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

THE SAMUEL & JESSIE KENNEY PRESBYT
THE KENNEY
7125 Fauntleroy Way SW
Seattle, WA 98136

RE: THE KENNEY License # 128

Dear Administrator:

This letter addresses Compliance Determination(s) 45691 (Completion Date 08/15/2024) and 43364 (Completion Date 06/28/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/15/2024 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-2350-7-a, WAC 388-78A-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2620-2, WAC 388-78A-2620-2-a, WAC 388-78A-2620-2-b, WAC 388-78A-2730-1, WAC 388-78A-2730-1-a, WAC 388-78A-2730-1-b, WAC 388-78A-2483-2, WAC 388-78A-2480-1, WAC 388-78A-24642-1, WAC 388-78A-2305-2

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

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
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Statement of Deficiencies	License #: 128	Compliance Determination # 43364
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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 06/24/2024 and 06/26/2024 of:
THE KENNEY
7125 Fauntleroy Way SW
Seattle, WA 98136

The following sample was selected for review during the unannounced on-site visit: 6 of 21 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

7/2/2024
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.

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

Administrator (or Representative) 7/5/24 Date

WAC 388-78A-2350 Coordination of health care services.

(7) When coordinating care or services, the assisted living facility must:

(a) Integrate relevant information from the external provider into the resident's preadmission assessment and reassessment, and when appropriate, negotiated service agreement; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to integrate care and service information contained on hospice (end of life care) plans for 2 of 5 sampled residents (Resident 1 and Resident 3). This placed the residents at risk for not receiving necessary care and services to meet their complex health and safety needs.

Findings included...

Resident 1

Record review of an undated Resident Characteristic Roster (RCR) showed the ALF admitted Resident 1 on [redacted]/2021, with diagnoses including [redacted] and [redacted]. A Hospice Plan of Care (HPOC), dated 05/09/2024, showed hospice admitted Resident 1 to their service as of 05/01/2024.

Record review of an annual Level of Care Assessment (LOCA), dated 02/28/2024, did not show any reference to Resident 1's hospice admission, or the HPOC. In the LOCA, under section 4 - Third Party Services, sub-section 5 -- Hospice, hospice was not checked. Care coordination services were assessed as minimal.

Record review of a Service Agreement (SA), dated 04/04/2024, also did not show any reference to Resident 1 s hospice admission or the HPOC.

During the exit interview, on 06/26/2024 at 12:37 PM, Staff A (Executive Director) and Staff B (Director of Nursing) acknowledged Resident 1's Assessment and LOCA did not contain information obtained from the HPOC.

Resident 3

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

Record review of an undated RCR showed the ALF admitted Resident 3 on [redacted]/2019, with diagnosis to include [redacted]. Further review showed Resident was receiving assistance from an outside provider

In an interview, on 06/26/2024 at 11:40 AM, Staff B (Director of Nursing) stated that Resident 3 was receiving hospice services from a community provider. Staff B stated that all information for Resident 3's care should be on the resident's SA.

Record review of Resident 3's SA, dated 02/16/2024, showed the resident was on hospice with no integration of the hospice care plan. There were no instructions for the caregivers regarding what to observe or report, and no mention of scheduling, or what hospice was providing.

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, THE KENNEY is or will be in compliance with this law and / or regulation on (Date) ~~8/11/24~~ 8/12/24 BRS

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-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff D) renewed their Washington state name and date of birth background check (BGC) every two years. This placed the ALF's 21 residents at risk for receiving dining services from a staff person whose current background history was unknown.

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Findings included..

Record review of an undated Resident Characteristic Roster showed the ALF provided care and services for 21 residents. Five residents resided on a locked Memory Care Unit.

Record review of an Employee Information Roster, dated 06/25/2024, showed the ALF hired Staff D (Server) on 04/07/2024. Hire dates were adjusted forward after a change in management companies. Review of employee records showed the BGC on file for Staff D expired on 06/23/2023. The ALF employed Staff D for 366 days (one calendar year) without a valid BCG.

During the exit interview, on 06/26/2024 at 12:37 PM, Staff F (Business Office Manager) confirmed the ALF did not a renew the BGC for 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, THE KENNEY is or will be in compliance with this law and / or regulation on (Date) ~~7/14/24~~ 8/12/24 BCS

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-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 1 pet (Pet 1) remained current with their required vaccinations, and obtained a health statement from Pet 1's veterinarian. This placed 16 Assisted Living (AL) residents at risk for exposure to a pet whose vaccination records were out of date.

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

Finding included...

Review of the "Special Pet Responsibility Addendum to Residency Agreement", Item 8, showed that, "The pet must have a veterinarian certification of health and current vaccination record".

Record review of an undated Resident Characteristic Roster showed the ALF admitted Resident 6 on [redacted]/2024. A review of pet records showed Resident 6 owned a cat (Pet 1). The pet records showed no evidence of vaccinations, and no record of a health letter showing Pet 1 to be free of zoonotic (diseases passed from animals to humans) infections.

During the exit interview, on 06/26/2024 at 12:37 PM, Staff A (Business Office Manager) stated that Pet 1 began care with a new veterinarian two years ago. There were no vaccination records for Pet 1 available.

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, THE KENNEY is or will be in compliance with this law and / or regulation on (Date) ~~8/1/24~~ 8/12/24 8/25

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-2730 Licensee's responsibilities.

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

(a) The operation of the assisted living facility;

(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 maintain a Medical Testing Site Waiver/Clinical Laboratory Improvement Amendments (MTSW/CLIA) waiver certificate This placed 21 of 21 residents at risk for receiving waived tests, such as in-house COVID-19 tests, without the ALF having maintained the proper certificate.

Findings included .

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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 (an infectious disease which can result in illness with symptoms including cough, fever, malaise, headache, dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death) 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.

Observation during the environmental tour, on 06/24/2024 at 11:05 AM, showed a MTSW/CLIA certificate posted with an expiration date of 06/30/2023.

In an interview during the environmental tour, on 06/24/2024 at 11:05 AM, Staff A (Executive Director) confirmed the ALF's MTSW/CLIA waiver had expired.

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, THE KENNEY is or will be in compliance with this law and / or regulation on (Date) ~~8/4/24~~ BDS 8/12/24

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-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:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sample staff (Staff B) had the required one Tuberculosis (TB) test within three days of hire. This failure placed 21 residents at risk for illness.

Findings included:

Record review of personnel files showed Staff B (Director of Nursing Services) was hired on 05/19/2024. Further review showed Staff B received a negative blood test on 01/04/2024.

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There was no documentation to show Staff B had the required one-step TB test upon hire.

In an interview, on 06/26/2024 at 11:00 AM, Staff F (Business Office Manager) stated that she did not have Staff B have a one-step TB test at her hire date, and the test was probably not performed.

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, THE KENNEY is or will be in compliance with this law and / or regulation on (Date) 8/12/24 BRS

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-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, that Assisted Living Facility (ALF) failed to ensure a system was in place to screen 2 of 5 sample staff (Staff A and C) for Tuberculosis (TB). This failure placed 21 residents at risk for illness.

Findings included..

Record review of the personnel files showed Staff A (Administrator) was hired on 04/30/2024. There was no documentation to show Staff A was screened for TB within three days of hire. Further review showed Staff C (Medication Technician) was hired on 07/13/2023. There was no documentation to show Staff C was screened for TB within three days of hire.

In an interview, on 06/26/2024 at 11:00 AM, Staff F (Business Office Manager) stated that the ALF was aware of the TB tests were required within three days of hire, and they were having trouble finding the serum to perform the test.

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

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, THE KENNEY is or will be in compliance with this law and / or regulation on (Date) ~~8/14/24~~ 8/12/24 BRS

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 failure to ensure 1 of 5 sample staff (Staff C) had a national fingerprint check. This failure placed 21 residents at risk for harm.

Findings included .

Record review of personnel files showed Staff C (Medication Technician) was hired on 07/13/2023 and worked full time at the ALF. Further review showed no documentation of a fingerprint check being performed on Staff C.

In an interview, on 06/26/2024 at 11:00 AM, Staff F (Business Office Manager) stated that she had given the paperwork to Staff C, but did not follow up to be sure the fingerprint check was completed.

Plan/Attestation Statement

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

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Administrator (or Representative) 7/5/24 Date

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

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 sampled staff (Staff C) had a current food worker card. This failure placed 21 residents at risk for illness.

Findings Included .

Record review of personnel files showed Staff C (Medication Technician) was hired on 07/13/2023 and worked full time at the ALF. Further review showed Staff C's food worker card had expired six months prior on 12/05/2023.

In an interview, on 06/26/2024 at 11:45 AM, Staff B (Director of Nursing) stated that medication technicians will regularly serve water, and sometimes food, when assisting with medications.

In an interview, on 06/26/2024 at 11:00 Staff F (Business Office Manager) stated that she was not aware the card was expired.

Plan/Attestation Statement

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SB confirmed ammended POC date with provider on 7/5/2024.

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

Administrator (or Representative) 7/5/24 Date

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