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

BRIGHTON ASSOCIATES I, LLC
FAIRWINDS - BRIGHTON COURT
6520 196TH ST SW
LYNNWOOD, WA 98036

RE: FAIRWINDS - BRIGHTON COURT License # 1342

Dear Administrator:

This letter addresses Compliance Determination(s) 35479 (Completion Date 01/19/2024) and 32856 (Completion Date 12/05/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/19/2024 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-2474-1, WAC 388-78A-2474-2-c, WAC 388-78A-2480-1, WAC 388-78A-2060, WAC 388-78A-2060-1, WAC 388-78A-2060-2, WAC 388-78A-2060-3, WAC 388-78A-2060-4, WAC 388-78A-2060-5, WAC 388-78A-2060-6, WAC 388-78A-2060-7, WAC 388-78A-2060-8, WAC 388-78A-2090-6-e

The Department staff who did the on-site verification:
Faith Le, NCI

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 #: 1342	Compliance Determination #:32856
Plan of Correction	FAIRWINDS - BRIGHTON COURT	Completion Date
Page 1 of 6	Licensee: BRIGHTON ASSOCIATES I, LLC	12/05/2023

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 11/27/2023 and 11/29/2023 of:
FAIRWINDS - BRIGHTON COURT
8520 196th St SW
LYNNWOOD, WA 98036

The following sample was selected for review during the unannounced on-site visit: 8 of 50 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

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.

Jamia Singer
Residential Care Services

12/6/2023
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 #: 1342	Compliance Determination # 32856
Plan of Correction	FAIRWINDS - BRIGHTON COURT	Completion Date
Page 2 of 6	Licensee: BRIGHTON ASSOCIATES I, LLC	12/05/2023

Jackie Riggs Hall
Administrator (or Representative)

12/12/2023
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:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 6 sampled staff (Staff C, D and E) had the necessary specialized training to fulfill their expected responsibilities. This failure placed 13 residents at risk of harm from untrained care staff.

Findings included...

NOTE: Washington Administrative Code (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.

NOTE: WAC 388-78A-2510 - Specialized training for dementia. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with dementia, whenever at least one of the residents in the assisted living facility has a dementia that is the resident's primary special need and has symptoms consistent with dementia as assessed per WAC 388-78A-2090(7).

Review of a Resident Characteristic Roster, showed the ALF provided care and services to 50 residents of which 11 had a diagnosis of [redacted] and two had a [redacted] diagnosis.

Review of staff records showed the ALF hired Staff C (Resident Assistant) on 07/19/2023.

Review of staff records on 11/27/2023 showed Staff C did not have the required specialized dementia and mental health training.

Review of staff records showed the ALF hired Staff D (Resident Assistant) on 04/28/2023. Review of staff records on 11/27/2023 showed Staff D did not have the required specialized dementia and mental health training.

Review of staff records showed the ALF hired Staff E (Resident Assistant) on 01/21/2021. Review of staff records on 11/27/2023 showed Staff E did not have the required specialized dementia and mental health training.

In interview, on 11/27/2023 at 2:48 PM, Staff G (Office Manager) confirmed Staff C, D and E, had not completed dementia and mental health specialty training. Staff G stated this was an oversight and would follow up with the Wellness Director.

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, FAIRWINDS - BRIGHTON COURT is or will be in compliance with this law and / or regulation on (Date) 1/11/2024 .

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

Miquea Hall
Administrator (or Representative)

12/6/2024
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, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff members (Staff B) completed the required tuberculin skin test (TST) initiated within three days of employment. This placed 50 residents at risk of exposure to a communicable disease.

Findings included...

Review of records showed the ALF hired Staff B (Resident Assistant) on 10/24/2023. Record review showed Staff B had a Tuberculosis (TB) test completed on 10/18/2022 prior to employment but did not show a TB test completed after date of hire.

In interview, on 11/27/2023 at 2:52 PM, Staff G (Office Manager) confirmed Staff B had not completed their TST testing.

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, FAIRWINDS - BRIGHTON COURT is or will be in compliance with this law and / or regulation on (Date) 1/11/2024.

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

Administrator (or Representative) — Date: 12/12/2024

WAC 388-78A-2060 Preadmission assessment. The assisted living facility must conduct a preadmission assessment for each prospective resident that includes the following information, unless unavailable despite the best efforts of the assisted living facility:

(1) Medical history;

(2) Necessary and contraindicated medications;

(3) A licensed medical or health professional's diagnosis, unless the prospective resident objects for religious reasons;

(4) Significant known behaviors or symptoms that may cause concern or require special care;

(5) Mental illness diagnosis, except where protected by confidentiality laws;

(6) Level of personal care needs;

(7) Activities and service preferences; and

(8) Preferences regarding other issues important to the prospective resident, such as food and daily routine.

This requirement was not met as evidenced by:

Statement of Deficiencies	License #: 1342	Compliance Determination # 32856
Plan of Correction	FAIRWINDS - BRIGHTON COURT	Completion Date
Page 5 of 5	Licensee: BRIGHTON ASSOCIATES I, LLC	12/05/2023

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a Pre-Admission Assessment (PA) for 1 of 3 sampled residents (Residents 8). This placed Resident 8 at risk for not receiving a level of care appropriate for their needs.

Findings included...

Review of a Resident Characteristic Roster showed the ALF admitted Resident 8 on [redacted]/2023. Review of records showed an Assessment was conducted for Resident 8 on her date of moved-in, [redacted]/2023.

During an interview, on 11/29/2023 at 11:10 AM, Staff I (Health and Wellness Manager) confirmed a PA was not completed prior Resident 8's admission and it was not in the Resident's file.

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, FAIRWINDS - BRIGHTON COURT is or will be in compliance with this law and / or regulation on (Date) 1/11/2024 .

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

Regina Hall — Administrator (or Representative)

12/12/2023 — Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Assisted Living Facility (ALF) failed to complete an Assessment for 1 of 4 sampled residents (Resident 6) that included the ability to safely use, and the risks and benefits of side rails. This placed Resident 6 at risk for improper use of equipment, injury, and entrapment.

Statement of Deficiencies	License #: 1342	Compliance Determination #:32856
Plan of Correction	FAIRWINDS - BRIGHTON COURT	Completion Date
Page 6 of 6	Licensee: BRIGHTON ASSOCIATES I, LLC	12/05/2023

Findings included...

NOTE: On 05/15/2013 a "Dear Assisted Living Facility Administrator" letter was issued to ALF providers related to the safety risks associated with the use of all medical devices, including transfer poles, Posey or lap belts, and side bed rails. The letter stated, "Potential risks of medical devices may include strangling, suffocating, bodily injury, skin bruising, cuts, scrapes, agitation, feeling isolated or unnecessarily restricted."

Review of a Face Sheet showed the ALF admitted Resident 6 on [redacted]/2018 with multiple diagnoses.

Observation and interview, on 11/29/2023 at 9:45 AM, showed rectangular metal bed rail secured to the right side of Resident 6's bed. Resident 6 stated he used the bed rail to help get in and out of bed and did not remember when the bed rail was added.

Record review of a Progress Note, dated 09/29/2023, showed Resident 6 had a fall in his apartment where he slipped out of bed with his elbow caught in the bed railing, resulted in redness and pain.

Record review of an Assessment, dated 09/05/2023, indicated Resident 6 used a bed cane for bed mobility, and not a bed rail. The Assessment showed Resident 6 had not been assessed of his ability to safely use bed rails. There was no documentation to show Resident 6 was aware of the risks and benefits of side bed use.

During an interview, on 11/29/2023 at 11:20 AM, Staff I (Health and Wellness Manager) confirmed Resident 6 used a bed rail and the device had not been assessed by the facility, it was not on the Resident's assessment.

This is deficiency was previously cited on 05/19/2022.

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, FAIRWINDS - BRIGHTON COURT is or will be in compliance with this law and / or regulation on (Date) 1/11/2024.

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

Administrator (or Representative) — Date 12/12/2023