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

Aegis Senior Communities LLC
AEGIS SENIOR INN OF KENT
10421 SE 248th St
Kent, WA 98030

RE: AEGIS SENIOR INN OF KENT License # 1944

Dear Administrator:

This letter addresses Compliance Determination(s) 33229 (Completion Date 11/30/2023) and 31534 (Completion Date 11/06/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/30/2023 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-2468-1, WAC 388-78A-2468-2, WAC 388-78A-2468-4, WAC 388-78A-2483, WAC 388-78A-2483-1, WAC 388-78A-2483-2

The Department staff who did the on-site verification:

Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor
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

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 #: 1944	Compliance Determination # 31534
Plan of Correction	AEGIS SENIOR INN OF KENT	Completion Date
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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 the unannounced on-site full inspection on 10/24/2023, 10/24/2023, 10/26/2023 and 10/26/2023 of:
AEGIS SENIOR INN OF KENT
10421 SE 248th St
Kent, WA 98030

The following sample was selected for review during the unannounced on-site visit: 7 of 39 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Michelle Yip, 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

11/07/2023 — 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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NOV 10 2023

Administrator (or Representative)

11/8/2023 DSHS/ALTSA/RCS
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;

(2) Requires the person to sign a disclosure statement indicating if he or she has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is disqualifying under WAC 388-78A-2470 ;

(4) Does not allow the person to have unsupervised access to any resident;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to submit a Department of Social and Health Services (DSHS) Washington state name and date of birth background inquiry for all staff within one day of hire. This failure placed all residents at risk for potential abuse or neglect from staff with unknown backgrounds.

Findings included...

FACILITY STAFF
Review of the employee roster showed the facility rehired Staff B, Registered Nurse/Wellness Nurse, on 07/07/2023 and rehired Staff D, Care Manager, on 02/01/2023.

Review of Staff B's personnel file showed a completed DSHS BGI dated 06/16/2022. The file showed the 06/16/2023 BGI was from Staff B's previous employment at the facility. There was no documentation that showed Staff B completed a new BGI within one day of being rehired on 07/07/2023. There was no documentation the facility required Staff B sign a disclosure statement prior to start of work.

Review of Staff D's personnel file showed a completed DSHS BGI dated 03/04/2021. The file showed the 03/04/2021 BGI was from Staff D's previous employment at the facility. There was no documentation that showed Staff D completed a new BGI within one day of being rehired on 02/01/2023. The file also showed Staff D completed a new BGI on 02/15/2023, 14 days after the facility rehired Staff D.

Review of the staff schedule showed Staff B worked unsupervised without a current BGI in

July 2023, August 2023, September 2023, and October 2023. The schedule showed Staff B worked on Fridays and Saturdays from 9:00 AM to 5:00 PM as the Wellness Nurse. The scheduled showed Staff D worked unsupervised for 14 days without a current BGI in February 2023.

During an interview on 10/24/2023 at 2:00 PM, Staff I, Business Office Manager, confirmed that the facility rehired Staff B on 07/07/2023 and rehired Staff D on 02/01/2023. Staff I stated that they were unaware a new BGI was required for staff that the facility rehired. Staff I stated that they thought BGIs were valid for two years. Staff I stated that they thought Staff B's original BGI was valid until 06/16/2024 and Staff D's BGI was valid until 03/04/2023. Staff I stated that they thought since the previous BGI was still valid, the facility did not need to complete a new background check. Staff I stated that they completed Staff D's background check on 02/15/2023, fourteen days after Staff D was rehired.

CONTRACTED STAFF
Review of the facility resident roster showed the facility admitted Resident 8 in [redacted] 2023. Review of Resident 8 facility records showed that in September 2023, Resident 8 hired two private HCAs (Private Contracted Home Care Aide 1 ([HCA 1] and Private Contracted Home Care Aide 2 [HCA 2]) through a contracted home care agency. Records showed HCA1 and HCA 2 started work at the facility with Resident 8 on 09/25/2023. Records showed HCA1 and HCA2 worked a split schedule to provide Resident 8 with one-on-one care.

Review of facility's background checks showed the facility completed HCA1 and HCA2's BGIs on 10/30/2023. There was no documentation that showed the facility completed a DSHS BGI within one day of the private caregivers' start date working with Resident 8.

During an interview on 10/30/2023 at 4:09 PM, Staff A, General Manager, one resident employed private HCAs from a contracted home care agency. Staff A stated that Resident 8 employed two private HCAs in coordination with the facility for care and services. Staff A stated that the home care agency conducted Washington State Patrol background checks on the private HCAs. Staff A stated that the home care agency provided the facility with the HCAs' background check results. Staff A stated that the facility entrusted the contracted agency and did not further complete a background check for HCA1 and HCA2 when they started work at the facility. Staff A stated that they were unaware the facility was responsible to complete a BGI through DSHS Background Check Central Unit for the private HCAs.

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, AEGIS SENIOR INN OF KENT is or will be in compliance with this law and / or regulation on (Date) 11/14/2023 .

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

Administrator (or Representative) — Date: 11/8/2023

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

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure all staff were screened for tuberculosis. This failure placed all residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Review of the facility's policy titled "Tuberculosis (TB) Requirements by State – Employees & Residents", dated 08/17/2023, showed that the facility followed the Washington Administrative Code (WAC) on tuberculosis testing requirements. The policy showed that the facility required each newly hired care staff be screened for TB infection and disease.

Review of the facility's employee roster showed the facility rehired Staff B, Registered Nurse, Wellness Nurse, on 07/07/2023 and rehired Staff D, Care Manager, on 02/01/2023.

STAFF B
Review of Staff B's personnel records showed that on 06/20/2022, they received a one-step TB skin test. On 07/05/2022, Staff B received a second TB skin test. The results of the one-step administered on 06/20/2022 were read on 06/22/2022, with negative results for TB. The results of the two-step administered on 07/05/2022 were read on 07/07/2022, with negative results for TB. The records showed no documentation that staff B completed a one-step TB skin test when rehired, as required.

STAFF D
Review of Staff D's personnel file showed on 01/12/2019, they received a one-step TB skin test. On 01/25/2019, Staff D received a second TB skin test. The file showed the January 2019 two-step TB skin tests results were negative. The records showed no documentation that Staff D completed a one-step TB test when rehired, as required.

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During an interview on 10/24/2023 at 2:00 PM, Staff I, Business Office Manager, confirmed that the facility rehired Staff B on 07/07/2023 and Staff D on 02/01/2023. Staff I stated that they did not know that any staff with a history of negative TB test required a one-step test for TB when hired or rehired. Staff I stated that they thought a rehired staff did not require another TB test.

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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, AEGIS SENIOR INN OF KENT is or will be in compliance with this law and / or regulation on (Date) 11/14/2023 .

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

Administrator (or Representative) — 11/8/2023 Date