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

COMMUNITY HOUSE MENTAL HEALTH AGENCY
SPRING MANOR
1103 16TH AVE
SEATTLE, WA 98122

RE: SPRING MANOR License # 1150

Dear Administrator:

This letter addresses Compliance Determination(s) 41376 (Completion Date 05/16/2024) and 38794 (Completion Date 03/25/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/16/2024 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-2474-2-e, WAC 388-78A-2500-1, WAC 388-78A-2480-1, WAC 388-78A-2483-1

The Department staff who did the on-site verification:
Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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

The department completed data collection for the unannounced on-site full inspection on 03/18/2024 and 03/20/2024 of:

SPRING MANOR
1103 16TH AVE
SEATTLE, WA 98122

The following sample was selected for review during the unannounced on-site visit: 7 of 47 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
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.

Jamie Singer — Residential Care Services

3/26/2024 — 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)

04/02/2024
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 staff whose positions required continuing education hours (CE) completed the required 12 hours for 2023. This placed the ALF's 47 residents in the care of a staff person whose CE hours were not up to date.

Findings included...

Record review of an undated employee list showed the ALF hired Staff E on 08/18/2017 as a Caregiver. Staff E held an unexpired Health Care Aide (HCA) credential. The credential required Staff E to complete 12 hours of CE annually, before their birth date of March 31.

Review of staff records for Staff E found they completed 12 hours of CE for 2024, but no records were located for 2023.

During an interview on 08/21/2024 at 2:00 PM, the Department notified Staff A (Administrator) and Staff F (Director of Licensed Residential Care Services) that Staff E did not have a record showing 12 CE hours for 2023. They stated they would check again.

The Department received an email, dated 03/21/2023, showing that Staff F could not locate any additional CE documentation for Staff E.

Plan/Attestation Statement

Statement of Deficiencies	License #: 1150	Compliance Determination # 38794
Plan of Correction	SPRING MANOR	Completion Date
Page 3 of 6	Licensee: COMMUNITY HOUSE MENTAL HEALTH	03/25/2024

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, SPRING MANOR is or will be in compliance with this law and / or regulation on (Date) 05/09/2024

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

Administrator (or Representative) [signature] Date 03/29/2024

WAC 388-78A-2500 Specialized training for mental illness. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with mental illness, whenever at least one of the residents in the assisted living facility has a mental illness that is the resident's primary special need and is a person who has been diagnosed with or treated for an Axis I or Axis II diagnosis, as described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, and:

(1) Who has received the diagnosis or treatment within the previous two years; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 new sample staff (Staff C) had specialty training for mental health. This failure placed 47 of 47 residents at risk for not receiving the assistance they need.

Findings included...

The ALF was a licensed as a building specializing in clients with primary [redacted] diagnoses. Of the 47 residents residing in the ALF, all 47 had a [redacted] diagnosis.

Record review of staff credentials showed Staff C (Case Manger) was hired on 04/25/2023 as a full time Case Manager. There was no documentation to show Staff C had attended any specialized training for mental health.

In an interview, on 03/18/2024 at 10:05 AM, Staff A stated that she would look for a mental health certificate, and asked Staff C. No documentation was presented.

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Page 4 of 6	Licensee: COMMUNITY HOUSE MENTAL HEALTH	03/25/2024

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Administrator (or Representative) [signature] Date 03/29/2024

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 newly hired staff (Staff B) were screened for Tuberculosis (TB) within 3 days of being hired. This failure placed 47 of 47 residents at risk for illness.

Findings included...

Note: Washington Administrative Code 388-78A-2481 - Tuberculosis—Testing method—Required. - The assisted living facility must ensure that all tuberculosis testing is done through either: (1) Intradermal (Mantoux) administration with test results read: (a) Within forty-eight to seventy-two hours of the test; and (b) By a trained professional; or (2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

Record review of Staff B's (Caregiver) personnel file showed the staff member was hired on 05/18/2023 and worked as a full-time employee. Further review showed Staff B had a chest x-ray on 09/12/2020 but no evidence of being screened upon hire to the ALF.

In an interview, on 03/19/2024 at 2:15 PM, Staff A (Administrator) stated she thought the chest x-ray was sufficient to ensure the staff did not have TB.

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Page 5 of 6	Licensee: COMMUNITY HOUSE MENTAL HEALTH	03/25/2024

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Administrator (or Representative) [signature] Date 03/29/2024

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 newly hired staff (Staff A), who had a documented history of a previous negative two-step skin test, was screened for received one-step Tuberculosis (TB) screening within 3 days of being hired. This failure placed 47 of 47 residents at risk for illness.

Findings included...

Record review of Staff A's (Administrator) personnel file showed the staff member was hired on 01/03/2024 and worked as a full-time employee. Further review showed Staff A completed a two-step TB test on 03/08/2023 and 03/17/2023. Staff A did not receive a required one-step test when being hired by the ALF.

In an interview, on 03/21/2024 at 2:00 PM. Staff A stated that she did not get the required one-step upon hire at the ALF.

Plan/Attestation Statement

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

Statement of Deficiencies	License #: 1150	Compliance Determination # 38794
Plan of Correction	SPRING MANOR	Completion Date
Page 6 of 6	Licensee: COMMUNITY HOUSE MENTAL HEALTH	03/25/2024

Administrator (or Representative) [signature] Date 03/29/2024