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
HILLTOP MANOR BOARDING HOME
1732 16TH AVE
SEATTLE, WA 98122

RE: HILLTOP MANOR BOARDING HOME License # 1278

Dear Administrator:

This letter addresses Compliance Determination(s) 33634 (Completion Date 12/07/2023) and 31667 (Completion Date 10/30/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/07/2023 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-2730-1-b, WAC 388-78A-3090-2-c-ii, WAC 388-78A-2950-6, WAC 388-78A-2500-1, WAC 388-78A-2480-1, WAC 388-78A-2481-2, WAC 388-78A-2481-1, WAC 388-78A-2481-1-a, WAC 388-78A-2481-1-b, WAC 388-78A-2481

The Department staff who did the on-site verification:
Scottie Sindora, ALF Licensor

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

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

Statement of Deficiencies	License #: 1278	Compliance Determination # 31667
Plan of Correction	HILLTOP MANOR BOARDING HOME	Completion Date
Page 1 of 7	Licensee: COMMUNITY HOUSE MENTAL HEALTH	10/30/2023

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 the unannounced on-site full inspection on 10/24/2023 and 10/25/2023 of:
HILLTOP MANOR BOARDING HOME
1732 16TH AVE
SEATTLE, WA 98122

The following sample was selected for review during the unannounced on-site visit: 5 of 22 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

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

10/30/2023
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.

Statement of Deficiencies	License #: 1278	Compliance Determination # 31667
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Administrator (or Representative) — Date: 11-1-2023

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to obtain a Medical Testing Site Waiver/Clinical Laboratory Improvement Amendments (MTSW/CLIA) waiver certificate by the deadline of June 30, 2023. This placed . This placed 22 of 22 residents at risk for receiving waived tests, such as in-house COVID-19 tests, without the ALF having obtained the proper certificate.

Findings included...

Note: A "Dear Assisted Facility Administrator" letter, issued by the Department on 08/03/2022, showed that ALFs were informed about state and federal regulations related to COVID-19 and other medical tests done on site. A MTSW certificate is required in Washington state to conduct these tests. The MTSW meets both federal and state requirements, and includes a federally- issued CLIA number. ALFs were also made aware of the deadline of 06/30/2023 for submitting the certificate application.

Observation during the environmental tour, on 10/24/2023 at 10:38 AM, did not show a MTSW/CLIA certificate posted anywhere in the ALF.
During an interview, on 10/24/2023 at 10:38 AM, Staff F (Administrator) stated the ALF did not have the MTSW/CLIA waiver.

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, HILLTOP MANOR BOARDING HOME is or will be in compliance with this law and / or regulation on (Date) 11/17/2023 .

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

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WAC 388-78A-3090 Maintenance and housekeeping.

(2) The assisted living facility must provide housekeeping supply room(s):

(c) Equipped with:

(ii) Storage for wet mops;

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure wet mops were consistently hung up to dry following their use. This placed 22 residents at risk of harm from potential infection control issues.

Findings included...

Observation during an environment tour, on 10/24/2023 at 9:55 AM, with Staff F (Facilities Director) and Staff G (Maintenance Technician) showed a housekeeping closet on the second floor. The closet contained a mop basin (a sink installed in the floor for mops, buckets and other janitorial tools). The closet contained one wet mop, which was not hung up to dry. Observation also showed the ALF installed mop handle gripper bars above the mop basin. There were no mop handles clipped into the gripper bar.

Observation, on 10/24/2023 at 10:05 AM, with Staff F and Staff G showed a second housekeeping closet on the main floor of the ALF. A mop basin was installed in the floor of the second housekeeping closet. Three damp mops were observed inside the closet on the floor. The second closet also had a mop gripper bar installed above the mop basin. There were no mop handles clipped into the gripper bar.

In an interview, on 10/24/2023 at 10:08 AM, with Staff F and Staff G, both stated that they would request the housekeeping staff to hang up their wet mops to dry. Staff F and Staff G also stated the facility used a laundry service to clean the mop heads.

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, HILLTOP MANOR BOARDING HOME is or will be in compliance with this law and / or regulation on (Date) 11/3/2023.

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

Administrator (or Representative) — 11-1-2023 Date

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation, and interview, the Assisted Living facility (ALF) failed to ensure 4 of 7 common area water faucets, used by residents, were between 105 Fahrenheit (F) and 120 F. This failure placed 22 of 22 residents at risk for burn injuries, decreased infection control and quality of life.

Findings included...

During the environmental tour, on 10/24/2023 at 9:48 AM, with Staff G (Facilities Manager) and Staff H (Building Manager), showed the following water temperatures: "Restroom 4" on the second floor was 129.0 F, "Shower Room 2" on the first floor was 125.0 F, "Restroom 1" on the first floor was 102.3 F, and the hand washing sink in the dining room was 68.0 F.

During the group meeting, on 10/25/2023 at 12:30 PM, the following statements were made by various sample, and non-sample residents: "the water never gets hot for showers," "it's too cold in here [dining room], sometimes it's too hot," "the water temperature is always cold."

In an interview, on 10/24/2023 at 9:55 AM, Staff H stated that the water temperatures were not regularly checked.

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, HILLTOP MANOR BOARDING HOME is or will be in compliance with this law and / or regulation on (Date) 12/1/2023 .

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

Administrator (or Representative) 11-1-2023 Date

WAC 388-78A-2500 Specialized training for mental illness. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with mental illness, whenever at least one of the residents in the assisted living facility has a mental illness that is the resident's primary special need and is a person who has been diagnosed with or treated for an Axis I or Axis II diagnosis, as described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, and:

(1) Who has received the diagnosis or treatment within the previous two years; and

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 5 sample staff (Staff A, B, and C) received "Specialty Mental Health" training within 120 days of being hired at the ALF. This failure placed 22 of 22 residents, at risk for being assisted by untrained staff.

Findings included...

Record review of the Resident Characteristic Roster, updated on 10/24/2023, showed all 22 residents of the ALF with a [redacted] health diagnosis.
In an interview, on 10/24/2023 at 9:15 AM, Staff D (Assistant Administrator) stated that the ALF catered only to residents with mental health issues.

Record review of Staff A's (Caregiver) personnel file showed the staff member was hired on 12/22/2022 and worked as a full-time employee. There was no record of Staff A having attended "Specialty Mental Health Training."

Record review of Staff B's (Caregiver) personnel file showed the staff member was hired on 04/18/2023 and worked as a full-time employee. There was no record of Staff B having attended "Specialty Mental Health Training."

Record review of Staff C's (Caregiver) personnel file showed the staff member was hired on 06/29/2023 and worked as a full-time employee. There was no record of Staff C having attended "Specialty Mental Health Training."

In an interview, on 10/24/2023 at 2:15 PM, Staff F (Administrator) stated she thought the "Specialty Mental Health Training" was included in 70 Hour Basic Training for caregivers.

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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, HILLTOP MANOR BOARDING HOME is or will be in compliance with this law and / or regulation on (Date) 12/5/2023 .

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

Administrator (or Representative) — Date: 11-1-2023

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.

WAC 388-78A-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

(b) By a trained professional; or

(2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 3 newly hired staff (Staff A, B, and C) were screened for Tuberculosis (TB) within 3 days of being hired. This failure placed 22 of 22 residents at risk for illness.

Findings included...

Record review of Staff A's (Caregiver) personnel file showed the staff member was hired on 12/22/2022 and worked as a full-time employee. Further review showed Staff A had a chest x-ray on 03/04/2020 but no evidence of being screened upon hire to the ALF.

Record review of Staff B's (Caregiver) personnel file showed the staff member was hired on 04/28/2023 and worked as a full-time employee. Further review showed Staff A had a chest x-ray on 04/30/2022 but no evidence of being screened upon hire to the ALF.

Record review of Staff C's (Caregiver) personnel file showed the staff member was hired on 06/29/2023 and worked as a full-time employee. Further review showed Staff A had a

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chest x-ray on 10/15/2021 but no evidence of being screened upon hire to the ALF.

In an interview, on 10/24/2023 at 2:15 PM, Staff F (Administrator) stated she thought the chest x-ray was sufficient to ensure the staff did not have TB.

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, HILLTOP MANOR BOARDING HOME is or will be in compliance with this law and / or regulation on (Date) 11/29/2023.

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

Administrator (or Representative) — Date: 11-1-2023

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

10/30/2023

COMMUNITY HOUSE MENTAL HEALTH AGENCY
HILLTOP MANOR BOARDING HOME
1732 16TH AVE
SEATTLE, WA 98122

RE: HILLTOP MANOR BOARDING HOME # 1278

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 10/30/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2880 Changing use of rooms. Prior to using a room for a purpose other than what was approved by construction review services, the assisted living facility must:

(1) Notify construction review services:

(a) In writing;

(b) Thirty days or more before the intended change in use;

(c) Describe the current and proposed use of the room; and

(d) Provide all additional documentation as requested by construction review services;

(2) Obtain the written approval of construction review services for the new use of the room; and

(3) Ensure the facility functional program and room list are updated to reflect the change.

The Assisted Living Facility (ALF) did not consult the Department of Health Construction Review Services (CRS) prior to converting a former resident room into an office. This reduced the number of rooms available for residents to use as a bedroom.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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 (425)670-6070.

Sincerely,

Jamie Singer

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

Enclosure