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) 44017 (Completion Date 07/11/2024) and 42022 (Completion Date 06/04/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/11/2024 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-2040-1, WAC 388-78A-2040-2, WAC 388-78A-2040

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: SPRING MANOR
Provider Type: Assisted Living Facility
License/Cert.#: 1150
Compliance Determination #: 42022
Intake ID: 131688
Investigator: Lisa Hauk
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 05/30/2024 through 06/04/2024
Complainant Contact Date(s):

Allegation(s):
The Assisted Living Facility (ALF) failed their 2nd fire and life safety inspection and was issued a State Fire Marshal's Office Letter of Non-Compliance from Deputy State Fire Marshal.

Investigation Methods:

Sample:	Total residents: 42 Resident sample size: 42 Closed records sample size: 0
Observations:	Residents Activities Staff to resident interactions Resident to resident interactions
Interviews:	Administration Residents
Record Reviews:	Medical records Fire Marshal reports

Investigation Summary:
Record Review of the Washington State Patrol Fire Inspection Report dated 04/30/2024, showed the ALF had not corrected multiple violations from a previous inspection dated 03/13/2024. In an interview, the Administrator stated that the required work had been completed and the ALF was awaiting the Fire Marshal's third inspection. See citation WAC 388-78A-2040.

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
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 an unannounced on-site complaint investigation on 05/30/2024 and 05/30/2024 of:

SPRING MANOR
1103 16TH AVE
SEATTLE, WA 98122

This document references the following complaint number(s): 131688

The following sample was selected for review during the unannounced on-site visit: 42 of 42 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

6/5/2024
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.

Statement of Deficiencies	License #: 1150	Compliance Determination # 42022
Plan of Correction	SPRING MANOR	Completion Date
Page 2 of 4	Licensee: COMMUNITY HOUSE MENTAL HEALTH AGENCY	06/04/2024

Administrator (or Representative) [signature] Date 06/07/2024

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Patrol Office of State Fire Marshal (OSFM) when the ALF failed their follow-up Fire and Life Safety Inspection (LSI). This placed 42 residents, staff, and visitors' safety at risk.

Findings included...

Review of the Department's Facility Management System, on 05/30/2024, showed the ALF was licensed for 57 beds. Review of a Resident Characteristics Roster showed the ALF was providing care and services for 42 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 03/13/2024. Records showed the ALF failed the OSFM follow-up visit on 04/30/2024. The follow up visit on 04/30/2024 showed the ALF failed to comply with the following International Fire Codes (IFC):

Unapproved conditions -
(IFC 604.6, 2018) -- Exposed wires found outside of phone room.

Cleaning --
(IFC 607.3.3 2018) - Paperwork was not provided for the second semi-annual hood cleaning.

Owner's Responsibility -
(IFC 701.6 2018) - Facility will need to identify and establish a schedule for inspection of Fire-Rated construction. Annual Inspection of fire-resistance-rated construction will need to be performed and completed. All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

Administrator (or Representative) Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Patrol Office of State Fire Marshal (OSFM) when the ALF failed their follow-up Fire and Life Safety Inspection (LSI). This placed 42 residents, staff, and visitors' safety at risk.

Findings included...

Review of the Department's Facility Management System, on 05/30/2024, showed the ALF was licensed for 57 beds. Review of a Resident Characteristics Roster showed the ALF was providing care and services for 42 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 03/13/2024. Records showed the ALF failed the OSFM follow-up visit on 04/30/2024. The follow up visit on 04/30/2024 showed the ALF failed to comply with the following International Fire Codes (IFC):

Unapproved conditions -
(IFC 604.6, 2018) – Exposed wires found outside of phone room.

Cleaning –
(IFC 607.3.3 2018) - Paperwork was not provided for the second semi-annual hood cleaning.

Owner's Responsibility -
(IFC 701.6 2018) - Facility will need to identify and establish a schedule for inspection of Fire-Rated construction. Annual Inspection of fire-resistance-rated construction will need to be performed and completed. All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

Testing and Maintenance -
(IFC (03.5 2009, 2012, 2015, 2018) – Paperwork was not provided for the annual forward flow test (NFPA 25.13.7.2). At the time of inspection, the following was observed: 1. Deficiencies found on annual report. 2. Loaded sprinkler heads found throughout facility.

Inspection, Testing and Maintenance -
(IFC 907.8 2018) - Paperwork was not provided for 1. Annual report. 2. Sensitivity testing (IFC 907.8.3). 3. Nuisance Log (IFC 907.8.3) (for zone systems only). 4. Monthly single and multiple station alarms test (IFC 907.8). 5. NICET or ES/NTS Certification (IFC 907.10.1/WAC 51-54A-0907).

Exit Signs – Where Required -
(IFC 1013.1 2018) - Facility will need to add exit signs showing the path of egress outside to the path of public way.

NFPA 80 Fire Door Inspection and Testing –
Paperwork was not provided: Facility will need to identify and establish a schedule for inspection of Fire Doors. Annual inspection of fire doors will need to be performed and completed. All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected. At the time of inspection, the following was observed: 1. Room 302 door has a gap on top.

In interview, on 05/30/2024 at 2:00 PM, Staff A (Administrator) stated that all of the repairs listed on the OSFM report had since been completed.

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) ~~07/20/2024~~ 07/19/2024 VW

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

Testing and Maintenance -
(IFC (03.5 2009, 2012, 2015, 2018) – Paperwork was not provided for the annual forward flow test (NFPA 25.13.7.2). At the time of inspection, the following was observed: 1. Deficiencies found on annual report. 2. Loaded sprinkler heads found throughout facility.

Inspection, Testing and Maintenance -
(IFC 907.8 2018) - Paperwork was not provided for 1. Annual report. 2. Sensitivity testing (IFC 907.8.3). 3. Nuisance Log (IFC 907.8.3) (for zone systems only). 4. Monthly single and multiple station alarms test (IFC 907.8). 5. NICET or ES/NTS Certification (IFC 907.10.1/WAC 51-54A-0907).

Exit Signs – Where Required -
(IFC 1013.1 2018) - Facility will need to add exit signs showing the path of egress outside to the path of public way.

NFPA 80 Fire Door Inspection and Testing –
Paperwork was not provided: Facility will need to identify and establish a schedule for inspection of Fire Doors. Annual inspection of fire doors will need to be performed and completed. All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected. At the time of inspection, the following was observed: 1. Room 302 door has a gap on top.

In interview, on 05/30/2024 at 2:00 PM, Staff A (Administrator) stated that all of the repairs listed on the OSFM report had since been completed.

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)_____ .

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

Statement of Deficiencies	License #: 1150	Compliance Determination # 42022
Plan of Correction	SPRING MANOR	Completion Date
Page 4 of 4	Licensee: COMMUNITY HOUSE MENTAL HEALTH AGENCY	06/04/2024

Administrator (or Representative)

06/07/2024
Date

Administrator (or Representative) Date