STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

02/22/2024

MEADOW GREENS LLC
MEADOW GREENS
301 W HOMESTEAD BLVD
LYNDEN, WA 98264

RE: MEADOW GREENS License # 1504

Dear Administrator:

This letter addresses Compliance Determination(s) 37211 (Completion Date 02/22/2024) and 35765 (Completion Date 01/30/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/22/2024 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-2485-1, WAC 388-78A-2485-2, WAC 388-78A-2450-3-d-i-A

The Department staff who did the on-site verification:
Judith Mellon, RN, 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

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

Statement of Deficiencies	License #: 1504	Compliance Determination # 35765
Plan of Correction	MEADOW GREENS	Completion Date
Page 1 of 4	Licensee: MEADOW GREENS LLC	01/30/2024

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 the unannounced on-site full inspection on 01/24/2024 and 01/26/2024 of:
MEADOW GREENS
301 HOMESTEAD BLVD
LYNDEN, WA 98264

The following sample was selected for review during the unannounced on-site visit: 7 of 32 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Allison Nunn, Long Term Care Surveyor
Judith Mellon, RN, 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.

Kim Ripley — 02/05/2024
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) 2-6-24 Date

WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

(1) Ensure that the staff person has a chest X-ray within seven days;

(2) Ensure each resident or staff person with a positive test result is evaluated for signs and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

Based on interviews and record reviews the Assisted Living Facility (ALF) failed to ensure 1 of 5 staff (Staff D) had a chest X-ray completed within seven days and was evaluated by a physician when Staff D had a positive reaction to the Tuberculosis (infectious disease that affects the lungs) skin test. This failure resulted in Staff D not being evaluated for Tuberculosis by a physician and placed 32 residents at risk for exposure to a communicable disease.

Findings included...

Review of the ALF's TB testing policy with a revision date of 09/06 showed under step 4: If a positive result is seen, the ALF will arrange for the employee to have a chest X-ray within seven days, report the results to the Whatcom County Health Department, and institute precautions ordered by either a physician or the Health Department as related to that employee and as related to the facility in general.

Review of employee file showed Staff D, Medication Technician was hired on 01/29/2016. A TB skin test was completed on 01/29/2016 and showed a positive result. A chest X-ray or medical evaluation was not completed.

In an interview on 01/25/2025 at 1:16 PM, Staff D, stated that she was unaware that her TB was positive at the ALF. Staff D was unable to remember if there was any redness to her arm or if a chest X-ray was completed when she was hired at the ALF.

In an interview on 01/25/2024 at 10:55 AM Staff F, Executive Director stated he was unsure what had occurred with Staff B's paperwork for TB and that there was no record of a chest X-ray in Staff B's file. Staff A stated that he would follow-up with Staff B.

In an interview on 01/26/2024 at 11:01 PM Staff C, Director of Nursing stated that she

used a chart to determine if a TB was positive and would notify Staff A if a chest X-ray was needed.

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, MEADOW GREENS is or will be in compliance with this law and / or regulation on (Date) 1-31-2024 .

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

Administrator (or Representative) 2-6-24 Date

WAC 388-78A-2450 Staff.

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(A) Training required by chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on interviews and record reviews the Assisted Living Facility (ALF) failed to maintain the documentation to ensure 4 of 5 sampled Staff (Staff A, B, D, and E) completed the required trainings. This failure resulted in the ALF not having the documentation to show that Staff A and B completed the facility orientation and Staff D and E completed the safety and orientation trainings and placed all 32 residents at risk of not receiving proper care.

Findings included...

Review of the employee files on 01/26/2024 showed:

Staff A, Caregiver, was hired on 08/02/2021. There was no record of a completed facility orientation in Staff D's file.

Staff B, Medication Tech, was hired on 02/07/2023. There was no record of a completed facility orientation in Staff E's file.

Staff D, Medication Tech, was hired on 01/29/2016. There was no record of a completed 5-hour orientation and safety training in Staff B's file.

Staff E, Medication Tech/Caregiver, was hired on 10/15/2018. There was no record of a completed 5-hour orientation and safety training in Staff F's file.

In an interview on 01/26/2024 at 2:50pm, Staff D stated that they remembered taking a class from a nurse. Staff D does not know if the class they took was for orientation and safety training.

In an interview on 01/26/2024 at 11:03am, Staff E stated that they remembered taking a class where they watched videos on a laptop computer. Staff E stated the class covered a lot of information. Staff E stated that they do not remember getting a certificate of completion.

In an interview on 01/25/2024 at 10:24am, Staff F, Executive Director, stated that the ALF was using a checklist for facility orientation. They have not used the checklist recently. Staff F stated that they didn't know the General Orientation Checklist was a necessary piece of the employee 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, MEADOW GREENS is or will be in compliance with this law and / or regulation on (Date) 1-31-24 .

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

Administrator (or Representative) 2-6-24 Date