STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

BOTHELL ASSISTED LIVING COMMUNITY L
VINEYARD PARK AT BOTHELL LANDING
10519 EAST RIVERSIDE DRIVE
BOTHELL, WA 98011

RE: VINEYARD PARK AT BOTHELL LANDING License # 1734

Dear Administrator:

This letter addresses Compliance Determination(s) 54794 (Completion Date 02/13/2025) and 50852 (Completion Date 12/16/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/13/2025 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-2100-2-a, WAC 388-78A-2100-2-b-i, WAC 388-78A-2100-2-b-ii, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-e, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-112A-0720-2-a, WAC 388-112A-0611-1-a-i, WAC 388-112A-0611-1-a-iii, WAC 388-112A-0611-1-b, WAC 388-78A-3100-1, WAC 388-78A-3100-2, WAC 388-78A-2305-1, WAC 246-215-02310-5, WAC 388-78A-2305-2, WAC 388-78A-2468-1, WAC 388-78A-24701, WAC 388-78A-24701-1, WAC 388-78A-24701-2, WAC 388-78A-2305-1, WAC 246-215-04555-1, WAC 246-215-04555-1-a, WAC 246-215-04555-1-b, WAC 246-215-04545-1-a, WAC 246-215-04545-1-b, WAC 388-78A-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2320-1, WAC 388-78A-2320-2-b, WAC 388-78A-2320-3-a, WAC 388-78A-2320-3-b, WAC 388-78A-2320-3-c, WAC 388-78A-2320-3-d, WAC 388-78A-2320-3-e, WAC 388-78A-2320-3

The Department staff who did the on-site verification:
Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 1734	Compliance Determination # 50852
Plan of Correction	VINEYARD PARK AT BOTHELL LANDING	Completion Date
Page 1 of 22	Licensee: BOTHELL ASSISTED LIVING COMMUNITY L	12/16/2024

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 12/02/2024 and 12/05/2024 of:
VINEYARD PARK AT BOTHELL LANDING
10519 EAST RIVERSIDE DRIVE
BOTHELL, WA 98011

The following sample was selected for review during the unannounced on-site visit: 9 of 64 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Michelle Yip, ALF Licensor
Thomas Forkgen, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson
Residential Care Services

12/31/2024
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.

Michelle Lowrey
Administrator (or Representative)

1/08/2025
Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to assess 3 of 3 sampled residents (Resident 3, Resident 4, and Resident 5) for their ability to safely use a medical device. This failure placed Resident 3, Resident 4, and Resident 5 at risk for unmet care needs and possible injury.

Findings included ...

Review of the facility's document titled, "Assessments", dated 02/01/2015, showed that the facility followed the Washington Administrative Codes (WACs) for resident assessments. The document showed that the facility was responsible to ensure that service and care needs could be met. The document showed that the facility was responsible to assess the safety considerations with the use of medical devices and equipment.

RESIDENT 3
Observation of Resident 3's apartment on 12/04/2024 at 2:45 PM, showed a Continuous Positive Airway Pressure machine (CPAP, a machine that helps a person breathing during sleep) was placed on the bedside console at the right side of the bed. Observation showed a facial mask, and a tubing were connected to the CPAP. During an interview at this time, Resident 3 stated that for years, they have used the CPAP machine at night for breathing while asleep. Resident 3 stated that they independently managed and operated the CPAP.

Review of Resident 3's records showed that the facility admitted Resident 3 in [redacted]

2024. The records showed that the facility completed Resident 3's initial assessment on 07/26/2024 and another assessment on 11/07/2024. The records showed no documentation that the facility assessed Resident 3 for use of the CPAP.

RESIDENT 4
Observation of Resident 4's apartment on 12/04/2024 at 3:00 PM, showed Resident 4 slept in their bed. Observation showed a quarter-length side rail attached at the of the head of the bed, on the right side. Observation showed the side rail was secured to the bed frame with less than a two-inches gap between the mattress and the side rail.

Review of Resident 4's records showed that the facility admitted Resident 4 in [redacted] 2022. The records showed that on 11/07/2024, Resident 4 was admitted to hospice care. The records showed that on 11/07/2024, the facility completed Resident 4's assessment. The assessment showed no documentation that Resident 4 used a side rail. There was no documentation that showed the facility assessed Resident 4 to use the side rail.

RESIDENT 5
Observation of Resident 5's apartment on 12/04/2024 at 8:27 AM, showed that Resident 5 used a hospital bed with two half-length side rails attached to the head of the bed frame, one side rail on each side of the bed. Observation showed the side rails were secured to the bed frame with less than a two-inches gap between the mattress and the bed enabler.

Review of Resident 5's records showed that the facility admitted Resident 5 in [redacted] 2024. The records showed that on 11/22/2024, the facility completed Resident 5's assessment. The records showed that Resident 5 used "bilateral side rails". There was no documentation that showed the facility assessed Resident 5 to use the side rails.

During an interview on 12/05/2024 at 2:45 PM, Staff B, Licensed Practical Nurse (LPN), Director of Nursing, stated that they were unaware Resident 3 used a CPAP. Staff B stated that they did not assess Resident 3 for use of the CPAP. Staff B stated that they were unfamiliar with the requirements for the medical device assessment. Staff B stated that they did not assess Resident 4 and Resident 5 for safe use of the side rail.

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, VINEYARD PARK AT BOTHELL LANDING is or will be in compliance with this law and / or regulation on (Date) 1|29|2025.

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

Michelle Lavery
Administrator (or Representative)

1/08/2025
Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(e) Other information determined necessary by the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to obtain family assistance medication management plan for 1 of 1 sampled resident (Resident 2), who received family assistance with medication management. This failure placed Resident 2 at risk for possible medication errors and compromised health.

Findings included...

Review of the facility's Disclosure of Services showed that the facility permitted family members to provide medication services to residents if the facility did not provide the medication services.

Review of the facility's Assisted Living Facility Resident Characteristic Roster showed that only Resident 2 received family assistance medication management.

Observation on 12/04/2024 at 3:00 PM showed that Resident 2 used weekly pre-filled pill boxes. Observation showed one pill box was on the coffee table in the living room and another pill box was on the countertop inside the bathroom. During an interview at this time, Resident 2 stated that they self-administered their oral medications two times per day. Resident 2 stated that their family member filled the pill boxes for them every week. Resident 2 stated that their family member reminded them to take the medications.

Review of Resident 2's records showed that the facility admitted Resident 2 in [redacted] 2011. The records showed that on 08/02/2024, the facility completed Resident 2's assessment. The assessment showed that Resident 2 received family assistance with all medications and treatments. The records showed on 04/16/2021, Resident 2 signed the "Family Supplied Medication Agreement" that showed Resident 2's family member was responsible to order and deliver the medications to the facility. The records showed on 06/10/2021, the facility updated Resident 2's service plan. The service plan showed Resident 2's family member ordered and delivered the medications to Resident 2. There was no documentation that showed what type of medication management assistance Resident 2's family member provided. There was no documentation that showed an alternate plan if the family member was unable to provide the medication management assistance.

During an Interview on 12/04/2024 at 2:45 PM, Staff B, Licensed Practical Nurse (LPN), Director of Nursing, stated that they were aware Resident 2 self-administered medications and received family assistance with medication management. Staff B stated that they did not know Resident 2 used weekly pill boxes pre-filled by their family member. Staff B stated that they did not complete a family-assisted medication management plan for Resident 2.

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, VINEYARD PARK AT BOTHELL LANDING is or will be in compliance with this law and / or regulation on (Date) 1/29/2025.

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

Michelle Lowry
Administrator (or Representative)

1/08/2025
Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to complete a Washington State name and date of birth background inquiry (BGI) every two years for 5 of 5 sampled staff (Staff E, Staff F, Staff S, Staff T, and Staff U). This failure placed all 64 residents at risk of abuse, neglect, or exploitation from staff with unknown backgrounds.

Findings included...

Review of the facility's Employee List showed that the facility hired Staff E, Caregiver, on 05/04/2020; Staff F, Caregiver, on 12/28/2018; Staff S, Caregiver, on 09/05/2008; Staff T, Caregiver, on 11/16/2021; and Staff U, Food Service Staff, on 06/28/2022.

STAFF E
Review of Staff E's employee records showed their initial Washington state name and date of birth BGI expired on 05/04/2022. The records showed that the facility completed a BGI on 07/06/2022, 63 days after the initial BGI expired. The records showed the previous BGI expired on 07/06/2024. The records showed that the facility completed the current BGI on 08/23/2024, 48 days after the previous BGI expired.

STAFF F
Review of Staff F's employee records showed their initial Washington state name and date of birth BGI expired on 12/24/2020. The records showed that the facility completed a BGI on 08/05/2021, 224 days after the initial BGI expired. The records showed the previous BGI expired on 08/05/2023. The records showed that the facility completed the current BGI on 08/22/2023, 17 days after the previous BGI expired.

STAFF S
Review of Staff S's employee records showed that the facility completed a Washington state name and date of birth BGI on 03/13/2020. The records showed the BGI expired on 03/13/2022. The records showed that the facility completed the BGI on 03/22/2022, nine days after the previous BGI expired.

STAFF T
Review of Staff T's employee records showed their previous Washington state name and date of birth BGI expired on 11/09/2023. The records showed that the facility completed a BGI on 11/13/2023, four days after the previous BGI expired.

STAFF U
Review of Staff U's employee records showed their previous Washington state name and date of birth BGI expired on 06/27/2024. The records showed that the facility completed a BGI on 08/20/2024, 54 days after the previous BGI expired.

During an interview on 12/04/2024 at 12:35 PM, Staff R, Business Manager, stated that they started in the Business Manager position in August 2024. Staff R stated that they

were unaware they were late to complete the Washington state name and date of birth BGI for their staff.

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, VINEYARD PARK AT BOTHELL LANDING is or will be in compliance with this law and / or regulation on (Date) 1/29/2025.

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

Michelle Lowry
Administrator (or Representative)

1/08/2025
Date

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(i) A certified home care aide;

(iii) A certified nursing assistant;

(b) A long-term care worker, who is a certified home care aide must comply with continuing education requirements under chapter 246-980 WAC.

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

WAC 388-78A-2474 Training and home care aide certification requirements.

(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:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure 4 of 4 sampled care staff (Staff C, Staff D, Staff E, and Staff F) completed all trainings, as required. This failure placed all 64 residents at risk for decreased quality of care provided by caregivers with incomplete training.

Findings included...

Review of the facility's Job Description for Nursing Assistants and Medication Aides showed that the facility required that all Nursing Assistants and Medication Aides maintain a current first aid certification and complete the Department of Social and Health Services (DSHS) required training per Washington Administrative Codes (WACs).

Review of the facility's Employee List showed that the facility hired Staff C, Caregiver/ Home Care Aide (HCA), on 01/23/2024; Staff E, Caregiver/Certified Nursing Assistant (CNA), on 05/04/2020; Staff F, Caregiver/CNA, on 12/28/2018; and Staff D, Caregiver/HCA, on 12/29/2023.

FIRST AID
STAFF C
The records showed Staff C's first aid card expired in June 2024. Review of Staff C's employee records showed that as of 12/05/2024, there was no documentation that Staff C completed first aid training, as required.

STAFF E
Review of the facility's Care Staff Schedule showed that Staff E worked in November 2024 and December 2024. Review of the employee records showed that Staff E's previous first aid training expired on 09/28/2024. The records showed that as of 12/09/2024, there was no documentation that showed Staff E completed first aid training, as required.

STAFF F
Review of the facility's Care Staff Schedule showed that Staff F worked in November 2024 and December 2024. Review of the employee records showed that as of 12/09/2024, there was no documentation that showed Staff F completed first aid training, as required.

CONTINUING EDUCATION (CE)
STAFF D
Review of the facility's Care Staff Schedule showed Staff D worked in November 2024 and December 2024. Review of Staff D's employee records showed that between their August 2023 and August 2024 birthdays, Staff D did not complete any CE trainings, as required.

STAFF E

Review of the Staff E's employee records showed that between their June 2023 and June 2024 birthdays, Staff E did not complete any CE trainings, as required.

STAFF F
Review of the Staff F's employee records showed that between their June 2023 and June 2024 birthdays, Staff F did not complete any CE trainings, as required.

During an interview on 12/03/2024 at 09:30 AM, Staff A, Executive Director, stated that they were not aware staff had expired first aid cards.

During an interview on 12/04/2024 at 12:35 PM, Staff R, Business Manager, stated they were unable to find any documentation that showed Staff E and Staff F completed the required first aid training Staff R was unable to find any documentation that showed Staff D, Staff E, and Staff F completed any CE training from their 2023 birthday to their 2024 birthday.

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, VINEYARD PARK AT BOTHELL LANDING is or will be in compliance with this law and / or regulation on (Date) 1/29/2025.

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

Michelle Lowry
Administrator (or Representative)

1/08/2025
Date

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to ensure safe storage of oxygen tanks in 2 of 3 residents' (Resident 1 and Resident 11) apartments. This failure placed Resident 1 and Resident 11 at risk for harm and injury.

Findings included...

Review of the facility's policy titled, "Oxygen", dated 10/01/2020, showed that the facility was responsible for storing, ordering, maintaining equipment, and safely using oxygen. The policy stated that all portable oxygen canisters were required to be stored securely upright, whether in a portable oxygen cart, crate, or on top of electric concentrator designed to hold portable tank.

RESIDENT 1
Observation of Resident 1's apartment on 12/04/2024 at 9:51 AM, showed that Resident 1 used an oxygen concentrator (a medical device that extracts oxygen from air). The concentrator connected to a nasal cannula (tubing designed to deliver oxygen to the nose) which delivered oxygen directly to Resident 1's nose. Observation showed that the oxygen concentrator was turned on. Observation showed there was a metal rack at the foot of the bed. Observation showed two tall oxygen canisters, and one medium oxygen canister, were placed upright in the metal rack. Observation showed another medium oxygen canister was inside a bag and leaned against the rack, and not in the rack. Observation showed no sign was posted at the apartment entrance that instructed oxygen in use inside the apartment.

RESIDENT 11
Observation of Resident 11's apartment on 12/04/2024 at 10:12 AM showed that Resident 11 used oxygen. Observation showed the oxygen concentrator sat in the living room and was turned off. Observation in the bedroom showed one tall oxygen canister in a metal rack. Observation showed a second tall oxygen canister leaned against the wall, and not in the rack. Observation showed no sign was posted at the apartment entrance that instructed oxygen in use inside the apartment.

During an interview on 12/04/2024 at 10:12 AM, Staff D, Caregiver, stated that the metal racks in the residents' rooms with oxygen were used to safely store the oxygen canisters. Staff D stated that they were unaware the oxygen canisters were not placed in the metal racks for Resident 1 and Resident 11.

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, VINEYARD PARK AT BOTHELL LANDING is or will be in compliance with this law and / or regulation on (Date) 12/04/2024.

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

Michelle Lowry
Administrator (or Representative)

1/08/2025
Date

WAC 246-215-02310 Hands and arms When to wash (FDA Food Code 2-301.14). foodemployees 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;

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;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure 1 of 2 dishwasher staff (Staff N) followed handwashing protocols when going between handling dirty dishes to clean dishes, utensils, pots, and pans in the facility's main kitchen. This failure placed all 64 residents at risk for illness.

Findings included...

Observations on 12/04/2024 between 11:20 AM and 1:00 PM, showed Staff N, Dishwasher, removed dirty dishes, pots, pans and utensils from several large plastic containers filled with water, then placed the dirty dishes in a rack and ran them through a commercial dishwasher. Staff N wore disposable gloves while they handled the dirty dishes. Observation showed Staff N wore the same gloves to remove the clean rack of dishes from the dishwasher and put them away. Staff N did not change their disposable gloves or wash their hands between the two tasks of handling dirty dishes and then clean dishes. Additional observations showed Staff N continued the same process multiple times, going from handling dirty dishes to handling clean dishes without proper sanitization of their hands or changing their gloves.

Observation and interview on 12/04/2024 at 12:45 PM, showed Staff P, Executive Chef, observed Staff N handle dirty dishes then handle clean dishes without washing their hands or changing their gloves in between the tasks. Staff P stated that Staff N and all the dishwashers were expected to wash their hands between the handling of dirty dishes and the handling of clean dishes.

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, VINEYARD PARK AT BOTHELL LANDING is or will be in compliance with this law and / or regulation on (Date) 12/05/2024 .

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

Statement of Deficiencies	License #: 1734	Compliance Determination # 50852
Plan of Correction	VINEYARD PARK AT BOTHELL LANDING	Completion Date
Page 12 of 22	Licensee: BOTHELL ASSISTED LIVING COMMUNITY L	12/16/2024

Michelle Lowry
Administrator (or Representative)

1/08/2025
Date

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

(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 interview and record review, the facility failed to ensure 1 of 15 food service workers (Staff M) obtained a food handler card through the Washington state Public Health department. This failure placed all 64 residents at risk for receiving food from an unqualified food service worker.

Findings Included...

Review of the facility employee roster showed that the facility hired Staff M, Food Service Worker, on 11/04/2024.

Review of Staff M's employee records showed Staff M completed a food handler card, dated 11/25/2024 and expired on 11/26/2027, through an outside company. There was no documentation that showed Staff M completed any food handler training through the Washington state Public County Health department.

During an interview on 12/04/2024 at 2:30 PM, Staff A, Executive Director, stated that they were unaware a food handler card was required to be obtained from a Washington state Public County Health department and not through a third-party provider.

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, VINEYARD PARK AT BOTHELL LANDING is or will be in compliance with this law and / or regulation on (Date) 1/29/2025.

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

Michelle Lowry
Administrator (or Representative)

1/08/2025
Date

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to submit background checks within one business day after hire for 5 of 13 sampled staff (Staff G, Staff I, Staff J, Staff K, and Staff L). This failure placed all 64 residents as risk for abuse and neglect.

Findings included...

STAFF G
Review of the facility's employee roster showed that the facility hired Staff G on 09/27/2024 as a Food Service worker. Review of Staff G's employee record showed a Washington state name and date of birth background check was completed on 12/03/2024, 68 days after date of hire.

STAFF I
Review of the facility's employee roster showed that the facility hired Staff I on 11/06/2024 as a Caregiver. Review of Staff I's employee record showed the facility completed a background check on 11/13/2024, seven days after hire.

STAFF J
Review of the facility's employee roster showed that the facility hired Staff J on 08/22/2024 as a Caregiver. Review of Staff J's employee record showed the facility completed a background check on 11/14/2024, 84 days after date of hire.

STAFF K
Review of the facility's employee roster showed that the facility hired Staff K on 10/04/2024 for Activities. Review of Staff K's employee record showed the facility completed a background check on 10/09/2024, five days after hire. Review of Staff K's Washington State name and date of birth background check showed that a character, competence, and suitability review was required.

STAFF L
Review of the facility's employee roster showed that the facility hired Staff L on 11/15/2024 as a Caregiver. Review of Staff L's employee record showed the facility submitted and competed a background check on 12/02/2024, 18 days after hire.

STAFF V
Review of the facility's Employee Roster showed that the facility rehired Staff V, Housekeeping Staff, on 04/15/2024. Review of Staff V's previous Washington state name and date of birth BGI showed it expired on 03/22/2024. The records showed that the facility submitted and completed a BGI on 05/29/2024, 45 days after date of rehire.

During an interview on 12/05/2024 at 4:00 PM, Staff R, Business Manager, stated that Staff V was rehired. Staff V was initially hired on 07/05/2016 and Staff V's last date at work of the previous employment was 12/12/2023. Staff V was rehired on 04/15/2024. Staff R stated that they completed Staff V's BGI late when Staff V was rehired.

During an interview on 12/03/2024 at 09:22 AM, Staff A, (Executive Director), stated that they were aware the previous business office manager did not process employee records within the time frame required.

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, VINEYARD PARK AT BOTHELL LANDING is or will be in compliance with this law and / or regulation on (Date) 1/29/2025.

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

Michelle Lowry
Administrator (or Representative)

1/08/2025
Date

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

(2) Nothing in this section should be interpreted as requiring the employment of any person against the better judgment of the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to complete a character, competence and suitability (CSS) evaluation for 1 of 13 sampled staff (Staff B). This failure placed all 64 residents at risk for abuse and neglect.

Findings Included...

Review of the facility's policy "Abuse and Neglect", dated 09/01/2024, showed the facility required staff to protect residents against abuse and neglect.

Observation on 12/02/2024 between 10:00 AM and 3:00 PM, on 12/03/2024 between 9:00 AM and 3:00 PM, on 12/04/2024 between 11:00 AM and 3:00 PM, and on 12/05/2024 between 10:00 AM and 5:30 PM, showed Staff B interacted with unidentified residents of the facility.

Review of the facility's employee roster showed that the facility hired Staff B, Director of Nurses, on 07/15/2024. Review of Staff B's fingerprint check dated 08/05/2024, showed a CCS review was required. Review of Staff B's employee records showed that a CSS evaluation was not documented.

During an interview on 12/03/2024 at 9:22 AM, Staff A, Executive Director, stated that Staff B was hired one day before they were hired. Staff A stated they were not aware Staff B's fingerprint results required a CCS evaluation. Staff A stated that no one informed them that Staff B needed a CCS evaluation.

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, VINEYARD PARK AT BOTHELL LANDING is or will be in compliance with this law and / or regulation on (Date) 1/29/2025.

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

Michelle Lowry
Administrator (or Representative)

1/08/2025
Date

WAC 246-215-04545 Equipment Mechanical warewashing equipment, wash solution temperature (FDA Food Code 4-501.110).

(1) The temperature of the wash solution in spray-type warewashers that use hot water to sanitize may not be less than:

(a) For a stationary rack, single temperature machine, 165 F (74 C);

(b) For a stationary rack, dual temperature machine, 150 F (66 C);

WAC 246-215-04555 Equipment Mechanical warewashing equipment, hot water sanitization temperatures (FDA Food Code 4-501.112).

(1) Except as specified in subsection (2) of this section, in a mechanical operation, the temperature of the fresh hot water sanitizing rinse as it enters the manifold may not be

more than 194 F (90 C) or less than:

(a) For a stationary rack, single temperature machine, 165 F (74 C); or

(b) For all other machines, 180 F (82 C).

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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that 1 of 1 high temperature sanitization commercial dishwasher (Main Kitchen Commercial Dishwasher) reached a wash solution temperature between 150-165 degrees Fahrenheit and a final rinse temperature of at least 180 degrees Fahrenheit. This failure placed all 64 residents at risk for potential food-borne illness.

Findings included...

Observation during the facility environmental tour with Staff Q, Maintenance Supervisor, on 12/02/2024 at 1:15 PM, showed a commercial dishwasher located in the main kitchen. A label on the dishwasher identified it was a high temp sanitization dishwasher. Observation showed that when the dishwasher was operated, the wash temperature gauge needle registered zero degrees Fahrenheit and did not move. Observation showed that the high rinse sanitize temperature gauge needle registered at 150 degrees Fahrenheit. The lens cover for both gauges were removed, and the gauges were exposed to moister and debris. Observation showed corrosion inside the gauges. Observation showed that the needles of the gauges did not move when the dishwasher was operated. The dishwasher was operated three times.

During an interview on 12/02/2024 at 1:15 PM, Staff P, Executive Chef, stated that the dishwasher gauges had been broken for two weeks. Staff P stated that they contacted the repair company to fix the gauges. Staff P stated that the dishwasher staff used test strips to ensure the dishwasher temperature was correct. Observation showed Staff P attempted to find the test strips to demonstrate the process. Staff P was unable to locate the test strips. Staff P stated that the staff were not testing the dishwasher water temperatures, as expected.

Review of the dishwasher temperature log showed that 05/08/2024 was the last temperature check recorded.

During an interview on 12/02/2024 at 1:20 PM, Staff Q stated that they were not aware the gauges on the dishwasher were broken.

Observation on 12/03/2024 at 10:00 AM, showed the temperature gauges on the commercial dishwasher were broken and did not register the temperatures for the wash or rinse cycle when operated. The needles on both gauges did not move.

Observation on 12/03/2024 at 11:30 AM, showed the temperature gauges were replaced with new gauges that operated correctly. Observation showed that the wash cycle and rinse cycle reached the required temperature.

During an interview on 12/03/2024 at 11:30 PM, Staff O, dishwasher/Server, stated that the dishwasher gauges were broken for the past two months. Staff O stated that they do not record the dishwasher temperatures in the temperature log.

During an interview on 12/04/2024 at 11:00 AM, Staff A, Executive Director, stated that they were not aware the dishwasher gauges were broken.

During an interview on 12/04/2024 at 11:20 AM, Staff N, Dishwasher, stated that they did not record temperatures on the dishwasher temperature log. Staff N stated that they did not monitor the dishwasher temperature gauges.

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, VINEYARD PARK AT BOTHELL LANDING is or will be in compliance with this law and / or regulation on (Date) 12/5/2024.

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

Michelle Lowry
Administrator (or Representative)

1/08/2025
Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a one-step skin test for Tuberculosis (TB) test within three days of hire, as required for of 11 sampled staff (Staff A and Staff B). The facility failed to perform a second TB test one to three weeks

after the first TB test for 4 of 11 sampled staff (Staff G, Staff H, Staff I, and Staff K). These failures placed all 64 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

During an interview on 12/05/2024 at 1:15 PM, Staff A, Executive Director, stated that the facility followed the Washington Administrative Code for TB testing and did not have a specific TB testing policy.

ONE-STEP TB TEST

STAFF A
Review of the facility's Employee Roster showed that the facility hired Staff A on 07/16/2024. Review of Staff A's employee records showed documentation of a negative two-step TB test, dated 11/13/2023 and 12/06/2023. Review of Staff A's employee record showed no documentation Staff A completed a one-step TB test upon hire, as required.

During an interview on 12/03/2024 at 9:22 AM, Staff A stated that their employee records showed a history of a negative two-step TB test. Staff A stated that they thought the negative TB test history excluded them from any further TB test requirements.

Staff B
Review of the facility's Employee Roster showed that the facility hired Staff B, Director of Nurses, on 07/15/2024. Review of Staff B's employee records showed documentation of a negative blood test for TB, dated 04/23/2024. Review of Staff B's employee record showed no documentation Staff B completed a one-step TB test upon hire, as required.

TWO-STEP TB TEST

Staff G
Review of the facility's Employee Roster showed that the facility hired Staff G, Food Service Worker, on 09/27/2024. Review of Staff G's employee records showed a one-step TB test was administered on 09/30/2024 with a negative result. The employee record showed a second-step TB test was administered on 11/02/2024, 30 days after the first test was administered, not within the one to three weeks after the first test was administered, as required.

Staff H
Review of the facility's Employee Roster showed that the facility hired Staff H, Food Service Worker, on 11/04/2024. Review of Staff H's employee records showed a one-

step TB test was administered on 11/04/2024 with a negative result. There was no documentation that showed a second-step TB test was completed within the one to three weeks after the first test was administered, as required.

Staff I
Review of the facility's Employee Roster showed that the facility hired Staff I, Caregiver, on 11/06/2024. Review of Staff I's employee records showed a one-step TB test was administered on 11/06/2024 with a negative result. There was no documentation that showed a second-step TB was completed within one to three weeks after the first TB test was administered, as required.

Staff K
Review of the facility's Employee Roster showed that the facility hired Staff K, Activities, on 10/04/2024. Review of Staff K's employee records showed a one-step TB test was administered on 10/04/2024 with a negative result. Review of Staff K's employee file showed a second-step TB test was administered on 11/07/2024 and read on 11/10/2024. The second step TB test showed no results. The second step TB test showed it was not completed within one to three weeks of the first TB test, as required.

During an interview on 12/05/2024 at 2:30 PM, Staff B stated that they thought the TB requirement allowed up to 30 days before a second step TB test was administered.

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, VINEYARD PARK AT BOTHELL LANDING is or will be in compliance with this law and / or regulation on (Date) 1/29/2025.

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

Michelle Lowry
Administrator (or Representative)

1/08/2025
Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(b) Nurse delegation, if provided;

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(a) Chapter 18.79 RCW, Nursing care;

(b) Chapter 18.88A RCW, Nursing assistants;

(c) Chapter 246-840 WAC, Practical and registered nursing;

(d) Chapter 246-841 WAC, Nursing assistants; and

(e) Chapter 246-888 WAC, Medication assistance.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to ensure 10 of 25 sampled residents (Resident 6, Resident 8, Resident 9, Resident 12, Resident 13, Resident 14, Resident 15, Resident 16, Resident 17, and Resident 18) consented to receive nurse delegation services. The facility failed to implement nurse delegation services for 2 of 2 sampled residents (Resident 5 and Resident 6). These failures placed all 11 residents at risk of harm and compromised health from potential medication errors from undelegated staff.

Findings included...

Notes: Review of Washington Administrative Code 388-78A-2020, Definitions, showed that the definition of documentation as "document" means to record, with signature, title, date, and time: information about medication administration, medication assistance or nursing care procedure, and processes that are required by law, rule, or policy". Review of the WAC 388-78A-2420, Record Retention, (1) The assisted living facility must maintain on the assisted living facility premises in a resident's active record(s) all relevant information and documentation necessary for meeting a resident's current assessed needs.

Review of the facility's undated Disclosure of Services showed that the facility provided intermittent nursing services that included medication administration by trained unlicensed staff through nurse delegation.

RESIDENT'S CONSENT FOR NURSE DELEGATION
Review of the facility's Characteristic Roster showed that the facility admitted Resident 6 in [redacted] 2022, Resident 8 in [redacted] 2023, Resident 9 in [redacted] 2011, Resident 12 in [redacted] 2018, Resident 13 in [redacted] 2014, Resident 14 in [redacted] 2019, Resident 15 in [redacted] 2022, Resident 16 in [redacted] 2019, Resident 17 in [redacted] 2017, and Resident 18 in [redacted] 2024.

Review of the facility's Registered Nurse Delegation documentation showed several

Department of Social and Health Services (DSHS) "Nurse Delegation: Nursing Visit" forms for Resident 6, Resident 8, Resident 9, Resident 12, Resident 13, Resident 14, Resident 15, Resident 16, Resident 17, and Resident 18. Review of the "Nurse Delegation: Nursing Visit" forms showed the last two Registered Nurse Delegator visits were on 08/30/2024 and 11/30/2024. There was no documentation that showed the facility obtained Resident 6, Resident 8, Resident 9, Resident 12, Resident 13, Resident 14, Resident 15, Resident 16, Resident 17, and Resident 18's consents for nurse delegation services.

During an interview on 12/04/2024 at 3:15 PM, Staff A, Executive Director, stated that the facility was required to obtain a resident's consent for nurse delegation. Staff A stated that they were unable to find the consents for several residents.

MEDICATION ADMINISTRATION
RESIDENT 5
Observation on 12/04/2024 at 7:56 AM showed Staff W, Caregiver/Medication Technician, administered oral inhalation medication via a nebulizer machine (a small machine that turns liquid medicine into a mist for which the person can inhale). Observation showed Staff W filled the nebulizer machine with liquid medication and attached the facial mask and the hose to the nebulizer machine. Observation showed that Staff W put the mask on Resident 5 and adjusted it. Observation showed Staff W turned on the nebulizer machine that generated mists of medication and delivered the medication to Resident 5 through the facial mask.

Record review showed Resident 5 received medication assistance from staff. There was no documentation that showed Resident 5 received nurse delegation for the administration of oral inhalation medication. The records showed an order for Ipratropium/Albuterol (a medication that opens airways and improves breathing), 1 vial inhale orally, two times a day through the nebulizer.

During an interview on 12/05/2024 at 2:45 PM, Staff B, Licensed Practical Nurse, Director of Nursing, stated that Resident 5 did not receive nurse delegation service. Staff B stated that they were unfamiliar with the criteria of the nurse delegation for oral inhalation medication. Staff B stated that they were unaware Staff W administered Resident 5's nebulizer medication.

RESIDENT 6
Review of Resident 6's records showed the facility admitted Resident 6 in [redacted] of 2022 with multiple diagnoses which included [redacted] ([redacted]) and [redacted] ([redacted]). The records showed Resident 6 received Hospice Services (end of life care).

Review of Resident 6's progress notes showed Resident 6 returned from the hospital to the facility on [redacted]/2024. Review of Resident 6's records showed they were sent to hospital for shortness of breath.

During an interview on 12/04/2024 at 9:26 AM, Resident 6 stated they were independent with care needs and occasionally required staff assistance to apply lotion, assistance to ambulate to the bathroom, and assistance with medications.

Observation on 12/04/2024 at 9:26 AM, showed Staff W administered Resident 6's oral liquid morphine via a syringe. Observation showed Staff W drew up the morphine from a bottle, placed the syringe inside Resident 6's mouth, and depressed the plunger of the syringe which delivered the morphine.

Review of the facility's nurse delegation binder showed no documentation that Staff W was delegated by the Registered Nurse delegator to administer nebulizer treatment to Resident 5 and not delegated to administer Resident 6 's oral liquid morphine.

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, VINEYARD PARK AT BOTHELL LANDING is or will be in compliance with this law and / or regulation on (Date) 1/29/2025 .

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

Michelle Lowry
Administrator (or Representative)

1/08/2025
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

12/31/2024

BOTHELL ASSISTED LIVING COMMUNITY L
VINEYARD PARK AT BOTHELL LANDING
10519 EAST RIVERSIDE DRIVE
BOTHELL, WA 98011

RE: VINEYARD PARK AT BOTHELL LANDING # 1734

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 12/16/2024 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:

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(ii) Provisions for summoning emergency assistance;

The Assisted Living Facility failed to ensure that the Emergency and Disaster preparedness manual was updated to show who the current administrative staff were; Executive Director, Director of Nurses, Maintenance Supervisor, and Food Service Director and their contact information. The facility failed to update the manual to show where the emergency water supply was located. On 12/05/2024 during the full inspection, Staff A, Executive Director, updated the Emergency and Disaster preparedness manual to reflect the changes.

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)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure