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

THE LODGE AT EAGLE RIDGE LLC
THE LODGE AT EAGLE RIDGE
1600 S EAGLE RIDGE Dr S
Renton, WA 98055

RE: THE LODGE AT EAGLE RIDGE License # 1798

Dear Administrator:

This letter addresses Compliance Determination(s) 53515 (Completion Date 01/23/2025) and 50000 (Completion Date 11/27/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/23/2025 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-2150-1, WAC 388-78A-2305-1, WAC 246-215-03525-1-b, WAC 388-78A-2950-6, WAC 388-78A-3090-1-a, WAC 388-78A-3090-1-b, WAC 388-78A-3090-1-c, WAC 388-78A-3100, WAC 388-78A-3100-1, WAC 388-78A-3100-2, WAC 388-78A-3100-3, WAC 388-78A-3100-4, WAC 388-78A-2170-2-b, WAC 388-78A-2700-1-a, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1

The Department staff who did the on-site verification:
Kathy Young, Licensor

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

Residential Care Services
Investigation Summary Report

Provider/Facility: THE LODGE AT EAGLE RIDGE
License/Cert.#: 1798
Compliance Determination #: 50000
Investigator: Thomas Forkgen
Investigation Date(s): 11/07/2024 through 11/27/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 154314
Region/Unit #: RCS Region 2 / Unit D

Allegation(s):
Residents are not receiving housekeeping services once a week as agreed upon in their contracts.

Investigation Methods:

Sample:	Total residents: 61 Resident sample size: 9 Closed records sample size: 0
Observations:	Observed thirteen resident apartments.
Interviews:	Interviewed 13 residents, housekeeping staff, maintenance assistant, maintenance supervisor, Business Office Manager, and Executive Director.
Record Reviews:	Reviewed housekeeper schedules, job descriptions, specific cleaning tasks, resident records, and facility policy.

Investigation Summary:
Failed practice established. Observation, interview, and record review showed residents did not receive housekeeping services for over a month. The facility failed to track which residents were skipped and were unable to determine how many weeks resident housekeeping services were missed. The facility did not provide compensation to the resident or families.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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

12/06/2024

THE LODGE AT EAGLE RIDGE LLC
THE LODGE AT EAGLE RIDGE
1600 S EAGLE RIDGE Dr S
Renton, WA 98055

RE: THE LODGE AT EAGLE RIDGE # 1798

Dear Administrator:

This document references the following complaint numbers 154314.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 11/27/2024 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:

(e) Make sure first-aid supplies are:

(i) Readily available and not locked;

(ii) Clearly marked;

(iii) Able to be moved to the location where needed; and

The facility failed to ensure first aid kits were clearly marked, readily available, and appropriate for the size of the facility. During the full inspection, the facility made clearly marked first aid kits readily available.

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

The facility failed to ensure a Licensed Practical Nurse (Staff P) hired on 01/09/2024 and a caregiver (Staff B) hired on 02/13/2024 completed specialized training for dementia within 120 days of hire. The facility caregiver schedules showed that Staff P and Staff B worked at the facility in September 2024, October 2024 and November 2024. Staff P completed specialized training for dementia on 10/25/2024, 170 days after hire and Staff B completed specialized training for dementia during the full licensing inspection, 254 days after hire.

WAC 388-78A-2500 Specialized training for mental illness. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with mental illness, whenever at least one of the residents in the assisted living facility has a mental illness that is the resident's primary special need and is a person who has been diagnosed with or treated for an Axis I or Axis II diagnosis, as described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text

Revision, and:

(1) Who has received the diagnosis or treatment within the previous two years; and

(2) Whose diagnosis was made by, or treatment provided by, one of the following:

(a) A licensed physician;

(b) A mental health professional;

(c) A psychiatric advanced registered nurse practitioner; or

(d) A licensed psychologist.

The facility failed to ensure a caregiver (Staff B) hired on 02/13/2024 completed specialized training for mental health within 120 days of hire. Review of the facility caregiver schedules showed that Staff B worked at the facility in September 2024, October 2024 and November 2024. Staff B completed specialized training for mental health during the full licensing inspection, 254 days after hire.

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

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

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 and complaint investigation on 11/07/2024 and 11/18/2024 of:
THE LODGE AT EAGLE RIDGE
1600 S EAGLE RIDGE Dr S
Renton, WA 98055

This document references the following complaint numbers: 154314.

The following sample was selected for review during the unannounced on-site visit: 9 of 61 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Kathy Young, 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

12/06/2024
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)

12/11/24
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 facility failed to complete an annual assessment and a change of condition assessment for 1 of 6 residents (Resident 8). This failure placed Resident 8 at risk of potential harm, not having care needs met, infection, and a diminished quality of life.

Findings included...

Review of Resident 8's records showed Resident 8 the facility admitted Resident 8 in [redacted] 2016.

Review of Resident 8's Assessment, dated 06/30/2023, showed Resident 8 understood others when spoken to, used verbal communication effectively, and was able to make their needs known.

Review of Resident 8's chart notes, dated 10/15/2024, showed CC1 (Resident 8's private care aide) reported to the facility staff that the resident had a 1 x 1 centimeter (cm) open area on their right buttocks. The chart note, dated 10/20/2024, showed Resident 8 started antibiotic therapy for a urinary tract infection (UTI) on 10/17/2024.

Observation on 11/12/2024 at 1:25 PM, showed Resident 8 in the dining room with CC1. Resident 8 looked briefly at the Department Licensor. Resident 8 was unresponsive to the licensor's greeting and interview attempt. During an interview at this time, CC1 stated that Resident 8 had aphasia (a language disorder that affects your ability to

speak and understand what others say) following a stroke and as a result, Resident 8 was unable to be interviewed.

During an interview on 11/12/2024 at 2:40 PM, CC2 (Resident 8's representative) stated that since the stroke, Resident 8 did not always receive the necessary care, especially regarding incontinence care assistance from the facility's caregivers. CC2 stated that based on cameras placed in the resident's apartment by the representative, the facility caregivers failed to toilet Resident 8 on four consecutive days. CC2 stated that due to concern resident did not receive all necessary care from facility staff, they hired a second private caregiver.

During an interview on 11/14/2024 at 10:07 AM, CC1 stated that Resident 8 had a stroke in mid-August 2024 that left Resident 8 with a decline in functioning. The decline included Resident 8's inability to speak and read, follow cues, toilet themselves, assist with bathing, and needed more sleep. CC1 stated that they watched Resident 8's facial expressions to determine if Resident 8 was in pain as Resident 8 no longer made any attempts to make their pain known. CC1 stated that when they worked with Resident 8, they noticed Resident 8 was frequently left in soaked incontinence products, soaked through their clothing. CC1 stated that they believed the facility caregivers did not regularly toilet Resident 8 or change their incontinence products. CC1 stated that following Resident 8's decline in functioning, Resident 8 developed a UTI and a sore on their buttocks.

During an interview on 11/18/2024 at 10:36 AM, Staff V, Caregiver, stated that early summer 2024, Resident 8 was still independent with toileting. Staff V stated that Resident 8 had a change in their condition and no longer toileted themselves. Staff V stated that since the change in Resident 8's ability to toilet themselves, they developed a sore on their bottom.

During an interview on 11/18/2024 at 10:05 AM, Staff W, Executive Director, stated that they heard from CC1 around 11/05/2024 that the facility's caregivers failed to assist Resident 8 to the toilet and failed to change Resident 8's incontinence products. Staff W stated that they were unaware the facility failed to reassess Resident 8 in August when there was a change in condition related to their stroke and the development of aphasia.

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, THE LODGE AT EAGLE RIDGE is or will be in compliance with this law and / or regulation on (Date) 1/10/25 .

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

Administrator (or Representative) 12/11/24 Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain a signature by the resident or resident's representative for 3 of 6 sampled residents (Resident 1, Resident 2, and Resident 8) on the annual Resident Assessment and Service Plan. This failure placed Resident 1, Resident 2, and Resident 8 at risk of receiving service not agreed upon and having unmet care needs.

Findings included...

RESIDENT 1
Review of Resident 1's records showed that the facility admitted Resident 1 in [redacted] 2021. There was no documentation that showed the annual Care Plan for 2022 was completed signed. The record showed Resident 1's Care Plan was last signed on 02/01/2023.

RESIDENT 2
Review of Resident 2's records showed that the facility admitted Resident 2 in [redacted] 2023. Review of Resident 2's Care Plan showed that it was last signed on 10/06/2023. There was no documentation that showed the annual Care Plan for October 2024 was completed and signed.

RESIDENT 8
Review of Resident 8's records showed the facility admitted Resident 8 in [redacted] 2016. There was no documentation that showed the annual Care Plan for October 2017 through October 2021 were completed and signed. The records showed Resident 8's Care Plan was last signed on 10/11/2022.

During an interview on 11/18/2024 at 11:00 AM, Staff U, Licensed Practical Nurse/Wellness Director, stated that they were aware not all the care plans were signed annually.

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, THE LODGE AT EAGLE RIDGE is or will be in compliance with this law and / or regulation on (Date) 1/10/25 .

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

Administrator (or Representative) 12/11/24 Date

WAC 246-215-03525 Temperature and time control Time/temperature control for safety food, hot and cold holding (FDA Food Code 3-501.16).

(1) Except during active preparation for up to two hours, cooking, or cooling or when time is used as the public health control as specified under WAC 246-215-03530 , and except as specified in subsections (2) and (3) of this section, time/temperature control for safety food must be maintained:

(b) At 41 F (5 C) or less.

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 staff followed proper food safety guidelines in 1 of 1 kitchens (main kitchen). These failures places all 61 residents at risk of contracting foodborne illnesses.

Findings included...

Review of the facility's undated Culinary Manual showed proper food preparation techniques were followed to prevent foodborne illnesses and conserve nutritional value. The manual showed cold food holding temperature was 41 degrees Fahrenheit (F). The manual showed the culinary director or chefs performed routine temperature checks to ensure food was held at the proper temperatures.

Observation of the commercial kitchen on 11/08/2024 at 8:30 AM, showed the facility used an above counter cold food holding bin. Observation showed the cold food holding bin overflowed with perishable food. Some food items did not fit into the bin and were placed in containers on top of other foods within the bin. The foods on top of the bin were mayonnaise, liquid eggs, crumbled sausage, and lemons. Food temperature checks showed: the mayonnaise measured 44.4 degrees F; liquid eggs measured 60.1

degrees F; and the crumbled sausage measured 54.1 degrees F. The temperature checks for food inside the bin showed: the coleslaw measured 44.1 degrees F; the cheese slices measured 42.4 degrees F; and the tuna salad measured 42.8 degrees F.

During at interview on 11/08/2024 at 8:30 AM, Staff Z, Corporate Culinary Director, stated that they were unable to determine if the kitchen used any system, such as a temperature log, that indicated the cold holding foods were regularly checked and shown to be safe to serve.

During at interview on 11/08/2024 at 8:45 AM, Staff X, Lead Chef, stated that they did not test cold food throughout the cold holding process.

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, THE LODGE AT EAGLE RIDGE is or will be in compliance with this law and / or regulation on (Date) 1/10/25 .

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

Administrator (or Representative) 12/11/24 Date

WAC 388-78A-2880 Changing use of rooms. Prior to using a room for a purpose other than what was approved by construction review services, the assisted living facility must:

(1) Notify construction review services:

(a) In writing;

(b) Thirty days or more before the intended change in use;

(c) Describe the current and proposed use of the room; and

(d) Provide all additional documentation as requested by construction review services;

(2) Obtain the written approval of construction review services for the new use of the room; and

(3) Ensure the facility functional program and room list are updated to reflect the change.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to obtain approval from Construction Review Services (CRS) when it changed a resident common room

(Theater) to a locked room (Massage Room). This failure placed all 61 residents as risk for a diminished quality of life due to reduced availability of common space.

Findings included...

Review of the Department of Health Construction Review Services (CRS) website showed no record of a submission by the facility for approval to change the use of any room.

Observation on 11/07/2024 at 11:07 AM, showed a locked massage room on the ground floor. A sign for a private licensed massage therapist was posted next to the door.

During an interview on 11/07/2024 at 11:07 AM, Staff X, Maintenance/Housekeeping Director, stated that the room use changed within the last two years. Staff X stated the room changed from the residents' Theater to a massage room that was no longer accessible to residents as a common space. Staff X stated that they were unaware of the requirement to obtain CRS approval to convert the resident space.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure the water temperature in 1 of 6 apartments (Apartment 131) and 4 of 8 common area sinks (ground-floor common bathroom, Vitality Room sink, and Activity Room common bathroom 1, and Activity Room common bathroom 2) measured between 105 degrees Fahrenheit (F) and 120 degrees F. This failure placed all 61 residents at risk of burns from scalding water and a diminished quality of life.

Findings included...

Review of the facility's policy titled, "Safety Management", dated 09/23/2024, showed staff responsibilities included ensuring water temperatures were measured and recorded in every apartment and common area sinks, no less than quarterly. The policy showed the water temperatures were maintained between 105 degrees F and 120 degrees F.

Review of the facility's document titled, "Water Temps", dated 12/05/2023 to 11/11/2024, showed the facility measured two water temperatures per week. Review showed the locations of the water temperatures measured were not logged. Review of

the temperature logs showed the facility's own quarterly policy requirement for measuring the water temperature for every apartment and common area sink was not met.

Observations on 11/07/2024 between 11:02 AM and 11:45 AM, showed: the hot water temperature in Apartment 131 measured 124.7 degrees F; the hot water temperature in the ground-floor common bathroom measured 123.8 degrees F; the hot water temperature in the Vitality Room sink measured 85.2 degrees F; the hot temperature in the Activity Room common bathroom 1 measured 84.9 degrees F; and the hot temperature in the Activity Room common bathroom 2 measured 97.8 degrees F.

During interviews on 11/07/2024 between 11:02 AM and 11:45 AM, Staff X, Maintenance/Housekeeping Director, stated that the water temperatures were out of range. Staff X stated that prior to the observations on 11/07/2024, they were unaware the temperatures were out of range.

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, THE LODGE AT EAGLE RIDGE is or will be in compliance with this law and / or regulation on (Date) 1/10/25 .

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

Administrator (or Representative) 12/11/24 Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure 6 of 9 air exchange ventilation systems (third-floor resident laundry, third-floor janitor's closet with mop sink, first-floor resident laundry, first-floor trash room with mop sink, ground-floor resident laundry 1, and ground-floor resident laundry 2) vented to the exterior of the building. The facility failed to ensure it kept 1 of 1 exterior path (front path 1) free of trip hazards. These failures placed all 61 residents at risk of poor air quality, respiratory

distress, illness, potential falls, and a diminished quality of life.

Findings included...

FACILITY EQUIPMENT
Review of the facility's policy titled, "Safety Management", dated 09/23/2024, showed ventilation was crucial in facilities, especially when managing communicable respiratory illness, as it reduced the concentration of airborne pathogens and improved overall air quality. The policy showed proper ventilation systems circulate fresh air, dilute contaminants, and expel harmful particles, which lowers the risk of infections like influenza, COVID-19, and other respiratory illnesses spreading amongst staff and residents. To safeguard the wellbeing of all staff and residents, the facility ensured the systems were up to standards set by regulatory bodies.

Observations on 11/07/2024 between 10:23 AM and 11:45 AM, showed the air exchange vents to exchange air between the inside and exterior of the facility in the third-floor resident laundry, third-floor janitor's closet with mop sink, first-floor resident laundry, first-floor resident-accessible trash room with mop sink, resident-accessible ground-floor resident laundry 1, and the ground-floor resident laundry 2 were not properly maintained and functional.

During interviews on 11/07/2024 at 10:25 AM, Staff X, Maintenance/Housekeeping Director, stated that they were aware throughout the facility, the air exchange vents did not function because the motors were obsolete.

EXTERIOR GROUNDS
Review of the "Safety Management" policy showed all staff were responsible for keeping walkways free of tripping hazards.

Observation of the facility's exterior pathway between the front of the building and the cottages on 11/07/2024 at 12:16 PM, showed a hose laid across the walkway. Observation showed a resident independently used a walker to ambulate along the pathway, very near the hose.

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, THE LODGE AT EAGLE RIDGE is or will be in compliance with this law and / or regulation on (Date) 1/10/25 .

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

Administrator (or Representative) 12/11/24 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;

(3) Whether or not the supplies and equipment are commonly found in a private home, such as hand soap or laundry detergent; and

(4) How residents with special needs are individually protected without unnecessary restrictions on the general population.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 1 of 1 housekeeping utility carts (second-floor cart) with hazardous chemicals were locked while unattended and in resident areas. This failure placed all 61 residents at risk of injury due to skin and eye contact with hazardous chemicals and ingesting hazardous chemicals.

Findings included...

Review of the facility's policy titled, "Safety Management", dated 09/23/2024, showed the facility instructed staff that all common areas were maintained free from potential hazards to residents.

Observation in the second-floor resident hall on 11/14/2024 between 10:59 AM and 11:08 AM, showed an unlocked and unattended housekeeping cart with chemicals inside it. The two doors on the cart were ajar with a plastic garbage loosely run through the handles. The chemicals inside contained labels that warned: avoid ingestion and inhalation. Observation showed residents passed by the unattended cart.

During an interview on 11/14/2024 at 11:08 AM, Staff A1, Housekeeper, stated that they were a new employee. Staff A1 stated that a couple of days earlier, they received the housekeeping cart with a broken lock. Staff A1 stated that they ran the plastic bag through the door handles to help hold the doors shut because the doors swung open when the cart was pushed.

During an interview on 11/14/2024 at 11:10 AM, Staff K, Lead Housekeeper, stated that they were aware of the broken cart lock. Staff K stated that someone broke a key off in the lock. Staff K stated that they informed Staff X, Maintenance/Housekeeping Director, at the beginning of October 2024 about the broken cart. Staff K stated that the facility did not have a spare cart for Staff A1 to use. Staff K stated that the other housekeeper routinely took the key home for their cart at the end of their shift which made that cart unavailable to anyone else.

During an interview on 11/14/2024 at 12:04 PM, Staff X stated that they were aware of the broken cart. Staff X stated that the new lock was on their desk.

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, THE LODGE AT EAGLE RIDGE is or will be in compliance with this law and / or regulation on (Date) 1/10/25 .

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

Administrator (or Representative) 12/11/24 Date

WAC 388-78A-2170 Required assisted living facility services.

(2) The assisted living facility must provide each resident with the following basic services, consistent with the resident's assessed needs and negotiated service agreement:

(b) Housekeeping - Providing a safe, clean and comfortable environment for each resident, including personal living quarters and all other resident accessible areas of the building;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to provide 4 of 4 sampled residents (Resident 14, Resident 15, Resident 16, and Resident 17) with a clean, comfortable living environment in their personal apartments. This failure placed all 4 residents at risk for diminished quality of life by living in unsanitary conditions.

Findings included...

Review of the facility's Disclosure of Services showed that the facility provided light housekeeping services once a week, unless other wise indicated in the resident's negotiated service agreement.

Review of the facility's policy titled, "Resident Services" dated 10/04/2019, showed that the facility provided weekly housekeeping services outlined on flow sheets to provide the resident with a clean and safe residency.

Review of the facility's "Resident Handbook", dated 02/28/2023, showed that residents would receive weekly housekeeping services that generally included cleaning the floors, bathrooms, kitchen areas, and vacuuming.

Review of Resident 14, Resident 15, Resident 16, and Resident 17's negotiated service agreement did not show the facility provided the four residents with housekeeping services.
Review of the housekeepers' weekly schedule showed that resident apartments were cleaned on the same day each week.

RESIDENT 15
During an interview on 11/12/2024 at 2:34 PM, Resident 15 stated that they were frustrated that there were not enough housekeepers to clean all the rooms once a week. Resident 15 stated that the housekeeper finally came and cleaned their room. Resident 15 stated that they did not want to complain because they realized staff turnover was a problem. Resident 15 stated that it was hard for the facility to maintain good housekeepers.

RESIDENT 16
During an interview on 11/12/2024 at 9:25 AM, Resident 16 stated that there were times when the housekeepers did not show up as scheduled. Resident 16 stated that they were not notified when the housekeeping services were unavailable on their scheduled day. Resident 16 stated that their spouse complained about the lack of housekeeping.

During an interview on 11/13/2024 at 1:50 PM, Staff K, Lead Housekeeper, stated that Resident 15 and Resident 17's apartment were often skipped for cleaning. Staff K stated that Resident 15 and Resident 17's apartments were not cleaned consistently.

RESIDENT 14
During an interview on 11/14/2024 at 11:17 AM, Resident 14 stated that the housekeeping services was poor. Resident 14 stated that they wrote a letter that instructed the housekeeper to please clean the toilet. Resident 14 stated that they attached the letter to the bathroom door. Resident 14 stated that they then wrote a second letter with the same request and attached it to the bathroom mirror. Resident 14 stated that it took the housekeeper three weeks to a month to clean the entire bathroom. Resident 14 stated the situation reached the point where they were embarrassed to have guest use the bathroom.

RESIDENT 17

During an interview on 11/13/2024 at 1:53 PM, Resident 17 stated that they keep their apartment very tidy and clean “so it wouldn’t hurt anything if they did not come”. Resident 17 stated that they would not notice if the housekeeper skipped their apartment.

During an interview on 11/13/2024 at 12:08 PM, Staff K, Lead Housekeeper, stated that when they were unable to clean an apartment on the scheduled cleaning day, Staff K informed the resident if the resident was seen. Staff K stated that if they did not see the resident, then they notified the front desk in case the resident called and inquired why their apartment was not cleaned. Staff K stated that the housekeepers tried to make up missed days the best they could. Staff K stated that when the facility was down a housekeeper, some residents scheduled housekeeping services were missed. Staff K stated that the residents who were more vocal received housekeeping services. Staff K stated that when they addressed the issue with the housekeeping supervisor, they were told no rooms were to be missed. Staff K stated that move outs, cleaning the common area and bathrooms every 15 minutes during events, and a slow elevator made it difficult to catch-up and clean the apartments that were missed. Staff K stated that some residents went without housekeeping services for three to five weeks. Staff K stated that it was difficult to keep the housekeeping department fully staffed. Staff K stated that there was no system used to track which residents missed their housekeeping services each week.

During an interview on 11/13/2024 at 10:02 AM, Staff HH, Housekeeper, stated that they worked on Monday, Wednesday, and Friday each week. Staff HH stated that they cleaned nine rooms a day. Staff HH stated that they cleaned the same rooms every week. Staff HH stated that they do not know whether the other rooms were cleaned or missed. Staff HH stated that they were often short-handed.

During an interview on 11/13/2024 at 12:33 PM, Staff X, Maintenance/Housekeeping Director, stated that the housekeeping department was down a housekeeper for the last three weeks. Staff X stated that they instructed the housekeepers not to skip any resident apartments. Staff X stated that if a resident housekeeping service was missed, the resident needed to complain, otherwise there was no way for Staff X to know. Staff X stated that the housekeepers did not inform them when rooms were skipped. Staff X stated that the only way for them to know if a resident’s housekeeping scheduled service was missed was if the resident complained. Staff X stated there was no system used to track which resident apartments housekeeping missed. Staff X stated the housekeepers did the best they could.

During an interview on 11/14/2024 at 10:45 AM, Staff K stated that when they were scheduled off from work, when they returned to work, there was no way to know which resident apartments received housekeeping services and which apartments were skipped.

During an interview on 11/14/2024 at 11:24 PM, Staff II, Business Office Director, stated that when the facility was down a housekeeper, they called the residents who were scheduled for their apartment to be cleaned and explained the circumstances. Staff II

stated that they asked the resident if they needed their apartment cleaned. If the resident stated no, the housekeepers skipped the apartment. Staff II stated that they did not keep a record of resident apartments that were missed. Staff II stated that residents were not financially compensated for housekeeping services not provided.

During an interview on 11/14/2024 at 11:55 PM, Staff JJ, Maintenance Assistant, stated that they provided light housekeeping services when the housekeepers were short-handed. Staff JJ stated that they were unaware which resident apartments were cleaned, and which ones were skipped. Staff JJ stated that there was no system used to track which resident apartments were skipped.. Staff JJ stated that the housekeepers were scheduled to clean different apartments the next day which meant the previous day apartments that were skipped were not cleaned that week.

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, THE LODGE AT EAGLE RIDGE is or will be in compliance with this law and / or regulation on (Date) 1/10/25 .

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

Administrator (or Representative) 12/11/24 Date

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(a) Maintain the premises free of hazards;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 1 of 5 resident's (Resident 3) medical device was securely and safely installed for use. This failure placed Resident 3 at risk for potential entrapment and injury.

Findings included...

Review of the facility's policy titled, "Resident Use of Bed Enablers", dated 06/02/2023, showed that bed enablers may be used to support residents' mobility and positioning in beds, provided the bed enablers did not pose a safety risk. The policy showed that staff were required to monitor the resident's condition and use of the bed enabler to ensure it was safe.

RESIDENT 3
Review of the facility's Resident Characteristics Roster showed that the facility admitted Resident 3 in [redacted] 2024. The Characteristics Roster showed Resident 3 used a medical device (bed enabler).

Review of Resident 3's Care Plan, dated 04/11/2024, showed no documentation that Resident 3 used a bed enabler. There were no instructions for the care staff to check that the bed enabler was securely fastened to the bed.

Review of a facility completed "bed entrapment assessment", dated 08/09/2024, showed Resident 3 used a bed cane for bed mobility. The assessment asked the questions: "are there any gaps between mattress and bed frame? Mattress should fit snuggly on bed". A check mark was placed under the column "no". A second question asked: "are there gaps between the rail/cane and the mattress? If so, they should be no larger than 1.5 inches. Rail/cane should fit snug against the mattress". A check mark was placed under the column "no".

Observation of Resident 3's apartment on 11/12/2024 at 8:42 AM, showed a lower-case q- shaped bed enabler was fastened to a wide plywood board that slid between the mattress and the bed frame. Observation showed the bed enabler was loose and slid away from mattress and bed frame with minimal force. Observation showed a gap between the mattress and the bed rail, greater than six inches, which allowed for potential entrapment.

During an interview on 11/12/2024 at 8:40 AM, Resident 3 stated that they used the bed enabler to assist themselves out of bed.

During an interview on 11/14/2024 at 2:30 PM, Staff U, Licensed Practical Nurse, Wellness Director, stated that all bed enablers were checked once a week to ensure they were securely fasted to the bed and were safe.

Plan/Attestation Statement

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Administrator (or Representative) 12/11/24 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 record review and interview, the facility failed to complete a Washington State name and date of birth background check (BGI) every two years for 2 of 12 sampled staff (Staff F and Staff V). This failure placed all 61 residents at risk of abuse, neglect, or exploitation from caregivers and staff persons with unknown backgrounds.

Findings included...

Review of the facility's policy titled, "Washington State Background Check", dated 12/21/2020, showed that the Business Office Director must submit a new authorization form to the state every 2 years. The renewal date was maintained on the Employee Information Spreadsheet.

STAFF F
Review of the facility's Employee Roster showed the facility hired Staff F on 04/11/2022 as a Caregiver. Review of Staff F's employee records showed their previous Washington state name and date of birth BGI expired on 04/11/2022. The records showed that on 11/12/2024, the facility completed a BGI during the Departments Licensing visit, 214 days after the previous BGI expired.

STAFF V
Review of the facility's Employee Roster showed the facility hired Staff V on 03/07/2022. Review of Staff V's employee records showed their previous Washington state name and date of birth BGI expired on 03/07/2024. The records showed that the facility completed a BGI on 04/02/2024, 25 days after the previous BGI expired.

During an interview on 11/07/2024 at 3:00 PM, Staff AA, Business Office Director, stated that they were responsible to complete the staff background checks and maintain a valid BGI in the employee record for all employees. Staff AA stated that they were aware some staff records were out of compliance.

During an interview on 11/18/2024 at 9:30 AM, Staff AA, stated that there was no earlier BGI completed for Staff F. Staff AA stated that they were aware that Staff V's every two-year BGI was completed late.

Plan/Attestation Statement

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

Administrator (or Representative) 12/11/24 Date