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

REDM LLC
FAIRWINDS REDMOND
9988 AVONDALE ROAD NE
REDMOND, WA 98052

RE: FAIRWINDS REDMOND License # 1814

Dear Administrator:

This letter addresses Compliance Determination(s) 46063 (Completion Date 08/22/2024) and 43736 (Completion Date 07/03/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/22/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2483-1

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

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Region 2, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: FAIRWINDS REDMOND **Provider Type:** Assisted Living Facility
License/Cert.#: 1814
Compliance Determination #: 43736 **Intake ID:** 137266
Investigator: Thomas Forkgen **Region/Unit #:** RCS Region 2 / Unit D
Investigation Date(s): 07/03/2024 through 07/03/2024
Complainant Contact Date(s):

Allegation(s):
Facility did not do a one-step TB test within three days of hire for the Plant Operations Supervisor.

Investigation Methods:

Sample:	Total residents: 0 Resident sample size: 0 Closed records sample size:
Observations:	Observed Facility Plant Supervisor in the facility. Facility Plant supervisor was observed on a tour with the Department Licensor as we inspected the commercial and residential laundry rooms ventilation systems.
Interviews:	Wellness and Health Director
Record Reviews:	Staff personnel files which included Tuberculin tests records for newly hired staff.

Investigation Summary:
Failed practice established. Facility failed to do a one-step TB test within three days of hire for the Plant Operations Supervisor. See citation.

Conclusion / Action:

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

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You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 07/03/2024, 07/03/2024 and 07/03/2024 of:

FAIRWINDS REDMOND
9988 AVONDALE ROAD NE
REDMOND, WA 98052

This document references the following complaint number(s): 137266

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

The department staff that investigated the Assisted Living Facility:

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

07/09/2024 — Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) _____ Date _____

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to complete the required one test for tuberculosis (TB) for 1 of 1 sampled staff (Staff N) who had a history of a two-step negative TB test. This failure placed all the residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included…

Observation on 07/03/2024 at 10:00 AM, showed Staff N, Plant Operations Supervisor, walked through the facility during an inspection of the commercial and second floor laundry ventilation systems.

Review of the facility's Employee Roster showed that the facility hired Staff N on 06/04/2024. Review of Staff N's employee records showed that on 09/15/2023, Staff N completed a one-step TB test and on 09/29/2023 completed a two-step TB test. Both test results were negative. There was no documentation that showed Staff N completed a one-step test for TB when they were hired.

During an interview on 07/03/2024 at 3:30 PM, Staff K, Health and Wellness Manager, stated that since Staff N completed a two-step from their previous employment, Staff K was unaware Staff N was required to complete a one-step TB test within three days of hire. Staff K stated that they were unfamiliar with the Washington Administrative Code for one-step TB test requirements.

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, FAIRWINDS REDMOND is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Administrator (or Representative) Date