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

UNIVERSITY HOUSE AT WALLINGFORD LLC
UNIVERSITY HOUSE AT WALLINGFORD
4400 STONE WAY N
SEATTLE, WA 98103

RE: UNIVERSITY HOUSE AT WALLINGFORD License # 1170

Dear Administrator:

This letter addresses Compliance Determination(s) 35644 (Completion Date 02/13/2024) and 32504 (Completion Date 11/14/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/13/2024 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, WAC 388-78A-2040-1, WAC 388-78A-2040-2

The Department staff who did the on-site verification:
Cathy Prentice, Complaint Investigator

If you have any questions, please contact me at (425)670-6070.

Sincerely,

Jamie Singer

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

Residential Care Services
Investigation Summary Report

Provider/Facility: UNIVERSITY HOUSE AT WALLINGFORD
Provider Type: Assisted Living Facility
License/Cert.#: 1170
Intake ID: 104558
Compliance Determination #: 32504
Region/Unit #: RCS Region 2 / Unit J
Investigator: Cathy Prentice
Investigation Date(s): 11/14/2023 through 11/14/2023
Complainant Contact Date(s): 11/06/2023, 11/15/2023

Allegation(s):

Per the Washington State Fire Marshall facility visits: the facility had the following non-compliance:
1. Facility unable to provide documentation for the 4 year fire and smoke damper inspection.
2. Facility unable to provide documentation that the Fire department Connection has been hydrostatically tested in accordance with NFPA 25.
3. Signage needed on the exhaust hood or system cabinet, indicating the type and arrangement of cooking appliances protected by the automatic fire extinguishing system. Signage shall indicate appliances from left to right, be durable and the size, color, and lettering shall be approved.
4. At the last service the kitchen system was yellow tagged. The facility is unable to show documentation of system repairs.
5. Facility is unable to provide documentation for the monthly single station smoke alarm testing.
6. Facility is unable to provide documentation for the monthly carbon monoxide detector testing.
7. Facility is unable to provide documentation for the annual servicing of the emergency generator.
8. The existing emergency plan does not meet the requirements of WAC 212-12-040, it needs to be expanded to more clearly state sections 1-4 of this code.

Investigation Methods:

Sample:	Total residents: 21 Resident sample size: 21 Closed records sample size: 0
Observations:	Done onsite by Fire Marshall
Interviews:	Administration, staff and State Fire Marshall
Record Reviews:	Fire Marshall Inspection and Revisit reports

Investigation Summary:

Based on interview and record review, the review of the WSFPB inspection report, dated

10/05/2023, showed that during the ALF their initial Life safety Inspection on 07/25/2023. The ALF remained noncompliant and failed the follow-ups to the fire and life safety inspection on 08/30/2023, and 10/05/2023: 1. Facility unable to provide documentation for the 4 year fire and smoke damper inspection.
2. Facility unable to provide documentation that the Fire department Connection has been hydrostatically tested in accordance with NFPA 25.
3. Signage needed on the exhaust hood or system cabinet, indicating the type and arrangement of cooking appliances protected by the automatic fire extinguishing system. Signage shall indicate appliances from left to right, be durable and the size, color, and lettering shall be approved.
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8. The existing emergency plan does not meet the requirements of WAC 212-12-040, it needs to be expanded to more clearly state sections 1-4 of this code.

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 #: 1170	Compliance Determination # 32504
Plan of Correction	UNIVERSITY HOUSE AT WALLINGFORD	Completion Date
Page 1 of 3	Licensee: UNIVERSITY HOUSE AT WALLINGFORD LLC	11/14/2023

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 11/14/2023 and 11/14/2023 of:

UNIVERSITY HOUSE AT WALLINGFORD
4400 STONE WAY N
SEATTLE, WA 98103

This document references the following complaint number(s): 104558

The following sample was selected for review during the unannounced on-site visit: 21 of 21 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Cathy Prentice, 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

11/15/2023
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.

STATE OF WASHINGTON

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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.

Phyllis Fischer — Administrator (or Representative) — 12/4/2023 — 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 21 ALF residents, staff, and visitors' safety at risk.

Findings included...

Review of the Department's Facility Management System, on 11/14/2023, showed the ALF was licensed for 31 beds. Review of a Resident Characteristics Roster showed the ALF was providing care and services for 21 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 07/25/2023. Records showed the ALF failed the OSFM follow-up visit on 08/30/2023 and 10/05/2023. The follow up visit on 10/05/2023 showed the ALF failed to comply with the following International Fire Codes (IFC):

IFC 706.1 – Facility unable to provide documentation for the 4 year fire and smoke damper inspection.
IFC 903.5– Facility unable to provide documentation that the Fire department Connection has been hydrostatically tested in accordance with NFPA 25.
IFC 904.12– Signage needed on the exhaust hood or system cabinet, indicating the type and arrangement of cooking appliances protected by the automatic fire extinguishing system. Signage shall indicate appliances from left to right, be durable and the size, color, and lettering shall be approved.
IFC 904.12.5 – At the last service the kitchen system was yellow tagged. The facility is unable to show documentation of system repairs.
IFC 907.8 – Facility is unable to provide documentation for the monthly single station smoke alarm testing.
IFC 0915.1- Facility is unable to provide documentation for the monthly carbon monoxide detector testing.
IFC 1203.4 – Facility is unable to provide documentation for the annual servicing of the

Administrator (or Representative) Date

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IFC 0915.1- Facility is unable to provide documentation for the monthly carbon monoxide detector testing.
IFC 1203.4 – Facility is unable to provide documentation for the annual servicing of the

emergency generator.
WAC 212-12-040 The existing *emergency* plan does not meet the requirements of WAC 212-12-040. It needs to be expanded to more clearly state sections 1-4 of this code.

In interview, on 11/14/2023 at 11:05AM, Staff A (Maintenance Director) reported some repairs were done and some repairs were still pending vendor scheduling.

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, UNIVERSITY HOUSE AT WALLINGFORD is or will be in compliance with this law and / or regulation on (Date) ~~12/31/23~~ . 12/29/2023

SB confirmed ammended POC date with provider on 12/4/2023

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

Phyllis Fischer — Administrator (or Representative)

12/4/23 — Date

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

_____ _____

Administrator (or Representative) Date