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

PRESBYTERIAN RETIREMENT COMMUNITIE
PARK SHORE
1630 43RD AVE E
SEATTLE, WA 98112

RE: PARK SHORE License # 183

Dear Administrator:

This letter addresses Compliance Determination(s) 33470 (Completion Date 12/06/2023) and 30673 (Completion Date 10/19/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/06/2023 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-2730-1-b

The Department staff who did the on-site verification:
Faith Le, NCI

If you have any questions, please contact me at (425)670-6070.

Sincerely,

Jamie Singer

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

Residential Care Services
Investigation Summary Report

Provider/Facility: PARK SHORE
Provider Type: Assisted Living Facility
License/Cert.#: 183
Compliance Determination #: 30673
Intake ID: 97742
Investigator: Erin Steinbrenner
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 10/09/2023 through 10/19/2023
Complainant Contact Date(s):

Allegation(s):
The Assisted Living Facility (ALF) has Covid-19 positive Residents.

Investigation Methods:

Sample:	Total residents: 24 Resident sample size: 3 Closed records sample size: 1
Observations:	ALF lobby Staff - resident interactions Visitor sign in kiosk
Interviews:	ALF Director of Wellness ALF Staff Health Service Director
Record Reviews:	ALF policies Resident Characteristic Roster

Investigation Summary:
Observation, Interview and record review showed the ALF had infection control policies and procedures in place. The ALF tested staff and residents and monitored for COVID-19 symptoms. The ALF met reporting requirements and followed Department of Health and Center for Disease Control guidance and Local Health Jurisdiction recommendations. The ALF failed to follow their Respiratory Protection Plan and did not fit-test staff for proper N95 masks to use during a COVID-19 outbreak. Deficient practice identified.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 183	Compliance Determination #30673
Plan of Correction	PARK SHORE	Completion Date
Page 1 of 3	Licensee: PRESBYTERIAN RETIREMENT COMMUNITIE	10/19/2023

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 10/09/2023 and 10/09/2023 of:

PARK SHORE
1630 43RD AVE E
SEATTLE, WA 98112

This document references the following complaint number(s): 97742, 100803

The following sample was selected for review during the unannounced on-site visit: 3 of 24 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Erin Steinbrenner, Nursing Consultant Institutional
Faith Le, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jamie Singer
Residential Care Services

10/26/2023
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)

11/03/2023
Date

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living facility (ALF) failed to follow a Respiratory Protection Program (RPP) by ensuring care staff completed medical evaluations and were fit-tested for respirator masks. This failure placed 25 residents at risk for exposure to COVID-19 (is an infectious disease by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death) during an outbreak in the facility.

Findings included...

NOTE: Washington Administrative Code (WAC) 296-842-12005 stated all long term-care facilities were required to develop and maintain an RPP.

NOTE: Review of a "Dear Administrator" letter, dated 04/30/2021, showed the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined by Department of Health as a "federal and state OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards." The ALF were required to provide initial and annual fit-tests for each Health Care Worker (HCW) with the same model, style, and size respirator that the HCW would be required to wear for protection against COVID-19 and airborne hazards. The ALF were required to provide fit-tested respirators, such as N95, to all HCWs with the potential to have contact with residents with known or suspected COVID-19. The ALF were required to provide gowns, gloves, and eye protection to staff who are providing care to residents.

Findings included...

Record review of a Resident Characteristic Roster showed the ALF provided care and services for 24 residents.

Observation, on 10/09/2023 at 1:10 PM, showed the front entrance of the ALF displayed a sign stating that it had active cases of COVID.

Record review showed the ALF had a COVID policy however there was nothing written regarding an RPP that included ensuring HCW had medical evaluations and respiratory mask fitting completed annually. Review of HCW records showed none of the care staff had documentation of medical evaluations or annual respiratory mask fitting completed.

In an interview, on 10/09/2023 at 4:09 PM, Staff A (Assisted Living Director of Wellness) stated the ALF used one brand and one size of respiratory masks for all HCW. Staff A stated that HCW had not undergone medical evaluations or respiratory mask fit testing.

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, PARK SHORE is or will be in compliance with this law and / or regulation on (Date) 11|30|2023

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

Rani Seth
Administrator (or Representative)

11|03|2023
Date