STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

ST. ANDREWS RETIREMENT COMMUNITY
ST ANDREWS PLACE ASSISTED LIVING
520 EAST PARK AVE
PORT ANGELES, WA 98362

RE: ST ANDREWS PLACE ASSISTED LIVING License # 1195

Dear Administrator:

This letter addresses Compliance Determination(s) 35461 (Completion Date 01/17/2024) and 31975 (Completion Date 10/30/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/17/2024 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

The Department staff who did the on-site verification:
Phan Pham, Nurse Surveyor

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: ST ANDREWS PLACE ASSISTED LIVING
License/Cert.#: 1195
Compliance Determination #: 31975
Investigator: Phan Pham
Investigation Date(s): 10/30/2023 through 10/30/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 103034
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

1) Injury of unknown origin - Named resident was found with a bruise to her arm.
2) Infection control - The ALF had residents and staff members diagnosed with [redacted].

Investigation Methods:

Sample:	Total residents: 36 Resident sample size: 3 Closed records sample size: 0
Observations:	Named resident, residents, environment, staff interactions with residents, staff members providing care and services, infection control practice, and safety measures.
Interviews:	Named resident, residents, staff members, administrative and member not associated with the facility.
Record Reviews:	Sampled residents and incident reports.

Investigation Summary:

An on-site investigation was conducted, and the concerns related to 1) Injury of unknown origin, 2) infection control and quality of care and treatments were reviewed. 1) The resident's care plan had interventions to ensure necessary care and services were being met, keep the resident safe and was being followed at the time of the incident. 2) The Assisted Living Facility failed to ensure all staff were fit tested for an N-95 respirator. Additional residents reviewed for care, services and safety had no concerns.

Conclusion / Action:

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

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 10/30/2023, 10/30/2023 and 10/30/2023 of:

ST ANDREWS PLACE ASSISTED LIVING
520 EAST PARK AVE
PORT ANGELES, WA 98362

This document references the following complaint number(s): 103034

The following sample was selected for review during the unannounced on-site visit: 3 of 36 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Phan Pham, Nurse Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Jody Just
Residential Care Services

11/06/2023
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.

Laura Dodd
Administrator (or Representative)

11/14/23
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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure all staff were fit tested for an N-95 respirator for 5 of 5 sampled staff (Staff A, B, C, D, and E). This failure placed all the residents and staff in the ALF at risk of being infected and spreading a communicable disease.

Findings included...

WAC 296-842-22010.

(1) Provide, at no cost to the employee, fit tests for ALL tight fitting respirators on the following schedule:

(a) Before employees are assigned duties that may require the use of respirators;

(b) At least every twelve months after initial testing;

(c) Whenever any of the following occurs:

(i) A different respirator facepiece is chosen such as a different type, model, style, or size;

(ii) You become aware of a physical change in an employee that could affect respirator fit. For example, you may observe, or be told about, facial scarring, dental changes, cosmetic surgery, or obvious weight changes.

Review of the Centers of Disease Control and Prevention (CDC) document, titled, "Strategies for Optimizing the Supply of N95 Respirators," updated 09/16/2021, showed under the section titled, "Just-in-time fit testing", it was essential to have Healthcare professionals trained and fit tested prior to receiving or taking care of positive COVID-19 (Corona Virus Disease 2019 - a communicable disease) residents.

Review of the Dear Provider (DP) Letter ALF# 2021-024, dated 04/30/2021, titled, "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment (PPE)", directed LTCF's (Long Term Care Facilities) under WAC 296-842-12005 to develop and maintain a respirator program which included initial fit testing and providing staff with their fit tested respirator.

In an interview on 10/30/2023 at 2:00 PM, Staff A, Executive Director, said the ALF had one resident who tested positive for COVID-19 on 10/30/2023. Staff A stated the ALF had a total of 13 residents and eight staff members diagnosed with [redacted] and the first positive case was on 10/10/2023. Staff A said all staff members had been fit tested for N-95 respirators.

Review of Resident 1's face sheet showed the resident admitted to the facility on [redacted]/2023 with diagnoses including [redacted]. Review of Resident 1's chart notes, dated 10/12/2023 at 9:33 AM, documented the resident was confused and was tested for COVID-19.

In an interview on 10/30/2023 at 2:10 PM, Resident 1 said she had COVID – 19 couple weeks prior and had recently been tested negative.

In an interview on 10/30/2023 at 2:25 PM, Staff B, Medication Tech, said she had been working at the ALF for 18 months and had not been fit tested for N-95 respirator.

In an interview on 10/30/2023 at 2:35 PM, Staff C, Caregiver, stated she was not able to recall the last time she was fit tested for N95 respirator.

In an interview at 2:35 PM, Staff D, Medication Tech, said he had been fit tested for N-95 respirator but was not able to recall the last it was done.

In an interview at 3:00 PM, Staff E, Housekeeper, stated it had been over a year that she was fit tested for N-95 respirator.

Review of the ALF's respirator fit test records showed Staff A, C, and E were fit tested for an N-95 respirator on 04/27/2022 and no record to show Staff B and D were fit tested.

In an interview on 10/30/2023 at 3:17 PM, Staff A said some staff members were fit tested for N-95 respirator in April 2022. Staff A stated staff members should have been fit tested for an N-95 respirator when they were hired and annually. Staff A said it was her responsibility to ensure staff members were fit tested for N-95 respirators. Staff A stated she have not been able to find a cost-effective way to pay for the fit test.

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, ST ANDREWS PLACE ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 12/1/23 .

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

Laura Dodd — Administrator (or Representative)

11/14/23 — Date