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

LUTHERAN RETIREMENT HOME OF GREATE
HEARTHSTONE
6720 E Greenlake Way N
Seattle, WA 981035439

RE: HEARTHSTONE License # 193

Dear Administrator:

This letter addresses Compliance Determination(s) 33363 (Completion Date 12/06/2023) and 32120 (Completion Date 11/13/2023).

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-2480-1, WAC 388-78A-24642, WAC 388-78A-24642-1, WAC 388-78A-2140-2-a, WAC 388-78A-2140-3, WAC 388-78A-2090-6-e

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

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

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

Statement of Deficiencies	License #: 193	Compliance Determination # 32120
Plan of Correction	HEARTHSTONE	Completion Date
Page 1 of 7	Licensee: LUTHERAN RETIREMENT HOME OF	11/13/2023

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 the unannounced on-site full inspection on 11/07/2023 and 11/08/2023 of:
HEARTHSTONE
6720 E Green Lake Way N
Seattle, WA 98103

The following sample was selected for review during the unannounced on-site visit: 7 of 28 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

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

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

Jamie Singer
Residential Care Services

11/15/2023
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.

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Administrator (or Representative) 11/21/2023 Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff members (Staff B and Staff F) completed the required tuberculin skin test (TST) initiated within three days of employment. This placed 28 residents at risk of exposure to a communicable disease.

Findings included...

Review of records showed the ALF hired Staff B (Wellness Nurse) on 08/15/2023. Record review showed Staff B had a TB test completed on 12/08/2022 prior to employment but did not show a TB test after date of hire.

Review of records showed the ALF hired Staff F (Dietary Server) on 10/25/2019. Record review showed Staff F had a TB test completed on 09/08/2021 but did not show a TB test no later than 3 days after date of hire.

In interview, on 11/08/2023 at 9:58 AM, Staff G (Director of Human Resources) confirmed Staff B and Staff F had not completed their TST 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, HEARTHSTONE is or will be in compliance with this law and / or regulation on (Date) 11/24/2023 .

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

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Administrator (or Representative) 11/21/2023 Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a national fingerprint background check (NFBC) for 1 of 6 sampled staff (Staff E) was completed. This placed 28 residents at risk for receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff E (Nursing Assistant Certified), hired on 12/13/2016, did not show Staff E completed a NFBC.

In an interview, on 11/08/2023 at 9:28 AM, Staff G (Director of Human Resources) confirmed Staff E did not have completed NFBC.

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, HEARTHSTONE is or will be in compliance with this law and / or regulation on (Date) 11/17/2023.

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

Administrator (or Representative) 11/21/2023 Date

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

including the following:

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to develop and document a Negotiated Service Agreement (NSA) that supported the care needs of 1 of 1 sampled resident (Resident 4). This placed Resident 4 at risk of not receiving needed care and services.

Findings included...

Record review of a Face Sheet showed the ALF admitted Resident 4 on [redacted]/2022 with multiple diagnoses.

An observation, on 11/07/2023 at 3:00 PM, showed Resident 4 assisted to her apartment by Collateral Contact 1 (CC1 - Private Caregiver).

In interview, on 11/08/2023 at 1:00 PM, CC1 stated they had worked with Resident 4 daily, between the hours of 11:00 AM and 7:00 PM, for over three months and assisted with hands-on care and escorted her to activities.

Review of Resident 4's Service Plan (SP – equivalent to an NSA), dated 09/14/2023, showed no mention of a PCG. The SP did not include the PCG's schedule and what care assistance the PCG was to provide for Resident 4. There was no alternative plan regarding who would provide the care for the Resident 4 if the PCG was unable to be at the ALF.

In interview, on 11/07/2023 at 2:55 PM, Staff B (Wellness Nurse) stated Resident 4's PCG had been in place for a few months for safety reasons. Staff B acknowledged the PCG schedule and back-up plan had not been included in Resident 4's NSA and stated it should be there.

Statement of Deficiencies	License #: 193	Compliance Determination # 32120
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This is a repeat deficiency previously cited on 07/21/2021.

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

Administrator (or Representative) — Date: 11/21/2023

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview and record review the Assisted Living Facility (ALF) failed to ensure a system was in place to perform a 14-day assessment, after moving into the ALF, for 1 of 2 sample residents (Resident 1) who was admitted to the ALF in the past six months. In addition, the ALF failed to complete an assessment that included safety considerations and need for bed rails for 1 of 1 sampled resident (Resident 3). These failures placed Resident 1 at risk for unmet needs and Resident 3 at risk of improper use of equipment, injury, and entrapment.

Findings included...

NOTE: On 05/15/2013 a, "Dear Assisted Living Facility Administrator" letter was issued to ALF providers related to the safety risks associated with the use of all medical devices, including transfer poles, Posey or lap belts, and side bed rails. The letter stated, "Potential risks of medical devices may include strangling, suffocating, bodily injury, skin bruising, cuts, scrapes, agitation, feeling isolated or unnecessarily restricted."

Resident 1

Review of a Profile Face Sheet showed the ALF admitted Resident 1 to the Memory Care Unit on [redacted]/2023 with multiple disabling diagnoses including [redacted] and [redacted]

Record review of a Resident 1's most recent Assessment showed it was completed on [redacted]/2023 as the "Pre-Admission Assessment." There was Full Assessment, conducted within 14 days of move-in found in Resident 1's records.

In an interview, on 11/08/2023 at 12:50 PM, Staff B (Wellness Nurse) confirmed no Full Assessment was performed after Resident 1 admitted into the ALF.

Resident 3

Review of an Assessment, dated 10/16/2023, showed the ALF admitted Resident 3 on [redacted]/2023 with a history of falls resulting in fractured bones.

Observation and interview, on 11/08/2023 at 1:40 PM, showed bilateral rectangular metal bed rails secured to the sides of Resident 3's bed. Observation showed vertical bars located between the steel frame. Resident 3 stated the bed rails were brought in when she admitted into the ALF to help her with transferring in and out of the bed. Resident 3 stated she did not recall getting any safety information from the facility about side rails.

Review of the Assessment showed Resident 3 had not been assessed of her ability to safely use side rails. There was no documentation to show Resident 3 was aware of the risks and benefits of side rail use.

During an interview, on 11/08/2023 at 2:20 PM, Staff B confirmed the bed rails had not been assessed by the facility, it was not on Resident 3's Assessment.

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) 11/21/2023 Date