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) 29471 (Completion Date 09/13/2023) and 27056 (Completion Date 07/25/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/13/2023 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-2464-2, WAC 388-78A-2464-1, WAC 388-78A-2464

The Department staff who did the on-site verification:
Lisa Hauk, Complaint Investigator

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, 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

Statement of Deficiencies	License #: 1150	Compliance Determination # 27056
Plan of Correction	SPRING MANOR	Completion Date
Page 1 of 3	Licensee: COMMUNITY HOUSE MENTAL HEALTH AGENCY	07/25/2023

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 07/24/2023 and 07/24/2023 of:
SPRING MANOR
1103 16TH AVE
SEATTLE, WA 98122

This document references the following SOD dated: 07/25/2023

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

The department staff that inspected the Assisted Living Facility:

Lisa Hauk, Complaint Investigator

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

08/01/2023
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) 8/3/2023 Date

WAC 388-78A-2464 Background checks Process Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure they had renewed the Washington State name and date of birth inquiry (BGI) every 2 years for 1 of 4 sampled staff (Staff E). This placed 47 of 47 residents at risk for receiving care from staff members whose criminal background history was unknown.

Findings included...

Record review of an undated Background Check Policy showed the ALF would ensure new Department of Social and Health Services background authorization forms were submitted to the Background Check Central Unit every two years. This would be monitored by the Human Resources department and the Administrator by employee's date of hire.

In interview, on 07/25/2023 at 12:58 PM, Staff A (Administrator) stated that the ALF hired Staff E (Caregiver) on 01/27/2021.

Record review of staff records showed Staff E's BGI expired on 02/19/2023.

In interview, on 07/25/2023 at 12:58 PM, when asked why Staff E's BGI had not been renewed, Staff A stated, "I'll try to be on top of it going forward."

This is an uncorrected deficiency previously cited on 05/01/2023 and 05/31/2023.

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, SPRING MANOR is or will be in compliance with this law and / or regulation on (Date) 9/5/2023 .

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

Statement of Deficiencies	License #: 1150	Compliance Determination # 27056
Plan of Correction	SPRING MANOR	Completion Date
Page 3 of 3	Licensee: COMMUNITY HOUSE MENTAL HEALTH AGENCY	07/25/2023

Administrator (or Representative) — Date: 8/4/2023

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Statement of Deficiencies	License #: 1150	Compliance Determination # 24666
Plan of Correction	SPRING MANOR	Completion Date
Page 1 of 3	Licensee: COMMUNITY HOUSE MENTAL HEALTH AGENCY	05/31/2023

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 05/31/2023 and 05/31/2023 of:
SPRING MANOR
1103 16TH AVE
SEATTLE, WA 98122

This document references the following SOD dated: 05/31/2023

The following sample was selected for review during the unannounced on-site visit: 48 of 48 current residents and 48 former residents.

The department staff that inspected the Assisted Living Facility:

Lisa Hauk, Complaint Investigator

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

06/12/2023
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.

Kyle Sherman
Administrator (or Representative)

6/13/2013
Date

WAC 388-78A-2464 Background checks Process Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure they had renewed the Washington State name and date of birth inquiry (BGI) every 2 years for 1 of 3 sampled staff (Staff B). This placed 48 of 48 residents at risk for receiving care from staff members whose criminal background history was unknown.

Findings included...

In interview, on 05/31/2023 at 1:10 PM, Staff A (Administrator), stated that the ALF hired Staff B (Assistant Administrator) on 10/05/2012.

Record review of staff records showed Staff B's BGI expired 04/02/2021.

In interview, on 05/31/2023 at 1:10 PM, when Staff B's expired BGI was brought to Staff A's attention she stated, "There needs to be a better back up system [to process BGI]."

This is an uncorrected deficiency previously cited on 05/01/2023.

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, SPRING MANOR is or will be in compliance with this law and / or regulation on (Date) ~~7/26/2023~~ 7/15/2023

LH confirmed POC date with provider via phone call on 6/21/2023.

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

Statement of Deficiencies	License #: 1150	Compliance Determination # 24666
Plan of Correction	SPRING MANOR	Completion Date
Page 3 of 3	Licensee: COMMUNITY HOUSE MENTAL HEALTH AGENCY	05/31/2023

Administrator (or Representative)

6/13/2013
Date

Residential Care Services
Investigation Summary Report

Provider/Facility: SPRING MANOR
Provider Type: Assisted Living Facility
License/Cert.#: 1150
Compliance Determination #: 22630
Intake ID: 77494
Investigator: Lisa Hauk
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 04/17/2023 through 05/01/2023
Complainant Contact Date(s): 04/10/2023

Allegation(s):

1. The Named Resident (NR) was verbally and mentally abused by Named Staff (NS) at the Assisted Living Facility (ALF).
2. The NR was not getting their medications as ordered.

Investigation Methods:

Sample:	Total residents: 47 Resident sample size: 3 Closed records sample size: 0
Observations:	Resident to resident interactions, staff to resident interactions, environment.
Interviews:	Administrator, residents and staff.
Record Reviews:	Characteristics Roster, resident records, facility policies, admission agreements, personnel records.

Investigation Summary:

1. Interview showed the NR did not follow the grievance process therefore the Administrator of the ALF was unaware of the reported issues and allegations had not been not investigated. The ALF had a grievance and investigative process for allegations of abuse and neglect. Record review showed the NS and another sampled staff did not have a current criminal history background check. The NS was suspended pending a completed criminal history background check. See deficiency 388-78A-2464(1)(2).
2. Interview and record review showed the NR received all ordered medications. The ALF followed their policies for assisting with medications. In interview, the NR stated he had received ordered medications. No violation of regulation identified.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 1150	Compliance Determination # 22630
Plan of Correction	SPRING MANOR	Completion Date
Page 1 of 3	Licensee: COMMUNITY HOUSE MENTAL HEALTH AGENCY	05/01/2023

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 04/17/2023 and 04/17/2023 of:

SPRING MANOR
1103 16TH AVE
SEATTLE, WA 98122

This document references the following complaint number(s): 77494

The following sample was selected for review during the unannounced on-site visit: 3 of 47 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Lisa Hauk, Complaint Investigator

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

5/8/2023
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.

A Wager
Administrator (or Representative)

5/9/2023
Date

WAC 388-78A-2464 Background checks Process Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure they had submitted additional information as requested for 1 of 2 sampled staff (Staff B) or renew every 2 years for 1 of 2 sampled staff (Staff C) to process the Washington State name and date of birth inquiry (BGI). This placed 47 of 47 residents at risk for receiving care from staff members whose criminal background history was unknown.

Findings included...

Record review of an email from Staff A (Administrator), dated 04/20/2023 at 7:33 AM, showed the ALF hired Staff B (Caregiver) on 06/18/2008 and Staff C (Caregiver) on 09/21/2006.

Record review of staff records showed a BGI was processed by the Background Check Central Unit (BCCU) for Staff B on 03/02/2023. The BCCU returned the BGI alerting that "Entity Notification Additional Information Requested" showing that Staff B had a finding on their criminal background and the BCCU was unable to complete the BGI without additional information. The BGI stated Staff B may not be allowed to have unsupervised access to children or vulnerable individuals until the background check was completed and the results were reviewed.

Record review of staff records showed Staff C's BGI expired 07/11/2021.

In interview, on 04/19/2023 at 11:37 AM, Staff A stated there were no further records showing a completed BGI for Staff B.

In interview, on 04/20/2023 at 9:43 AM, when asked if Staff A was aware Staff B and Staff C were not allowed unsupervised access to vulnerable individuals without a completed BGI Staff A stated, "Yes."

Statement of Deficiencies	License #: 1150	Compliance Determination # 22630
Plan of Correction	SPRING MANOR	Completion Date
Page 3 of 3	Licensee: COMMUNITY HOUSE MENTAL HEALTH AGENCY	05/01/2023

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, SPRING MANOR is or will be in compliance with this law and / or regulation on (Date) 5/20/2023.

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

AWag

Administrator (or Representative)

5/9/2023

Date