STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

04/05/2024

UNICARE HOMES INC
ORCHARD PARK ASSISTED LIVING
844 W ORCHARD DRIVE
BELLINGHAM, WA 98225

RE: ORCHARD PARK ASSISTED LIVING License # 1350

Dear Administrator:

This letter addresses Compliance Determination(s) 39370 (Completion Date 04/05/2024) and 37324 (Completion Date 02/26/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/05/2024 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-2610-1

The Department staff who did the off-site verification:
Cristina Gonzalez, ALF Licensor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: ORCHARD PARK ASSISTED LIVING
License/Cert.#: 1350
Compliance Determination #: 37324
Investigator: Cristina Gonzalez
Investigation Date(s): 02/23/2024 through 02/26/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 117404
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):
An outbreak of Covid-19 occurred at the ALF.

Investigation Methods:

Sample:	Total residents: 64 Resident sample size: 2 Closed records sample size: 0
Observations:	Environment, infection control practices, staff/resident interactions, signage, personal protective equipment
Interviews:	Executive Director, Med Techs, caregivers, residents
Record Reviews:	Infection control policies, Respiratory Protection Program

Investigation Summary:
The Assisted Living Facility (ALF) failed to follow their respiratory protection program and ensure staff were fit tested for a N95 respirator. Failed practice was identified. A citation was issued for noncompliance with WAC 388-78A(2610)(1) Infection control.

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 #: 1350	Compliance Determination # 37324
Plan of Correction	ORCHARD PARK ASSISTED LIVING	Completion Date
Page 1 of 3	Licensee: UNICARE HOMES INC	02/26/2024

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 complaint investigation on 02/23/2024 and 02/23/2024 of:

ORCHARD PARK ASSISTED LIVING
844 W ORCHARD DRIVE
BELLINGHAM, WA 98225

This document references the following complaint number(s): 117404

The following sample was selected for review during the unannounced on-site visit: 2 of 64 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Cristina Gonzalez, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kimberly Ripley
Residential Care Services

3/1/2024
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.

Administrator (or Representative) Date 3/1/2024

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to follow infection prevention control measures for a communicable disease by not ensuring 3 of 3 staff (Staff B, C, and D) had been fit-tested for an N95 respirator. This failure resulted in Staff B, C, and D not wearing a fit-tested N95 respirator during a Covid-19 outbreak in the ALF and placed all residents, staff, and visitors at a higher risk of contracting and spreading a communicable disease.

Review of Washington Administrative Code 296-842-15005 (2)(a)(b) showed the ALF will provide fit testing (a test used to determine which respirator model and size provides the proper fit for the user) before employees are assigned duties that may require the use of respirators and at least every twelve months after the initial testing.

Review of the ALF's undated Respiratory Protection Program showed that nursing staff are required to use N95 respirators for tasks such as entering isolation rooms and other activities involving close contact with potentially infected persons. The program shows that employees that are required by their employer to wear a respirator shall be approved to do so after completing fit testing.

In an interview on 02/23/2024 at 1:56 PM, Staff A, Executive Director, stated that there was an outbreak of Covid-19 on 02/02/2024 that resulted in 18 residents testing positive for Covid-19. Staff A stated that these residents were placed on isolation and staff were required to wear N95 respirators before entering these rooms.

On 02/23/2024 at 3:21 PM, Staff B, Medication Technician, stated that they had not been fit tested to wear a specific N95 mask. Staff B stated that they used whatever N95 respirator was available.

On 02/23/2024 at 3:27 PM, Staff C, Caregiver, stated that they had not been fit tested to wear a specific N95 mask. Staff C stated that they had chosen whatever N95 mask was more comfortable for them during the outbreak.

On 02/23/2024 at 3:38 PM, Staff D, Caregiver, stated that they had not been fit tested to

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wear a specific N95 mask. Staff D stated that they chose a N95 mask based on what was more comfortable for them.

In an interview on 02/26/2024 at 8:56 AM, Staff A stated that fit testing had not been completed for Staff B, C, and 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, ORCHARD PARK ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) March 31, 2024

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

Administrator (or Representative) Date