of incident. There were no contributing factors in place other than R1's dementia and impaired safety judgement. Under the section "comments", showed Staff B, Resident Care Manager (RCM)/ Licensed Practical Nurse (LPN), documented R1 was unable to state how the bruise had happened. R1 was on blood thinners that caused R1 to be susceptible to bruising. R1 had a history of becoming agitated with staff when they attempt to provide assistance. R1 had poor safety awareness and would not always align properly with a chair when attempting to sit down. There was no documentation that showed the bruise that was a vulnerable area on R1's buttocks area had been identified was not related to abuse or neglect.

Record review of the facility's Resident Incident/Accident log, dated 05/06/2023 through 06/22/2023, showed there were no documented falls or other incidents/accidents for R1.

Record review of R1's progress note, dated 06/26/2023 at 9:29 PM, showed the facility received reply from R1's physician that was faxed on 06/23/2023 about the bruise to R1's buttocks cheek. The progress note showed the physician responded "is this bruise really 13 cm by 8 cm? This is a huge bruise. It would be nice to know how such a large bruise happened. For now, just monitor."

Record review of R1's progress notes dated 06/23/2023 through 06/28/2023, showed there was no documented assessment of R1's bruise/injury.

In an interview on 07/20/2023 at 1:45 PM, Staff B stated that they thought what happened was R1 slid on the arm of a chair as R1 had a history of miss judging the seat of the chair. Staff B stated they hadn't seen R1 do this recently. Staff B stated R1 took Eliquis medication, that caused R1 to be at a higher risk to bruise. Staff B stated that if R1 had a fallen, R1 would not be able to get themselves up off the ground without caregiver assistance. Staff B stated that they did not observe or assess the bruise on R1's right buttocks cheek. Staff B stated they did not conduct any formal interviews with staff when conducting the investigation. Staff B stated that the caregiver that assisted R1 with their showers were to document any skin impairments on a shower sheet. Staff B stated the caregivers were to check R1's skin for any other skin impairments/bruising if a skin impairment/bruise was identified and report to the medication technician for further evaluation.

Record review of R1's shower sheets dated 06/24/2023 and 06/27/2023 showed there were no documented skin bruising or impairments noted on R1's skin. There were no other shower sheets provided prior to 06/24/2023 for the Department to review.

In an interview on 07/20/2023 at 2:29 PM, Staff D, Caregiver, stated they found and reported the bruise on R1's right buttocks cheek during routine personal care. Staff D stated they didn't look at R1's entire body for any other bruising or skin impairments. Staff D stated R1 did not report any complaints of pain, but R1 wouldn't say anything if they were in pain.

In an interview on 07/20/2023 at 2:56 PM, Staff B, stated they typically don't interview other staff members for resident involved incident/accidents. Staff B stated that it all depended on the the type of injury.

Resident 2 (R2)

Record review of R2's face sheet showed R2 moved into the facility on [redacted]/2022 with multiple medical diagnoses including [redacted].

Record review of the R2's service plan, effective date 07/21/2023, showed R2 at times speaks in word salad (confused or unintelligible mixture of seemingly random words and phrases). R2 had trouble finding the right word to say and needed more time and patience to communicate needs and wants. R2 took a blood thinner medication. R2 had difficulty communicating due to the progression of their Parkinson's and dementia. R2 required one-person physical assistance to get in and out of their bed. R2 used a wheelchair for mobility and required care staff to assist R2 with standing.

Record review of R2's resident incident report, dated 06/09/2023 at 8:10 PM, showed a

care staff had assisted R2 to change their clothes for bedtime in their room. The care staff observed a five inch by six and half inch red and purple bruise to R2's right hip and buttocks area. R2 hadn't had any reported falls or any other observed events that could cause the bruise. R2 was unable to verbalize anything about the bruise related to their cognitive deficits. R2 stated "ow" and winced when the bruise was touched by the care staff.

Record review of R2's incident investigation, dated 06/12/2023, showed R2 didn't have a previous history of this type of incident. There were no environmental contributing factors. Resident and medical contributing factors included dementia and Parkinson's disease. Staff C, Resident Care Manager, documented that R2 was unable to verbalize what happened. R2 had not had any recent falls or incidents. R2 received assistance with all transfers and ambulation. R2 was currently participating in physical therapy services weekly. R2 did not have any complaints of pain or discomfort with the bruising. The incident investigation did not have any documentation that showed the vulnerable area bruise to R2's right buttocks had been ruled out for possible abuse or neglect.

Record review of R2's progress note, dated 06/09/2023 at 8:49 PM, showed R2 was placed on alert monitoring for a red and purple bruise to their right hip and buttocks area that was observed when Staff D was dressing R2 for bed that evening. R2 winced and guarded the area when it was touched, but the area did not appear to be painful without stimulation.

Record review of R2's progress note, dated 06/12/2023 at 10:27 PM, showed R2 bruise to the right hip and buttocks area continued to be dark purple in color.

In an interview on 08/02/2023 at 11:25 AM, Staff C stated they had observed the bruise on R2's right hip and buttocks area on 06/11/2023 and that it was fading. Staff C stated that the bruise was not low and not high, but just in the middle of R2's right buttocks area. Staff C stated the care staff completed skin checks of the residents when they have their showers. Staff C stated that with an unknown injury the care staff would check R2's skin for any other changes. Staff C stated R2 bruises easily related to their Parkinson's disease and chronic hip pain. Staff C stated that R2 required two person staff assistance for transfers. Staff C stated they would document any staff interviews for the investigation in the comment section. Staff C stated that Staff A, educated them about a week ago, that they needed to document that there was no abuse and/or neglect had occurred when a resident had an injury of unknown source in the investigation for the incident.

This is a recurring deficiency previously cited on 08/25/2021.

**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, GARDEN COURTE ALZHEIMER COMMUNITY 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

**WAC 388-78A-2610 Infection control.**

(2) The assisted living facility must:

(e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control;

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review the facility failed to ensure residents safety and prevent the spread of an infectious communicable disease by not reporting the outbreak to the Complaint Resolution Unit (CRU). This failure placed 78 of 78 residents and 74 staff members at risk of being infected and continue the spread of COVID-19 (Corona Virus Disease 2019-an infectious disease caused by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, sore throat, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death).

Findings included...

Record review of the document titled, “Guidance Framework for Responding to COVID-19 in Long Term Care Facilities”, undated, under the section “Identification of a positive case”, showed the facility was to notify their licensor immediately.

Record review of the Dear Provider Letter (DPL) ALF# 2021-024, titled, "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment (PPE)", dated 04/30/2021, directed LTCF's under WAC 296-842-12005 to develop and maintain a respirator program which included initial fit testing and providing staff with their fit tested respirator.

Record review of the “Assisted Living Facility Guidebook, Partners in Protection”, dated February 2018, under the section, “Appendix D other reporting requirements for assisted living facilities”, showed communicable disease outbreak would be reported to the Department of Health and Social Services hotline. Under the section titled, “reporting guidelines for Assisted Living Facilities”, showed communicable disease outbreak was required to be reported to the Local Health Department” and the Department of Social and Health Services CRU hotline number.

Record review of the facility’s letter, titled, “Public Health and Social Services Department”, dated 06/26/2023, showed they were reported that the facility had four residents and two staff members positive with COVID-19. The public health was placing the facility under public health monitoring and declared an outbreak.

Record review of the facility's policy, titled, "Infection Control and Respiratory Protection", undated, under the section "systematic staff or residents", showed the facility was to report any positive or presumed positive cased to county health, Department of Social and Health Services, and the regional nurse.

Record review of the Departments database for dates 06/20/2023 through 07/06/2023, showed there were no reported positive COVID-19 resident cases or that the facility reported the infectious communicable disease outbreak.

In an observation on 07/19/2023 at 11:25 AM, Resident 1's (R1) room had a sign on the door that showed "airborne precautions". There was a person protective equipment container that was at the entry way R1's door with personal protective equipment stored inside.

In an interview on 07/20/2023 at 12:30 PM, Staff A, Executive Director, stated that they were unable to find the confirmation print out from the hotline report done online to provide to the Department for review. Staff A stated on 06/26/2023 the facility tested four residents and four staff that were positive for COVID-19.

In an interview on 07/20/2023 at 3:35 PM, Staff A stated that if the Department didn't have any record of the facility reporting the positive COVID-19 resident cases then they must have not reported them.

**Plan/Attestation Statement**

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

_____ _____

Administrator (or Representative) Date

**WAC 388-78A-2600 Policies and procedures.**

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(k) To prevent and limit the spread of infections consistent with WAC 388-78A-2610 ;

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review the facility failed to update and implement their own policy for infection control and respiratory protection. This failure

placed 78 of 78 residents and 74 staff members at risk of not having the proper guidance, training, and the risk to expose and continue the spread of an infectious communicable disease during an outbreak.

Findings included...

Record review of the Assisted Living Guidebook Partners in Protection, dated February 2018, under the section, “reporting guidelines for Assisted Living Facilities”, showed communicable disease outbreak was required to be reported to the Local Health Department”.

Record review of the dear provider letter number 2023-014, dated 03/30/2023, showed that the Secretary of Health announced the order that required wearing a face covering in long term care facilities had ended on 04/03/2023. Despite that the order had ended the individuals in long-term care facilities, including residents, staff, and visitors, were required to continue to follow the Department of Health (DOH) and Centers of Disease Control and Prevention (CDC) guidance. Facilities were asked to revise their policies to reflect the updated guidance by 05/01/2023. Facilities may create their own policies that require staff and ask residents and visitors to wear a face covering, as long as they were at least as stringent as DOH and CDC guidance. Respiratory Protection Program (RPP) requirements were not changed by the ending of the Secretary of Health’s order, nor would they change when the federal public health emergency ended on 05/11/2023. Staff would still be required to wear N95 respirators around individuals with suspected or confirmed COVID-19, and an RPP was required anytime a respirator was used in a long-term care facility. An RPP must include medical clearance, fit testing, training, written policies, and documentation.

Record review of CDC’s document titled, “Types of Masks and Respirators”, updated 05/11/2023, showed COVID-19 community levels was replaced with COVID-19 (Corona Virus Disease 2019- an infectious communicable disease caused by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, sore throat, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death) hospital admission levels to guide prevention decisions.

Record review of CDC’s document titled, “COVID-19 by County”, updated 05/11/2023, showed COVID-19 hospital admission levels can help individuals and communities decide which prevention actions they could take based on the latest information.

Record review of the CDC document titled, “Additional Information for Community Congregate Living Settings (e.g., Group Homes, Assisted Living)”, updated 05/11/2023, showed “facilities that serve unrelated people who live in close proximity and share at least one common room (e.g., group or personal care homes and assisted living facilities) should apply prevention strategies based on COVID-19 hospital admission levels for their general operations”.

Record review of the Washington State (WA) Department of Health (DOH) document titled, SARS-CoV-2 Infection Prevention and Control in Healthcare Settings Toolkit, dated June 2023, showed healthcare facilities may use the toolkit to create flexible polices specific to their facility based on their individual risk assessment following CDC’s Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus

Disease 2019 (COVID-19) Pandemic.

Record review of CDC's document titled, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic", dated 05/08/2023, showed with the end of the federal COVID-19 Public Health Emergency (PHE) on 05/11/2023, CDC was no longer receiving data needed to publish Community Transmission levels for SARS-CoV-2. This metric informed CDC's recommendations for broader use of source control in healthcare facilities to allow for earlier intervention, to avoid strain on a healthcare system, and to better protect individuals seeking care in these settings. Source control was recommended more broadly as described in CDC's core infection prevention control by public health authorities (e.g., in guidance for the community when COVID-19 hospital admission levels are high). Under the section titled, "Assisted Living, Group Homes and Other Residential Care Settings (excluding nursing homes)", showed follow community prevention strategies based on COVID-19 hospital admission levels, similar to independent living, retirement communities or other non-healthcare congregate settings.

Review of the facility's policy, titled, "Infection Control and Respiratory Protection To Prevent and Contain SARS-CoV-2 (COVID-19)", undated, under the section "policy", showed the facility would adhere to all guidance provided by the Center of Disease Control, Washington State Department of Health, the Department of Health and Human Services, Washington State Occupational Safety and Health, and the local health jurisdiction regarding required and best practices to protect residents and staff from infection, and in the event of infection within the community to be prepared to manage the situation to prevent further spread and provide the best possible care to the residents. Under the section titled, "Procedures", step one showed the facility was to be cleaning and disinfecting of frequently touched surfaces in the facility/home often. The section, "Masking for staff", showed that for the county that the facility was in, if the county's transmission level of COVID-19 was high, then the facility staff should have worn a face covering that covered the mouth and the nose with all resident care encounters. Under the section, "Visitation", showed all visitors must agree to follow Core Principles of COVID-19 infection Prevention while in the facility. Visitors should wear their own well-fitting mask upon arrival to and throughout their visit. Visitors who are unable to adhere to the core principles of infection prevention should not be permitted to visit or should be asked to leave. Under the section, "Residents", showed dedicated staff were to care for ill residents and would only enter the portion of the building where they are working. Under the section, "Person Protective Equipment and Supplies", showed all staff would be fit tested for an N95 respirator upon hire.

Record review of the facility's letter, titled, Public Health and Social Services Department, dated 06/26/2023, showed the facility was placed under the public health department monitoring and the facility was declared to have an outbreak. The letter showed that a single facility-acquired case in a resident within the facility designates an outbreak. The facility was required to notify the department of health immediately with any additional confirmed or suspected cases of Covid-19 (Corona Virus Disease 2019- an infectious communicable disease caused by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, sore throat, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death) as required by law and by the local county health officer.

Record review of the public health document, titled, "Guidance Framework for Responding

to COVID-19 in Long Term Care Facilities", undated, under the section, "Definitions", showed "long term care facility outbreak: one or more long term care facilities and agencies-acquired COVID-19 infection in a resident."

Fit testing

Record review of the facility's Employee List, undated showed:
Staff E, Caregiver, was hired at the facility on 05/29/2023.

Staff F, Caregiver, was hired at the facility on 04/28/2023.

Staff G, Caregiver, was hired at the facility on 05/01/2023.

Staff H, Caregiver, was hired at the facility on 05/06/2023.

Staff I, Caregiver, was hired at the facility on 03/24/2023.

Record review of the facility's fit testing binder showed:

Staff E was fit tested for an N95 Respirator on 06/30/2023. Staff E was fit tested 31 days after they were hired at that facility.

Staff F was fit tested for an N95 Respirator on 07/01/2023. Staff F was fit tested 64 days after they were hired at the facility.

Staff G was fit tested for an N95 Respirator on 06/30/2023. Staff G was fit tested 60 days after they were hired at the facility.

Staff H was fit tested for an N95 Respirator on 07/01/2023. Staff H was fit tested 56 days after they were hired at the facility.

Staff I was fit tested for an N95 Respirator on 07/08/2023. Staff I was fit tested 106 days after they were hired at the facility.

In an interview on 07/20/2023 at 1:45 PM, Staff B, Resident Care Manager/Licensed Practical Nurse, stated they were a qualified fit tester. Staff B stated they fit tested newly hired staff members for the facility as soon as they could.

In an interview on 07/20/2023 at 12:59 PM, Staff A, Executive Director, stated newly hired staff members were fit tested for an N95 Respirator on their first day of employment.

Sanitization Cleaning

In an interview and observation on 07/20/2023 at 1:35 PM, Staff J, Housekeeping, stated they used a special cleaning solution to spray and clean the doors, doorknobs, counters, and handrails when there were resident positive COVID-19 cases. Staff J stated that they had only been using the special cleaning solution on the South side of the facility. Staff J was unaware that R1 had tested positive with COVID-19 on 07/13/2023 on the North side of the facility. Staff J stated they did not have the special cleaning solution on their housekeeping cart. Observation of the housekeeping cart that Staff J was using showed there was no spray bottle or solution to disinfect the high touched areas on the North side of the facility.

Visitors

In an observation on 07/19/2023 at 11:41 AM, an unknown visitor had entered the North side of the facility without the use of a facial covering. The visitor was observed to walk by Staff K, Medication Technician, without being told they needed to wear a facial covering or they would need to leave the facility.

In an interview on 08/04/2023 at 11:19 AM, Staff A stated they do require visitors to wear masks in the facility during a COVID-19 outbreak.

Dedicated Staff

Record review of the facility's weekly care staff schedule, dated 06/26/2023 through 07/02/2023, showed Staff L, Medication Technician Agency Staff, worked on both South and North side of the facility on 06/26/2023, 06/27/2023, 06/28/2023, and 07/02/2023 on night shift. Staff L also worked evening shift on South side of the facility on 06/26/2023 and 06/27/2023. The schedule showed Staff D, Caregiver, worked on North and South side of the facility on night shift on 06/29/2023, 06/30/2023, and 07/01/2023. Staff D also worked on evening shift on South side of the facility on 06/29/2023 and 06/30/2023 prior to working the night shift.

In an interview on 07/20/2023 at 12:30 PM, Staff A stated that they were not sharing staff between the North and South side of the facility.

In an interview on 07/20/2023 at 2:29 PM, Staff D stated they had worked on both North and South side of the facility when the South side was in outbreak status with COVID-19 positive residents.

Transmission Rate Verification

In an interview on 08/04/2023 at 11:19AM Staff A stated they review the community transmission levels to determine the proper PPE the staff are to use to help protect themselves and residents. Staff A stated that the facility doesn't update the policy's, but the policy that was provided was the most updated policy the facility used.

Adhering to Local Health Jurisdiction guidance

In an interview on 07/19/2023 at 11:08 AM, Staff A, Executive Director, stated that Resident 1 (R1) had tested positive for COVID- 19 on 07/13/2023.

In an observation on 07/19/2023 at 11:25 AM, R1 room had a sign on the door that showed "airborne precautions". There was a personal protective equipment container that was at the entry way of R1's door.

In an interview on 07/19/2023 at 12:31 PM, Collateral Contact 2, Daughter of R1, stated the facility called to inform them that R1 had COVID-19 and was placed on isolation precautions.

In an interview on 07/19/2023 at 3:10 PM, Collateral Contact 1 (CC1), Local Health Jurisdiction, stated that the facility had not reported that R1 had tested positive for COVID-19 on 07/13/2023. CC1 stated the facility last reported a positive COVID-19 resident case

was on 06/29/2023. CC1 stated they had talked to Staff A on 07/17/2023. CC1 stated that Staff A did not report any new positive cases of COVID-19 with any residents or staff during that conversation.

In an interview on 07/20/2023 at 12:30 PM, Staff A stated that they were under the impression that an outbreak for the facility was two or more residents. Staff A stated they did not report R1 had tested positive to the local health.

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