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) 63952 (Completion Date 08/18/2025) and 60695 (Completion Date 06/12/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/18/2025 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-2950-6

The Department staff who did the on-site verification:
Alma Duran, Licensor
Keiko Kitano, Licensor

If you have any questions, please contact me at (253)312-1446.

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 #60695
Plan of Correction	HILLTOP MANOR BOARDING HOME	Completion Date
Page 1 of 3	Licensee: COMMUNITY HOUSE MENTAL HEALTH AGENCY	06/12/2025

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 follow-up on 06/05/2025 of:
HILLTOP MANOR BOARDING HOME
1732 16TH AVE
SEATTLE, WA 98122

This document references the following SOD dated: 06/12/2025

The following sample was selected for review during the unannounced on-site visit: 2 of 26 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, 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

Statement of Deficiencies	License # 1278	Compliance Determination # 60695
Plan of Correction	HILLTOP MANOR BOARDING HOME	Completion Date
Page 2 of 3	Licensee: COMMUNITY HOUSE MENTAL HEALTH AGENCY	06/12/2025

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

06/25/2025
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.

Administrator (or ~~Representative~~)

7/1/2025
Date

Amanda Wager – Director of Licensed Residential Facilities

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 hot water temperatures (HWT) were between the required 105 degrees Fahrenheit (°F) and 120°F. This failure placed 26 of 26 residents at risk of burn injuries.

Findings included:

Observations during the environmental tour with Staff D (Caregiver) on 06/05/2025 at 10:09 AM, showed the following HWTs in sinks accessible and used by residents: Main Dining Room was 127.2 °F. Shower Room 1 on the first floor was 125.2 °F. Shower Room 2 on the first floor was 124.7 °F. Restroom 4 on the second floor was 121.4 °F. Restroom 5 on the second floor was 121.9 °F, and Shower Room on the second floor was 122.3 °F.

On 06/05/2025 at 11:45 PM, Staff E (Administrator) acknowledged that the HWTs did not meet regulations.

This is an uncorrected deficiency previously cited 04/10/2025 and a recurring deficiency previously cited on 10/30/2023.

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

06/25/2025
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.

Administrator (or Representative)

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 hot water temperatures (HWT), were between the required 105 degrees Fahrenheit (°F) and 120°F. This failure placed 26 of 26 residents at risk of burn injuries.

Findings included...

Observations during the environmental tour with Staff D (Caregiver), on 06/05/2025 at 10:09 AM, showed the following HWTs in sinks accessible and used by residents: Main Dining Room was 127.2 °F; Shower Room 1 on the first floor was 125.2 °F; Shower Room 2 on the first floor was 124.7 °F; Restroom 4 on the second floor was 121.4 °F, Restroom 5 on the second floor was 121.9 °F; and Shower Room on the second floor was 122.3 °F.

On 06/05/2025 at 11:45 PM, Staff E (Administrator) acknowledged that the HWTs did not meet regulations.

This is an uncorrected deficiency previously cited 04/10/2025 and a recurring deficiency previously cited on 10/30/2023.

Statement of Deficiencies	License # 1078	Compliance Determination #60695
Plan of Correction	HILLTOP MANOR BOARDING HOME	Completion Date
Page 3 of 3	Licensee: COMMUNITY HOUSE MENTAL HEALTH AGENCY	08/12/2025

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) ~~8/6/2025~~ 7/27/2025 (AW)

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

Anlagn - Representative
Administrator (or Representative)

7/1/2025
Date

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)_____ .

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

_____ _____

Administrator (or Representative) Date

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

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 03/24/2025 and 03/26/2025 of:
HILLTOP MANOR BOARDING HOME
1732 16TH AVE
SEATTLE, WA 98122

The following sample was selected for review during the unannounced on-site visit: 6 of 26 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, 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

4/10/2025
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.

Administrator (or Representative)

4/17/2025
Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to support and promote safe medication services for 1 of 6 sampled residents (Resident 3) who required staff assistance with medications. This placed Resident 3 at risk for health complications.

Findings included...

Records review showed that the ALF admitted Resident 3 on [redacted]/2022 with multiple disabling conditions.

Review of Resident 3's CNSA, dated 06/05/2024, showed that Resident 3 required staff assistance with medication services.

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.

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.

Administrator (or Representative) | Date

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This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to support and promote safe medication services for 1 of 6 sampled residents (Resident 3) who required staff assistance with medications. This placed Resident 3 at risk for health complications.

Findings included…

Records review showed that the ALF admitted Resident 3 on [redacted]/2022 with multiple disabling conditions.

Review of Resident 3's CNSA, dated 06/05/2024, showed that Resident 3 required staff assistance with medication services.

Review of a physician's order, dated 08/05/2024, showed that Resident 3 was prescribed to use clobetasol cream (topical cream, used to treat the itching, redness, dryness, crusting, scaling, inflammation, and discomfort of various scalp and skin conditions).

Review of the January, February, and March 2025 eMARs showed that Resident 3 was prescribed to apply a thin layer of clobetasol cream to the affected areas on the lower legs twice daily for two weeks on and two weeks off, and then to repeat the cycle if the symptoms return.

Review of the January, February, and March 2025 eMARs showed that staff had assisted Resident 3 with applying the clobetasol cream only once a day for eight days in January 2025, two days in February 2025, and three days in March 2025. The ALF had not followed the physician's instructions for use of the clobetasol cream.

In an interview, on 03/26/2025 at 2:20 PM, Staff A acknowledged that staff had not assisted with Resident 3's clobetasol cream as prescribed by the physician.

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) 5/23/25.

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

Administrator (or Representative) — Date: 4/17/25

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain a physician's prescribed medication in a timely manner for 1 of 6 sampled residents (Resident 3) who required staff assistance with medications. This resulted in Resident 3 not receiving a prescribed nasal spray for 32 days and placed Resident 3 at risk for a compromised health condition.

Review of a physician's order, dated 08/05/2024, showed that Resident 3 was prescribed to use clobetasol cream (topical cream, used to treat the itching, redness, dryness, crusting, scaling, inflammation, and discomfort of various scalp and skin conditions).

Review of the January, February, and March 2025 eMARs showed that Resident 3 was prescribed to apply a thin layer of clobetasol cream to the affected areas on the lower legs twice daily for two weeks on and two weeks off, and then to repeat the cycle if the symptoms return.

Review of the January, February, and March 2025 eMARs showed that staff had assisted Resident 3 with applying the clobetasol cream only once a day for eight days in January 2025, two days in February 2025, and three days in March 2025. The ALF had not followed the physician's instructions for use of the clobetasol cream.

In an interview, on 03/26/2025 at 2:20 PM, Staff A acknowledged that staff had not assisted with Resident 3's clobetasol cream as prescribed by the physician.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain a physician's prescribed medication in a timely manner for 1 of 6 sampled residents (Resident 3) who required staff assistance with medications. This resulted in Resident 3 not receiving a prescribed nasal spray for 32 days and placed Resident 3 at risk for a compromised health condition.

Findings included...

Records review showed that the ALF admitted Resident 3 on [redacted] 2022 with multiple disabling conditions.

Review of Resident 3 s Comprehensive Negotiated Services Agreement (CNSA - equivalent of a combination of a Full Assessment and a Negotiated Service Agreement), dated 06/05/2024, showed that Resident 3 required staff assistance with medication services. The CNSA showed that staff would reorder and work with the pharmacy to ensure medications were received in a timely manner.

Review of the February and March 2025 electronic Medication Administration Records (eMAR) showed that Resident 3 was prescribed to take fluticasone (used to relieve symptoms of rhinitis such as sneezing and a runny, stuffy, or itchy nose and itchy, watery eyes caused by hay fever or other allergies) nasal spray daily. Review of the eMARs showed the ALF staff had been documenting "medication unavailable" for 15 days in February 2025, and for 17 days in March, from March 1 to March 17, 2025.

In an interview, on 03/26/2025 at 1:20 PM, Staff A (Administrator) acknowledged that Resident 3 had not received the prescribed nasal spray for this length of time because the ALF did not have the medication in supply.

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) 5/23/25

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

Administrator (or Representative) — Date: 4/17/25

WAC 388-78A-2300 Food and nutrition services.

(1) The assisted living facility must:

(g) Make available and give residents alternate choices in entrees for midday and evening meals that are of comparable quality and nutritional value. The assisted living

Findings included…

Records review showed that the ALF admitted Resident 3 on [redacted]/2022 with multiple disabling conditions.

Review of Resident 3's Comprehensive Negotiated Services Agreement (CNSA - equivalent of a combination of a Full Assessment and a Negotiated Service Agreement), dated 06/05/2024, showed that Resident 3 required staff assistance with medication services. The CNSA showed that staff would reorder and work with the pharmacy to ensure medications were received in a timely manner.

Review of the February and March 2025 electronic Medication Administration Records (eMAR) showed that Resident 3 was prescribed to take fluticasone (used to relieve symptoms of rhinitis such as sneezing and a runny, stuffy, or itchy nose and itchy, watery eyes caused by hay fever or other allergies) nasal spray daily. Review of the eMARs showed the ALF staff had been documenting "medication unavailable" for 15 days in February 2025, and for 17 days in March, from March 1 to March 17, 2025.

In an interview, on 03/26/2025 at 1:20 PM, Staff A (Administrator) acknowledged that Resident 3 had not received the prescribed nasal spray for this length of time because the ALF did not have the medication in supply.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2300 Food and nutrition services.

(1) The assisted living facility must:

(g) Make available and give residents alternate choices in entrees for midday and evening meals that are of comparable quality and nutritional value. The assisted living

facility is not required to post alternate choices in entrees on the menu one week in advance, but must record on the menus the alternate choices in entrees that are served;

(h) Develop, make known to residents, and implement a process for residents to express their views and comment on the food services; and

(3) The assisted living facility may provide to a resident at his or her request and as agreed upon in the resident's negotiated service agreement, nonprescribed:

(a) Modified or therapeutic diets;

(b) Nutritional concentrates or supplements.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to provide specialty diet options, substitutions for food items of equal nutritional value, or beverages. This failure placed Residents 2, 3, 7, 8, and 9, who had diabetes (prolonged high blood sugar) diagnoses at risk for compromised health status and 26 residents at risk for diminished quality of life.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2660 Resident rights. The assisted living facility must: (1) Comply with chapter 70.129 Revised Code of Washington (RCW), Long-term care resident rights; (2) Ensure all staff persons provide care and services to each resident consistent with chapter 70.129 RCW; (4) Promote and protect the residents' exercise of all rights granted under chapter 70.129 RCW;

Review of the ALF's undated Food Preparation and Nutrition policy, showed the facility would meet the requirements of the Washington Administrative Code (WAC) 246-215 Food Service to include residents receiving alternate choices that are of comparable quality and nutritional value. The facility will provide general low sodium, general diabetic diets. Alternative options would be made available for lunch and dinner meals.

The ALF was licensed to provide care and services to 26 residents with primary diagnosis of [redacted] and [redacted].

Review of the undated Resident Characteristic Roster showed the facility provided care and services to 26 residents. Residents 2, 3, 7, 8, and 9 were identified as diabetics.

Review of the ALF's weekly menu did not identify alternative food choices, specialty diet choices including sugar-free and vegetarian options, or beverage options.

In interview, on 03/25/2025 at 11:15 AM, Staff H (Case Manager / Medication Technician) stated the ALF did not offer sugar free desserts to the residents.

Review of the daily menu showed lunch, on 03/25/2025, consisted of a green salad, meatballs with marinara sauce, noodles and baked roll, and caramel gingerbread bars for dessert. There were no alternatives or sugar free desserts listed or available.

Observation and interview, on 03/25/2025 at 12:20 PM, Staff B (Cook) stated they do not have sugar free desserts for residents with diabetes. When questioned about alternate choices, Staff B stated that they only offered peanut butter and jelly (not sugar-free) sandwiches.

During a resident group interview, on 03/26/2025 at 1:00 PM, a resident stated, "I am on a vegetarian diet, but they gave me meat. Yesterday, they gave me meatballs that were not vegetarian." Another resident's comment, "I feel the cook does not care about the residents. The cook has never come out to the dining room and asked residents about the meal." "The cook has not served any beverage during the meal."

In an interview, on 04/01/2025 at 3:12 PM, Staff I (Director of Licensed Residential Services) stated that the ALF should provide sugar free and other specialty diets, alternate choices and beverages.

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) 5/23/25.

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

Administrator (or Representative) — Date: 4/17/25

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

In interview, on 03/25/2025 at 11:15 AM, Staff H (Case Manager / Medication Technician) stated the ALF did not offer sugar free desserts to the residents.

Review of the daily menu showed lunch, on 03/25/2025, consisted of a green salad, meatballs with marinara sauce, noodles and baked roll, and caramel gingerbread bars for dessert. There were no alternatives or sugar free desserts listed or available.

Observation and interview, on 03/25/2025 at 12:20 PM, Staff B (Cook) stated they do not have sugar free desserts for residents with diabetes. When questioned about alternate choices, Staff B stated that they only offered peanut butter and jelly (not sugar-free) sandwiches.

During a resident group interview, on 03/26/2025 at 1:00 PM, a resident stated, “I am on a vegetarian diet, but they gave me meat. Yesterday, they gave me meatballs that were not vegetarian.” Another resident’s comment, “I feel the cook does not care about the residents. The cook has never come out to the dining room and asked residents about the meal.” “The cook has not served any beverage during the meal.”

In an interview, on 04/01/2025 at 3:12 PM, Staff I (Director of Licensed Residential Services) stated that the ALF should provide sugar free and other specialty diets, alternate choices and beverages.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to monitor and document food temperatures (FTs) prior to serving potentially hazardous food to residents and failed to have a system in place to ensure sanitizing solutions, to prevent cross contamination of clean equipment, kitchen counters and surfaces in the main kitchen were effective. This placed 26 residents at risk of acquiring food borne illness and diminished quality of life.

Findings included... .

NOTE: Washington Administrative Code (WAC) 246-215-02110 Duties—Food protection manager certification (Food and Drug Administration ((FDA)) Food Code 2-102.20) certified food protection manager responsibilities include training and implementing a program of food protection and education for each person in charge, so each person in charge is able to successfully demonstrate knowledge described in WAC 246-215-02105, and fulfill the duties as described in WAC 246-215-02115 to maintain active managerial control.

Review of an undated Resident Characteristics Roster showed the facility provided care and services to 26 residents.

FOOD STORAGE

NOTE: WAC 246-215-03306 Preventing food and ingredient contamination—Packaged and unpackaged food—Separation, packaging, and segregation (FDA Food Code 3-302.11). (1) A food must be protected from cross contamination by: (a) Except as specified in (a)(iv) of this subsection, separating raw animal foods during storage, preparation, holding, and display from: (i) Raw ready-to-eat food including other raw animal food such as fish for sushi or molluscan shellfish, or other raw ready-to-eat food such as fruits and vegetables; (ii) Cooked ready-to-eat food;

Observation with Staff A (Administrator) and Staff G (Building Manager), on 03/24/2025 at 11:15 AM, found four refrigerator freezers with ready-to-eat food such as bread, cookie dough, egg rolls, pre-cooked vegan meat next to raw meats. Staff A acknowledged that this was unacceptable.

FOOD TEMPERATURES

NOTE: WAC 246-215-03525 Temperature and time control—Time/temperature control for safety food, hot and cold holding (Food and Drug Administration Food Code 3-501.16). (1) Except during active preparation for up to two hours, cooking, or cooling or when time is used as the public health control as specified under WAC 246-215-03530, and except as specified in subsections (2) and (3) of this section, time/temperature control for safety food must be maintained: (b) At 41 °Fahrenheit (F) (5°Celcius) or less.

A review of ALF's undated Food Preparation and Nutrition policy showed thermometers must be used to make sure food is cooked to the correct temperature. Food needed to be cooked to the following temperatures and held at 135°F or hotter until served: poultry, stuffed foods or stuffing, casserole, all raw animal products cooked in a microwave and all reheated potentially hazardous food at 165 degree Fahrenheit (°F), hamburger and sausage 145 °F, vegetables (that will be hot held), packaged ready-to-eat food 135 °F.

Review of a temperature log posted by the kitchen showed no food temperatures were recorded for the months of January, February and March 2025.

In interview and observation, on 03/25/2025 at 12:25 PM, showed Staff B (Cook) was serving meatballs with marinara sauce and noodles at lunch to residents. When asked, Staff B stated they had a thermometer to take FTs, however, no FTs were taken prior to serving residents' meals.

In interview and observation, on 03/26/2025 at 11:58 AM, showed Staff C (Caregiver) in the main kitchen preparing lunch for residents. When questioned if FTs were taken before serving residents, Staff C stated there was no thermometer and she never took FTs. Staff C stated, "I just cook what was on the menu and see to it that I serve the residents good food."

During a resident group interview, on 03/26/2025 at 1:00 PM, the following comments were made regarding their meal services, "One time, the meat was not cooked well" and "About two or three weeks ago, pork chops were served. The pork was not cooked well; the center of the pork was still bloody."

NO SANITIZING BUCKET

NOTE: WAC 246-215-04565 Equipment—Manual and mechanical warewashing equipment, chemical sanitization—Temperature, pH, concentration, and hardness (FDA Food Code 4-501.114). A chemical sanitizer used in a sanitizing solution for a manual or mechanical operation at contact times specified under WAC 246-215-04710(3) must meet the requirements specified under WAC 246-215-07220, must be used in accordance with the EPA-registered label use instructions, and must be used as follows: (1) A chlorine solution must have a minimum temperature based on the concentration and pH of the solution. as listed in the following chart: Concentration Range Minimum Temperature mg/L pH 10 or

During observation, on 03/25/2025 at 12:25 PM, showed there was no mixed sanitizing solution present to clean and sanitize surfaces in the kitchen.

Observation on 03/26/2025 at 12.45 PM, showed Staff C rinsed a rag cloth using tap water, without sanitizing solution, to wipe dining tables and other surfaces.

In interview, on 03/26/2025 at 2.11 PM, Staff A (Administrator) acknowledged that kitchen staff should ensure the kitchen counter and surfaces were properly sanitized.

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) 5/23/25.

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

Administrator (or Representative) — 4/17/25 Date

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:

(a) Orientation and safety:

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure 4 of 4 sampled staff (Staff A, B, C, and D) received orientation to the facility related to the residential care setting prior to routine interaction with residents, and failed to complete the required home care aide certification (HCA) for 2 of 2 sampled staff (Staff C and D). This failure placed 26 of 26 residents at risk of receiving inadequate care and services due to lack of proper training.

Findings included...

Observation on 03/26/2025 at 12:45 PM, showed Staff C rinsed a rag cloth using tap water, without sanitizing solution, to wipe dining tables and other surfaces.

In interview, on 03/26/2025 at 2:11 PM, Staff A (Administrator) acknowledged that kitchen staff should ensure the kitchen counter and surfaces were properly sanitized.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

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(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:

(a) Orientation and safety;

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure 4 of 4 sampled staff (Staff A, B, C, and D) received orientation to the facility related to the residential care setting prior to routine interaction with residents, and failed to complete the required home care aide certification (HCA) for 2 of 2 sampled staff (Staff C and D). This failure placed 26 of 26 residents at risk of receiving inadequate care and services due to lack of proper training.

Findings included...

FACILITY ORIENTATION

NOTE: Washington Administrative Code (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 Revised Code of Washington (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.

Review of staff records showed the ALF hired Staff A (Administrator) on 03/14/2024. Staff A's record showed no facility orientation until 10/30/2024, seven months from the hire date.

Review of staff records showed the ALF hired Staff B (Cook) on 11/09/2023. Staff B's record showed no facility orientation since the hire date.

Review of staff records showed the ALF hired Staff C (Caregiver) on 07/05/2024. Staff C's record showed no facility orientation since the hire date and prior to interaction with residents.

Review of staff records showed the ALF hired Staff D (Caregiver) on 08/14/2024. Staff D's record showed no facility orientation since the hire date and prior to routine interaction with residents.

In an interview, on 03/26/2025 at 1:30 PM, Staff A (Administrator) confirmed Staff A, B, C, and D did not have facility orientation since hire date and prior to routine interaction with residents.

HOME CARE AIDE CERTIFICATION (HCA)

NOTE: WAC 388-112A-0105 Who is required to obtain home care aide certification and by when? (1) All long-term care workers must obtain home care aide certification as provided in chapter 246-980 WAC.

WAC 246-980-040 Certification requirements. To qualify for certification as a home care aide, the applicant shall: (1) Successfully complete all training required by RCW 74.39A.074(1) within 120 calendar days of the date of hire as a long-term care worker; (2)

Successfully pass the home care aide certification examination, after completing training; and (3) Become certified within 200 days of date of hire, or 260 days if granted a provisional certificate under RCW 18.88B.041.

Review of staff record showed the ALF hired Staff C (Caregiver) on 07/05/2024. Record review showed Staff C had not completed the required HCA certification within 200 days from hire date.

Review of staff record showed the ALF hired Staff D (Caregiver) on 08/14/2024. Record review showed Staff D had not completed the required HCA certification within 200 days from hire date.

In an interview, on 03/26/2025 at 1:30 PM, Staff A confirmed the lack of HCA certification for Staff C and Staff D.

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) 5/23/25

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

Administrator (or Representative) — Date: 4/17/25

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

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 members (Staff D) completed the required two step tuberculin skin test (TST). This placed 26 residents at risk of exposure to a communicable disease.

Findings included...

Successfully pass the home care aide certification examination, after completing training; and (3) Become certified within 200 days of date of hire, or 260 days if granted a provisional certificate under RCW 18.88B.041.

Review of staff record showed the ALF hired Staff C (Caregiver) on 07/05/2024. Record review showed Staff C had not completed the required HCA certification within 200 days from hire date.

Review of staff record showed the ALF hired Staff D (Caregiver) on 08/14/2024. Record review showed Staff D had not completed the required HCA certification within 200 days from hire date.

In an interview, on 03/26/2025 at 1:30 PM, Staff A confirmed the lack of HCA certification for Staff C and Staff D.

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

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Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 4 staff members (Staff D) completed the required two step tuberculin skin test (TST). This placed 26 residents at risk of exposure to a communicable disease.

Findings included…

Review of staff records showed the ALF hired Staff D (Caregiver) on 08/14/2024. Staff D's record showed a one-step TST with a negative result, dated 08/15/2024, but there was no documentation of second step TST completed.

In an interview, on 03/26/2025 at 10:30 AM, Staff A (Administrator) confirmed with Human Resources that Staff D had no record to show the second step TST was completed.

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Administrator (or Representative) — Date: 4/17/25

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 hot water temperatures (HWTs) in sinks, used by residents, were between the required 105 degrees Fahrenheit (°F) and 120°F. This failure placed 26 of 26 residents at risk of burn injuries.

Findings included...

Observations during the environmental tour, on 03/24/2025 at 10:35 AM with Staff A (Administrator) and Staff G (Building Manager), showed the following hot water temperatures in sinks accessible and used by residents: Restroom 4 and 5 on the second floor was 140°F; Shower Room 2 on the second floor was 132°F; Restroom 1 on the first floor was 132 °F; Shower Room 1 on the first floor was 124.6 °F.

In an interview, on 03/24/2025 at 10:45 AM, Staff G stated that there had been no record to monitor HWTs. Staff G stated that they would regulate boiler temperatures.

Review of staff records showed the ALF hired Staff D (Caregiver) on 08/14/2024. Staff D's record showed a one-step TST with a negative result, dated 08/15/2024, but there was no documentation of second step TST completed.

In an interview, on 03/26/2025 at 10:30 AM, Staff A (Administrator) confirmed with Human Resources that Staff D had no record to show the second step TST was completed.

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Administrator (or Representative) Date

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Findings included…

Observations during the environmental tour, on 03/24/2025 at 10:35 AM with Staff A (Administrator) and Staff G (Building Manager), showed the following hot water temperatures in sinks accessible and used by residents: Restroom 4 and 5 on the second floor was 140°F; Shower Room 2 on the second floor was 132°F; Restroom 1 on the first floor was 132 °F; Shower Room 1 on the first floor was 124.6 °F.

In an interview, on 03/24/2025 at 10:45 AM, Staff G stated that there had been no record to monitor HWTs. Staff G stated that they would regulate boiler temperatures.

On 03/25/2025 at 10:40 AM, the HWT on the second floor Restroom 1 was 124.9°F, and 127.7°F on the second floor Shower Room.

On 03/26/2025 at 1:56 PM, Staff A (Administrator) confirmed that the HWTs were not regularly checked, which should have been.

This is a deficiency previously cited on 10/30/2023.

Plan/Attestation Statement

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

Administrator (or Representative) — Date: 4/17/25

On 03/25/2025 at 10:40 AM, the HWT on the second floor Restroom 1 was 124.9°F, and 127.7°F on the second floor Shower Room.

On 03/26/2025 at 1:56 PM, Staff A (Administrator) confirmed that the HWTs were not regularly checked, which should have been.

This is a deficiency previously cited on 10/30/2023.

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

_____ _____

Administrator (or Representative) Date