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

BAYVIEW MANOR HOMES
BAYVIEW MANOR HOMES
11 W Aloha St
Seattle, WA 981199963

RE: BAYVIEW MANOR HOMES License # 162

Dear Administrator:

This letter addresses Compliance Determination(s) 43545 (Completion Date 07/03/2024) and 40456 (Completion Date 05/13/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/03/2024 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-24642-1, WAC 388-78A-2410-8-a-iii, WAC 388-78A-2305-1, WAC 388-78A-2305-2

The Department staff who did the on-site verification:
Erin Steinbrenner, Nursing Consultant Institutional
Faith Le, NCI

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 04/29/2024 and 05/01/2024 of:

BAYVIEW MANOR HOMES
11 W Aloha St
Seattle, WA 981199963

The following sample was selected for review during the unannounced on-site visit: 8 of 42 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.

Jamie Singer — Residential Care Services

5/13/2024 — 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 #: 162	Compliance Determination # 40456
Plan of Correction	BAYVIEW MANOR HOMES	Completion Date
Page 2 of 10	Licensee: BAYVIEW MANOR HOMES	05/13/2024

Administrator (or Representative) 5/22/2024 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 (ALF) failed to ensure a national fingerprint background check (NFBC) for 1 of 5 sampled staff (Staff B) was completed. This placed 42 residents at risk for receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff B (Certified Nursing Assistant), hired on 11/09/2022, did not show Staff B completed a NFBC.

In an interview, on 04/30/2024 at 1:54 PM, Staff H (Human Resource Specialist) stated he could not provide a NFBC for Staff B and would follow up.

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, BAYVIEW MANOR HOMES is or will be in compliance with this law and / or regulation on (Date) 6/27/2024.

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

Administrator (or Representative) 5/22/2024 Date

IDR request for this deficiency.

WAC 388-78A-2410 Content of resident records. The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident. Active resident records must include the following:

(8) Medical and nursing services provided by the assisted living facility for a resident, including:

(a) A record of providing medication assistance and medication administration, which contains:

(iii) The signature or initials of the person providing any medication assistance or administration; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure staff consistently and accurately documented information in residents' Medication Administration Records (MARs) for 6 of 8 sampled residents (Residents 2, 3, 4, 5, 6 and 7). This failure resulted in Residents 2, 3, 4, 5, 6 and 7 not having accurate medication records and placed them at risk for potential medical complications.

Findings included...

In an interview, on 04/29/2024 at 10:20 AM, Staff F (Licensed Practical Nurse- LPN) stated that LPNs passed medications to the residents living in the ALF. Staff F stated that the ALF used paper Medication Administration Records (MARs) as its medication documentation system.

Observation and interview, on 04/30/2024 at 8:25 AM, showed Staff G (LPN) standing at a medication cart in the hallway on the second floor, and passing medications to a resident in an Assisted Living unit.

Observation showed the ALF's pharmacy had resident medications in pre-packaged BINGO cards (a card-type medication package that contained medication-filled compartments, labeled from 1 to 30 for each day of the month) in a drawer in the medication cart. Observation showed Staff G remove a BINGO card, pop out a pill from the back of the card into a medication cup. Staff G stated LPNs were to document in the MARs, with their initials, when a resident had taken a medication. If a resident refused a medication, the initials would be circled and the reason for refusal would be documented on the back of the MAR. When shown an un-initialed section on a MAR, Staff G stated he had given the medication but probably forgot to sign. Staff G was not sure who in the ALF reviewed the MARS for missing documentation.

RESIDENT 2

Review of a Face Sheet showed the ALF admitted Resident 2 on [redacted]/2023 with multiple diagnoses to include [redacted]. Review of an Assessment, dated 11/30/2023, showed Resident 2 required staff assistance with medication management twice daily.

Record review of Resident 2's February 2024 MAR showed, on 02/01/2024, 02/02/2024 and 02/26/2024 one medication was not initialed as given by staff. Review of February 2024 MAR showed no staff initials on 02/22/2024 for two prescribed medications and no staff initials on 02/17/2024 for three prescribed medications.

Record review of Resident 2's April 2024 MAR showed, on 04/21/2024, 04/24/2024 and 04/29/2024 one medication was not initialed as given by staff. Review of April 2024 MAR showed no staff initials on 04/14/2024 for two prescribed medications and no staff initials on 04/13/2024 for seven prescribed medications.

RESIDENT 3

Review of a Face Sheet showed the ALF admitted Resident 3 on [redacted]/2023 with multiple diagnoses. Review of Resident 3's Assessment, dated 08/15/2023, showed Resident 3 required staff assistance with medication administration once daily.

Review of Resident 3's February 2024 MAR showed no staff initials on 02/04/2024 and 02/22/2024, for three prescribed medications. Review of Resident 3's February 2024 MAR showed no staff initials on 02/20/2024 for two prescribed medications and no staff initials on 02/14/2024 for one prescribed medication. Review of March 2024 MAR showed no staff initials on 03/05/2024 for two prescribed medications and no staff initials on 03/22/2024 for one prescribed medication. Review of April 2024 MAR showed no staff initials on 04/09/2024 and 04/16/2024 for two prescribed medications.

RESIDENT 4

Review of a Face Sheet showed the ALF admitted Resident 4 on [redacted]/2024 with multiple diagnoses. Review of Resident 4's Assessment, dated 03/07/2024, showed Resident 4 required staff assistance with medication administration twice daily.

Review of Resident 4's February 2024 MAR showed no staff initials on 02/17/2024 for one prescribed medication. Review of March 2024 MAR showed no staff initials on 03/23/2024 and 03/29/2024 for one prescribed medication.

RESIDENT 6

Review of a Face Sheet showed the ALF admitted Resident 6 on [redacted]/2023 with multiple

diagnoses. Review of Resident 6's Assessment, dated 02/14/2024, showed Resident 6 required staff assistance with medication administration twice daily.
Review of Resident 6's March 2024 MAR showed no staff initials on 03/30/2024 for two prescribed medications. Review of April 2024 MAR showed no staff initials on 04/27/2024 for one prescribed medication.

RESIDENT 7

Review of a Face Sheet showed the ALF admitted Resident 7 on [redacted]2024 with multiple diagnoses. Review of Resident 7's Assessment, dated [redacted]2024, showed Resident 7 required staff assistance with medication administration twice daily.

Review of Resident 4's February 2024 MAR showed no staff initials on 02/15/2024 for one prescribed medication and 02/28/2024 for two prescribed medications. Review of April 2024 MAR showed no staff initials on 04/18/2024, 04/22/2024 and 04/28/2024 for one prescribed medication.

RESIDENT 8

Review of a Face Sheet showed the ALF admitted Resident 8 on [redacted]2024 with multiple diagnoses. Review of Resident 8's Assessment, dated [redacted]2024, showed Resident 8 required staff assistance with medication administration once daily.

Review of March 2024 MAR showed no staff initials on 03/29/2024 for one prescribed medication.

In interview, on 05/13/2024 at 10:02 AM, Staff Q (Administrator) stated the missing staff initials on the MARs were documentation errors and not medication administration errors. Staff Q stated she was aware it had been an issue.

This is a repeat deficiency previously cited on 10/27/2022.

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, BAYVIEW MANOR HOMES is or will be in compliance with this law and / or regulation on (Date) 6/27/2024 .

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

Administrator (or Representative) 5/22/2024 Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to develop and document Negotiated Service Agreements (NSA) that supported the care needs of 3 of 8 sampled residents (Resident 1, Resident 4 and Resident 7). These failures placed Residents 1, 4, and 7 at risk for injury or harm related to use of side rails, and Resident 7 at risk of health complications related to use of anti-coagulant medication (medication that thins the blood to prevent clots).

Findings included...

Resident 1

Record review of Resident 1's records showed the ALF admitted Resident 1 on [redacted]/2024 with primary diagnosis of [redacted]. Review of an assessment, dated 02/07/2024, showed Resident 1 used a quarter length side rail on the bed for mobility and fall prevention.

Observation, on 05/01/2024 at 09:39 AM, showed Resident 1 had a quarter length side rail bolted to the right side of her bed.

In interview, Staff J (Certified Nurse Assistant) stated the bed rail was to prevent Resident 1 from falling out of bed and had been in place since she had moved into the ALF.

Review of Resident 1's Service Plan (SP- equivalent to an NSA), dated 02/21/2024, showed no mention of a side rail and related staff responsibilities to ensure the bed rail is secure and resident remains free of injury or entrapment.

Resident 4

Record review of Resident 4's records showed the ALF admitted Resident 4 on [redacted]/2024 with a primary diagnosis of [redacted] and [redacted]. Review of an assessment, dated 03/07/2024, showed Resident 4 had a quarter length side rail for transfer assistance due to a history of falls.

An observation and interview on 04/30/2024 at 1:45 PM, showed Resident 4 had a quarter-length side rail bolted to the right side of the bed. Resident 4 stated the bed rail was placed by his physical therapist because he fell out of bed and the rail would help reduce falls.

Review of Resident 4's SP, dated 03/19/2024, showed no mention of a side rail and related staff responsibilities to ensure the bed rail is secure and resident remains free of injury or entrapment.

Resident 7

Record review showed the ALF admitted Resident 7 on [redacted]/2024 with multiple medically disabling diagnoses. Review of an Assessment, dated [redacted]/2024, showed Resident 7 with a history of falls, required mechanical lift for transfers and maximum assistance with medication management. Review of an assessment, dated [redacted]/2024, showed Resident 7 had side rails for bed mobility and transfer assistance due to a history of falls.

Record review of Resident 7's February, March, and April 2024 Medication Administration Record showed a physician's order for twice daily administration of Eliquis (anti-coagulant medication).

An observation, on 04/30/2024 at 11:15 AM, showed Resident 7 had side rails secured to both sides of the hospital bed.

Record review of Resident 7's SP, dated [redacted]/2024, showed no mention of Resident 7 had a side rail or taking an anticoagulant medication. There were no instructions for care staff to ensure the side rails are secured and resident remained free of injury or entrapment, or regarding what to observe, report, or monitor and the bleeding risks associated when caring for Resident 7 while taking an anticoagulant.

In interview, on 04/30/2024 at 12:50 PM, Staff F (Licensed Practical Nurse) stated the risks

of taking Eliquis should be included in Resident 7's SP.

This is a repeat deficiency previously cited on 10/27/2022.

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

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

(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 observation, interview, and record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 1 observed dishwashing staff (Staff T) followed handwashing protocol, had a system was in place for to ensure proper sanitizing of food prep surfaces and equipment, ensure ready-to-eat food were safe for residents to consume, and ensure 2 of 12 sampled kitchen staff (Staff N and Staff O) had valid food handler's permits (FHP) on file with the facility. These failures placed 42 of 42 residents at risk for illness and increased health issues.

Findings included...

NOTE: Reference Washington Administrative Code (WAC) 246-215-02310 Hands and arms-When to wash (Food and Drug Administration ((FDA)) Food Code 2-301.14). Food employees shall clean their hands and exposed portions of their arms as specified under WAC 246-215-02305 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and: (5) After handling soiled equipment or utensils.

Observation during the food service and kitchen tour with Staff M (Director of Culinary Services), on 04/30/2024 at 10:10 AM, showed Staff K (Dishwasher) clean multiple loads of dirty dishes/pots and pans. Staff K was observed wearing gloves. Staff K continually went back and forth from handling dirty dishes and clean dishes without washing her hands or changing gloves during throughout the observation.

In interview, on 04/30/2024 at 10:30 AM, Staff M stated there are typically two dishwashers each time, one staff load dirty dishes and the other staff to unload clean dishes.

NOTE: Reference WAC 246-215-03235 Specifications for receiving—Temperature (FDA Food Code 3-202.11). (5) TIME/TEMPERATURE CONTROL FOR SAFETY FOOD that is cooked to a temperature and for a time specified under 03400 through 03410 and received hot must be at a temperature of 135°F (57°C) or above.

Observation and record review during lunch service on the second floor, on 04/30/2024 at 12:00 PM, showed Staff L (Diet Aide) plating and serving premade grilled Rueben sandwiches. The food temperature record log for the 2nd floor dining room showed the temperature of the sandwiches had been logged at 143 degrees F. Further observation, at 12:13 PM, showed Staff L taking another temperature reading of the sandwiches was at 131.5 degrees F.

In interview, on 04/30/2024 at 12:16 PM, Staff L stated that the hot food should be at least 145 degrees F.

NOTE: Reference WAC 246-215-03339 Preventing contamination from equipment, utensils, and linens--Wiping cloths, use limitation (FDA Food Code 3-304.14).
(2) Cloths in-use for wiping counters and other EQUIPMENT surfaces must be: (a) Held between uses in a chemical SANITIZER solution at a concentration specified under 04565; OR

NOTE: Reference WAC 246-215-04565 Equipment--Manual and mechanical warewashing equipment, chemical sanitization--Temperature, pH, concentration, and hardness (FDA Food Code 4-501.114). A chemical SANITIZER used in a SANITIZING solution for a manual or mechanical operation at contact times specified under 04710(3) must meet the requirements specified under 07220, must be used in accordance with the EPA-registered label use instructions, and must be used as follows:
(3) A quaternary ammonium compound solution must: (a) Have a minimum temperature of 75°F (24°C); (b) Have a concentration as specified under 07220 and as indicated by the manufacturer's use directions included in the labeling; and (c) Be used only in water with 500 MG/L hardness or less or in water having a hardness no greater than specified by the EPA-registered label use instructions; OR

NOTE: Reference WAC 246-215-07220 Chemicals--Sanitizers, criteria (FDA Food Code 7-204.11). Chemical SANITIZERS, including chemical sanitizing solutions generated on-site, and other chemical antimicrobials applied to FOOD-CONTACT SURFACES must:
(1) Meet the requirements specified in 40 C.F.R. 180.940 Tolerance exemptions for active and inert ingredients for Use in Antimicrobial Formulations (food contact surface sanitizing food contact surface sanitizing solutions);

Observation and interview during the food service and kitchen tour, on 04/30/2024 at 10:40 AM, Staff M tested the quaternary ammonium (QA) (a class of chemicals used for controlling bacteria, viruses, and other germs on surfaces) concentration level of the sanitation bucket solution located at the food preparation table. Observed Staff M used various quat/chlorine (a way to measure the concentration of QA in sanitizer solutions) test strips and dipped the strips into the sanitation bucket. Some strips did not produce a result of the concentration level, other strips showed a concentration level at around 50 parts per million (PPM). Staff M stated the sanitation solution's PPM level should had been at around 200 PPM and would consult with a technician to make adjustments.

Statement of Deficiencies	License #: 162	Compliance Determination # 40456
Plan of Correction	BAYVIEW MANOR HOMES	Completion Date
Page of 10	Licensee: BAYVIEW MANOR HOMES	05/13/2024

In a follow up interview, on 04/30/2024 at 11:40 AM, Staff M stated the sanitation bucket's concentration level was too high and adjustments had been made.

NOTE: Reference WAC 246-217-015 – Applicability - (1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment

Review of staff record showed the facility hired Staff N on 02/28/2018 as a cook. Staff N did not have a FHP on file. Review of the staff schedule, from 03/24/2024 through 04/30/2024, showed Staff N worked 28 shifts.

Review of staff record showed the facility hired Staff O on 04/21/1990 as a dishwasher. Staff O did not have a FHP on file. Review of the staff schedule, from 03/24/2024 through 04/30/2024, showed Staff O worked 14 shifts.

In interview, on 05/01/2024 at 1:10 PM, Staff P (Director of Human Resources) stated they could not produce records of a FHP for Staff N and Staff O.

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, BAYVIEW MANOR HOMES is or will be in compliance with this law and / or regulation on (Date) 6/27/2024 .

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

Administrator (or Representative) 5/22/2024 Date

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

05/13/2024

BAYVIEW MANOR HOMES
BAYVIEW MANOR HOMES
11 W Aloha St
Seattle, WA 981199963

RE: BAYVIEW MANOR HOMES # 162

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 05/13/2024 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 many deficiency listed on the enclosed report; and
• May inspect your program 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 Mail the Plan/Attestation Statement and report with original signatures to:

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• 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-2730 Licensee's responsibilities.

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

The Assisted Living Facility (ALF) failed to post in a conspicuous place a copy of the most recent full inspection conducted by the Department. This placed the residents at risk for not being informed of the ALF's recent deficiencies and plan of correction.

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.

Assisted Living Facility failed to complete a Pre-Admission Assessment for a resident prior to their admit to the facility. This placed residents at risk for not receiving a level of care appropriate for their needs.

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)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Enclosure