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

DUNGENESS COURTE ALZHEIMERS COMMUNI
DUNGENESS COURTE ALZHEIMERS COMMUNITY
651 N GARRY OAK DR
SEQUIM, WA 98382

RE: DUNGENESS COURTE ALZHEIMERS COMMUNITY License # 1328

Dear Administrator:

This letter addresses Compliance Determination(s) 38654 (Completion Date 03/19/2024) and 36315 (Completion Date 01/31/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/19/2024 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

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

Statement of Deficiencies	License #: 1328	Compliance Determination # 36315
Plan of Correction	DUNGENESS COURTE ALZHEIMERS COMMUNITY	Completion Date
Page 1 of 3	Licensee: DUNGENESS COURTE ALZHEIMERS COMMUNI	01/31/2024

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 01/31/2024, 01/24/2024, and 01/31/2024 of:
DUNGENESS COURTE ALZHEIMERS COMMUNITY
651 N GARRY OAK DR
SEQUIM, WA 98382

This document references the following SOD dated: 01/31/2024

The following sample was selected for review during the unannounced on-site visit: 3 of 42 current residents and 0 former residents.

The department staff that inspected 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.

Cory Cisneros
Residential Care Services

02/12/2024
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.

Statement of Deficiencies	License #: 1328	Compliance Determination # 36315
Plan of Correction	DUNGENESS COURTE ALZHEIMERS COMMUNITY	Completion Date
Page 2 of 3	Licensee: DUNGENESS COURTE ALZHEIMERS COMMUNI	01/31/2024

Administrator (or Representative) 2-19-24 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 two of four sampled staff (Staff B and Staff C). This failure placed all the residents and staff in the ALF at risk of being infected and spreading a communicable disease.

Findings included,..

WAC 296-842-15005. "Conduct fit testing.
(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.

On 01/31/2024 at 2:55 PM, Staff B, Caregiver, was observed assisting a resident in the hallway. In an interview at 2:55 PM, Staff B stated she had not been fit tested for N-95

respirator. Staff B said she started working at the assisted living facility on 01/23/2024.

In an interview on 01/31/2024 at 4:14 PM, Staff C, Housekeeper, said she had not been fit tested for an N-95 respirator and had been working at the assisted living facility for four months.

Review of the N-95 respirator fit test record showed Staff B and Staff C had not been fit tested for an N-95 respirator.

In an interview on 01/31/2024 at 3:00 PM, Staff A, Health and Wellness Director, said staff members were fit tested for N-95 respirator and she had been trained to perform N-95 fit testing for the assisted living facility's staff. Staff A stated it was her understanding that new hired staff were to be fit tested within 30 days after being hired. Staff A said the assisted living facility had limited amount of testing solution and she was waiting for more staff got hired for her to perform the fit test.

This was an uncorrected deficiency previously cited on 11/21/2023.

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, DUNGENESS COURTE ALZHEIMERS COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 3-12-24 .

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

Administrator (or Representative) Date 2-19-24

Residential Care Services
Investigation Summary Report

Provider/Facility: DUNGENESS COURTE ALZHEIMERS COMMUNITY
License/Cert.#: 1328
Compliance Determination #: 33092
Investigator: Phan Pham
Investigation Date(s): 11/20/2023 through 11/21/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 106707
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

1) Infection control - Named resident was diagnosed with a [redacted].
2) Accidents - Named resident fell and fractured her arm.

Investigation Methods:

Sample:	Total residents: 41 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents, environment, staff interactions with residents, staff members providing care and services, infection control practice, and safety measures.
Interviews:	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) Infection control, 2) Accidents/injury and quality of care and treatments were reviewed. 1) The Assisted Living Facility failed to ensure all staff were fit tested for an N-95 respirator. 2) The resident's care plan had interventions/measures to ensure necessary care and services were being met/keep the resident safe and was being followed at the time of the incident. 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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Statement of Deficiencies	License #: 1328	Compliance Determination # 33092
Plan of Correction	DUNGENESS COURTE ALZHEIMERS COMMUNITY	Completion Date
Page 1 of 4	Licensee: DUNGENESS COURTE ALZHEIMERS COMMUNI	11/21/2023

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 an unannounced on-site complaint investigation on 11/20/2023, 11/20/2023 and 11/28/2023 of:

DUNGENESS COURTE ALZHEIMERS COMMUNITY
651 N GARRY OAK DR
SEQUIM, WA 98382

This document references the following complaint number(s): 106707, 107412

The following sample was selected for review during the unannounced on-site visit: 3 of 41 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.

Cory Cisneros
Residential Care Services

11/29/2023
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.

Administrator (or Representative)

12-6-23
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 B, C, D, E, and F) This failure placed all the residents and staff in the ALF at risk of being infected and spreading a communicable disease.

Findings included...

WAC 296-842-15005, "Conduct fit testing.

(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 11/20/2023 at 12:40 PM, Staff A, Executive Director, said the ALF had 41 residents and 37 of the residents tested positive for COVID-19 since 11/09/2023. Staff A said not 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]/2022 with diagnoses including [redacted]. Resident 1 was out of the facility during the investigation.

Review of Resident 1's chart notes, dated 11/14/2023 at 12:07 PM, documented the resident was tested positive for COVID-19.

On 11/20/2023 at 12:52 PM, Staff B, Licensed Nurse, was observed in the hallway. Staff B wore a surgical mask, and the mask did not cover her nose. In an interview at 12:59 PM, Staff B said she had not been fit tested for an N-95 respirator.

On 11/20/2023 at 12:55 PM, Staff D, Caregiver, was observed assisting a resident to transfer from a wheelchair into a recliner chair in the television room. Staff D wore a surgical mask. In an interview at 2:36 PM, Staff D stated she had not been fit tested for N95 respirator and she wore the surgical mask to help with her breathing.

On 11/20/2023 at 1:01 PM, Staff E, Dietary Aid, was observed wearing a surgical mask in the dining room and hallway.

On 11/20/2023 at 2:33 PM, Staff F, Housekeeper, was observed covering a resident with a blanket in the television room. Staff F was observed wearing a surgical mask. Staff F said she had not been fit tested for an N-95 respirator.

In an interview on 11/20/2023 at 2:39 PM, Staff C, Licensed Nurse, stated she had not been fit tested for an N-95 respirator.

Review of the ALF's respirator fit test records showed Staff B, C, D, E, and F had not been fit tested for an N-95 respirator.

In an interview on 11/20/2023 at 2:50 PM, Staff A said staff members were due for N-95 respirator fit testing. Staff A stated staff members were supposed to get fit tested for an N-95 respirator when they were hired and annually. Staff A said staff had been asked to wear N-95 respirator during a COVID outbreak. Staff A stated it was her responsibility to ensure staff members were fit tested for N-95 respirators and she had tried to get someone to come out to do 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, DUNGENESS COURTE ALZHEIMERS COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 1/12/24. 1/5/24 PO

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

Administrator (or Representative) — Date: 12-6-23

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

11/29/2023

DUNGENESS COURTE ALZHEIMERS COMMUNI
DUNGENESS COURTE ALZHEIMERS COMMUNITY
651 N GARRY OAK DR
SEQUIM, WA 98382

RE: DUNGENESS COURTE ALZHEIMERS COMMUNITY # 1328

Dear Administrator:

The Department completed a complaint investigation of your Assisted Living Facility on 11/21/2023 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 any deficiency listed on the enclosed report; and
• May inspect the facility 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  o Mail the Plan/Attestation Statement and report with original signatures to:

Cory Cisneros, Field Manager
Residential Care Services

Region 3, Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

• 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-2650 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:
(3) Circumstances which threaten the assisted living facility's ability to ensure continuation of services to residents.

The Assisted Living Facility failed to ensure staff members report a viral infection outbreak to the Complaint Resolution Unit in a timely manner.

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 (253)254-3190.

Sincerely,

Cory Cisneros

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

Enclosure