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

08/09/2024

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

RE: FAIRWINDS BRITTANY PARK # 1172

Dear Administrator:

This document references Compliance Determination 44321 (07/31/2024), which included complaint number(s) 137477, 135653.
The Department completed a complaint investigation of your Assisted Living Facility on 07/31/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Wesler Dumecquias, Community Complaint Investigator

Consultation:

WAC 388-78A-2850 Required reviews of building plans.

(1) A person or assisted living facility must notify construction review services of all planned construction regarding an assisted living facility prior to beginning work on any of the following:

(b) An addition of, or modification or alteration to an existing assisted living facility, including, but not limited to, the assisted living facility's:

(vi) Wall coverings 1/28 inch thick or thicker; or

(vii) Kitchen or laundry equipment.

Observation, interview, and record review showed significant damage on the walls of the Kitchen, laundry room, hallway, bathroom, and bedroom, as well as the bedroom closet of the Named Resident (NR), which required repairs. The Assisted Living Facility (ALF) evacuated and moved the NR to another apartment pending the repairs. The ALF should have applied for an inspection by Construction Review Services (CRS) of the Department of Health before commencing repairs. An application to CRS was completed after the complaint investigator reviewed WAC 388-78A-2850 with the Executive Director.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

You May:

- Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  - o What specific deficiency or deficiencies you disagree with;
  - o Why you disagree with each deficiency; and
  - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

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

Residential Care Services
Investigation Summary Report

Provider/Facility: FAIRWINDS BRITTANY PARK
Provider Type: Assisted Living Facility
License/Cert.#: 1172
Intake ID: 135653
Compliance Determination #: 44321
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 07/18/2024 through 07/31/2024
Complainant Contact Date(s):

Allegation(s):
The Named Residents' apartment was flooded.

Investigation Methods:

Sample:	Total residents: 37 Resident sample size: 3 Closed records sample size: 3
Observations:	Resident rooms Resident care equipment Residents
Interviews:	Identified resident Nursing staff Residents Administrator
Record Reviews:	Incident investigation Repair cost ALF application to CRS and confirmation

Investigation Summary:
The Assisted Living Facility (ALF) investigated the incident and determined that the cause of the flooding was a leak in the ALF's pipelines in the Named Residents' (NR) apartment. The ALF removed and relocated the NR to a new apartment pending the repairs of the damages in the NR's apartment. Observation and review of documents showed significant repairs and replacements in the NR's kitchen, bathroom, laundry room, and floorings to replace the carpets needed. Records review showed the ALF had a scope of work done for their initial remediation. The ALF's Executive Director stated they did not believe they were to inform and submit an application with the Construction Review Services for the plan review. The ALF was able to apply and send their application to the CRS, which the CRS confirmed receipt of it. The ALF monitored the NR, and there were no changes to the care plan. Interviews with the NR showed they had no complaints or concerns and were satisfied with the services they received. All parties were notified. Consultation was done under WAC 388-78A-2850 (1) (b) (vi) (vii).

Conclusion / Action:

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