STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

08/15/2024

BRITTANY PARK LLC
FAIRWINDS BRITTANY PARK
17143 133RD AVE NE
WOODINVILLE, WA 98072

RE: FAIRWINDS BRITTANY PARK License # 1172

Dear Administrator:

This letter addresses Compliance Determination(s) 45637 (Completion Date 08/14/2024) and 42632 (Completion Date 06/18/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/14/2024 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-2474-1, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-112A-0200-1, WAC 388-112A-0495-4, WAC 388-112A-0710, WAC 388-78A-2480-1, WAC 388-78A-2483-1, WAC 388-78A-24642-1, WAC 388-78A-2570

The Department staff who did the on-site verification:
Cristina Gonzalez, ALF Licensor

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

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 1172	Compliance Determination # 42632
Plan of Correction	FAIRWINDS BRITTANY PARK	Completion Date
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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 06/12/2024, 06/13/2024 and 06/14/2024 of:
FAIRWINDS BRITTANY PARK
17143 133RD AVE NE
WOODINVILLE, WA 98072

The following sample was selected for review during the unannounced on-site visit: 5 of 30 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, ALF Licensor
Roger Harrington, Assisted Living Facility Licensor
Allison Nunn, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley
Residential Care Services

06/28/2024
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.

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Administrator (or Representative) 7/5/24 Date

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within one hundred twenty days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within ninety days of completion of basic training.

WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

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

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff completed a facility orientation prior to working with residents for 4 of 4 staff (Staff A, B, C, and D), specialized dementia training for 1 of 4 staff (Staff D), and Occupational Safety and Health Administration (OSHA) approved hands-on Cardiopulmonary Resuscitation (CPR) and first aid training for 4 of 6 staff (Staff A, D, E, and F). This failure

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resulted in Staff A, B, C, D, E, and F not having the necessary training related to their job duties and expectations and placed all 30 residents at risk for compromised care and safety.

Findings included...

Review of the ALF's policy titled, "New Employee Orientation," dated 05/01/2024, showed that every new employee will receive training from the 'New Employee Orientation Guide' which covers topics such as abuse/neglect/exploitation, resident rights, resident safety, fire safety, infection control, confidentiality, communication, and information on the population the ALF serves.

Facility Orientation

Review of the ALF's employee files showed:

Staff A, Executive Director, was hired on 02/01/2024. There was no documentation that Staff A had completed a facility orientation.

Staff B, Caregiver, was hired on 03/26/2024. Staff B completed a facility orientation on 04/21/2024, 26 days after their hire date.

Staff C, Caregiver, was hired on 10/18/2023. Staff C completed a facility orientation on 11/31/2023, 24 days after their hire date.

Staff D, Caregiver, was hired on 07/26/2023. Staff D completed a facility orientation on 09/30/2023, 66 days after their hire date.

On 06/13/2024 at 10:45 AM, Staff G, Business Office Coordinator, stated that their facility orientation consists of many things including how the ALF works including safety and confidentiality. Staff G stated that they try to do orientation for new employees the month they get hired, but they sometimes wait a little longer to get a good group together to conduct the facility orientation training.

On 06/14/2024 at 10:17 AM, Staff D stated that they worked with another staff member for two or three weeks before they started caring for residents alone. Staff D stated that their orientation did feel delayed as they were already working with residents by themselves when they received orientation training.

On 6/14/2024 at 10:42 AM, Staff A stated that orientation should be done within the first couple weeks, but that they realize there has been some gaps, so their goal is to provide

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orientation more regularly for new hires.

Dementia Specialty Training

Review of the ALF's Resident Characteristic Roster, dated 06/13/2024, showed four residents living in the ALF had a diagnosis of dementia.

Review of the ALF's employee files showed Staff D, Caregiver, was hired on 07/26/2023. There was no documentation that Staff D had completed Dementia specialty training.

On 06/14/2024 at 10:17 AM, Staff D stated that they weren't sure if they had completed Dementia specialty training. Staff D stated that their training certificates would be with management.

On 6/13/2024 at 11:23 AM, Staff G stated that they did not have Dementia specialty training certificates for Staff D.

CPR and First Aid

Review of the OSHA's Best Practices Guide: Fundamentals of a Workplace First-Aid Program (https://www.osha.gov/sites/default/files/publications/OSHA3317first-aid.pdf) showed that CPR and first aid training programs should have trainees develop hands-on skills through the use of mannequins and partner practice.

Review of OSHA's Standard Interpretation of Clarification of OSHA training requirements for basic first aid and CPR (https://www.osha.gov/laws-regs/standardinterpretations/2012-08-02) showed that online training of CPR and first aid alone does not meet OSHA's training requirements as these trainings require practice in physical skills, such as bandaging and CPR, to become proficient.

Review of the ALF's employee files showed:

Staff A, Executive Director, was hired on 02/01/2024. Review of Staff A's CPR/first aid card showed Staff A was accredited by nationalCPRfoundation.com, a company that offers online CPR and first aid training and certification. Review of the company's site showed they do not offer any hands-on training.

On 06/13/2024 at 3:35 PM, Staff A stated that their training was entirely online with no physical CPR or first aid skill development.

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Staff D, Caregiver, was hired on 07/26/2023. Review of Staff D's CPR/first aid card showed Staff D was accredited by nationalCPRfoundation.com.

Staff E, Caregiver, was hired on 01/06/2017. Review of Staff E's CPR/first aid card showed Staff E was accredited by nationalCPRfoundation.com.

Staff F, Caregiver, was hired on 11/01/2009. Review of Staff F's CPR/first aid card showed Staff F was accredited by nationalCPRfoundation.com.

On 06/13/2024 at 2:29 PM, Staff F stated that they used an online CPR/first aid site to obtain their certification. Staff F stated that the class consisted of watching online videos and denied that any hands-on training was required for this class.

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, FAIRWINDS BRITTANY PARK is or will be in compliance with this law and / or regulation on (Date) 8/1/24.

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

Administrator (or Representative) — Date 7/5/24

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 2 of 4 staff (Staff A and D) were screened for Tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) within three days of employment. This failure placed all 30 residents at risk for possible exposure to a communicable disease.

Findings included...

Review of the ALF's employee files showed the following:

Staff A, Executive Director, was hired on 02/01/2024. A negative TB test dated

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12/23/2013 was provided. There was no documentation that Staff A had been tested for TB after this date.

Staff D, Caregiver, was hired on 07/26/2023. Staff D's TB test was initialized on 08/22/2023, 27 days after their hire date.

On 06/14/2024 at 10:17 AM, Staff D stated that they were tested for TB about a month after they were hired.

On 06/14/2024 at 10:42 AM, Staff A stated that they had a TB test completed at a previous job and weren't aware they needed to get an updated test when they started this job.

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, FAIRWINDS BRITTANY PARK is or will be in compliance with this law and / or regulation on (Date) 8/1/24.

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

Administrator (or Representative) — Date 7/5/24 8/1/24

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 4 staff (Staff C) completed a one-step test for Tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) after a prior negative two-step test. This failure placed all 30 residents at risk of possible exposure to a communicable disease.

Findings included...

Review of the ALF's employee files showed that Staff C, Caregiver, was hired on 10/18/2023. The employee file showed that Staff C had a previous negative two-step TB

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test initiated on 03/29/2023 and 04/17/2023 at different facility, 203 days prior to being hired by the ALF. There was no documentation that any further TB tests were completed for Staff C upon hire at the ALF.

On 06/13/2024 at 10:59 AM, Staff G, Business Office Coordinator, stated that they did not have any documentation showing Staff C was tested for TB since being hired.

On 06/13/2024 at 1:43 PM, Staff C stated that they were not tested for TB when they were first hired at the ALF.

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, FAIRWINDS BRITTANY PARK is or will be in compliance with this law and / or regulation on (Date) 8/1/24.

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

Administrator (or Representative) 7/5/24 Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff E) completed a national fingerprint background check. This failure resulted in Staff E having unsupervised access to vulnerable adults without a completed fingerprint background check and placed all 30 residents at risk of being cared for by staff with potentially disqualifying crimes.

Findings included...

Review of the ALF's employee files showed Staff E, Certified Nursing Assistant, was hired on 01/06/2017. Staff E's file showed no record of a completed fingerprint background check.

On 06/13/2024 at 11:32 AM, Staff G, Business Office Coordinator, stated that Staff E was

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first hired as a food server and later became a caregiver on 08/01/2019. Staff G stated that they did not have a completed fingerprint background check for Staff E.

On 6/13/2024 at 1:23 PM, Staff G stated that Staff E should have gotten a fingerprint background when they switched positions, but it was missed.

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, FAIRWINDS BRITTANY PARK is or will be in compliance with this law and / or regulation on (Date) 8/1/24.

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

Administrator (or Representative) — Date 7/5/24

WAC 388-78A-2570 Notification of change in administrator. The licensee must notify the department in writing within ten calendar days of the effective date of a change in the assisted living facility administrator. The notice must include the full name of the new administrator and the effective date of the change.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to notify the Department when there was a change in the facility administrator. This failure resulted in the Department not being aware of a change in the administrator and placed all 30 residents at risk due to the ALF's daily operations being handled by a person who did not complete the required paperwork.

Findings included...

Review of the Departments Secure Tracking and Reporting System showed a female name with a start date of 03/01/2018 listed as the managerial staff.

Review of staff files on 06/12/2024 showed Staff A, General Manager, was hired on 02/01/2024.

On 06/13/2024 at 12:49 PM, Staff A stated that the person listed as the administrator was at the ALF monthly, but it was sporadic. Staff A stated that they take care of the day-to-day operations at the ALF.

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Administrator (or Representative)

7/5/24
Date

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