STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

The Hamptons Operations LLC
The Hampton Alzheimers Community
1617 SE Talton Ave
Vancouver, WA 98683

RE: The Hampton Alzheimers Community License # 1946

Dear Administrator:

This letter addresses Compliance Determination(s) 57490 (Completion Date 04/07/2025) and 54948 (Completion Date 02/24/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/07/2025 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-2210-1-b, WAC 388-78A-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2130-1, WAC 388-78A-2130-1-a, WAC 388-78A-2130-1-b, WAC 388-78A-2130-1-c, WAC 388-78A-2130-2, WAC 388-78A-2390, WAC 388-78A-2390-1, WAC 388-78A-2390-2, WAC 388-78A-2480-1

The Department staff who did the on-site verification:
Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 02/20/2025 and 02/24/2025 of:

The Hampton Alzheimers Community
1617 SE Talton Ave
Vancouver, WA 98683

The following sample was selected for review during the unannounced on-site visit: 12 of 69 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Yvonne Chitekwe
Jennifer Siharath, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Jody Just
Residential Care Services

02/28/2025
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.

Angela Ronsk
Administrator (or Representative)

3.3.2025
Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to develop and implement systems that support and promote safe medication service when 1 of 2 medication carts in the memory care was unsupervised by a staff member and left unlocked. This failure placed all memory care residents at risk of adverse reactions from consumption of medications not as intended or prescribed to them.

Findings included...

During the tour of the facility for an unannounced licensing full inspection on 02/20/2025 at 11:45 AM, the department observed an unsupervised medication cart between room one and the chart room appeared to be locked. The department was able to access the medications inside the cart.

On 02/20/2025 at 11:51 AM, Staff A, Executive Director, confirmed that the lock on the medication cart was broken.

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.

Residential Care Services | 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-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to develop and implement systems that support and promote safe medication service when 1 of 2 medication carts in the memory care was unsupervised by a staff member and left unlocked. This failure placed all memory care residents at risk of adverse reactions from consumption of medications not as intended or prescribed to them.

Findings included…

During the tour of the facility for an unannounced licensing full inspection on 02/20/2025 at 11:48 AM, the department observed an unsupervised medication cart between room one and the chart room appeared to be locked. The department was able to access the medications inside the cart.

On 02/20/2025 at 11:51 AM, Staff A, Executive Director, confirmed that the lock on the medication cart was broken.

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 Hampton Alzheimers Community is or will be in compliance with this law and / or regulation on (Date) 2.21.2025.

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

Angela Rose — Administrator (or Representative)

3.3.2025 — Date

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:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

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 Hampton Alzheimers Community 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

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:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

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

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(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.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including

preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment within 14 days of the resident's admission to the facility for 3 of 5 sampled residents (Residents 8, 10, and 11). This failure placed these residents at risk of their care needs not being met.

Findings included…

Resident 8 (R8)

During an unannounced licensing full inspection on 02/21/2025 at 11:35 AM, R8's records showed that R8 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] ([redacted]) and [redacted] ([redacted]).

Record review of R8's assessments, showed assessments dated 10/19/2024, 11/25/2024, 01/09/2025, and 02/07/2025. There were no assessments found to show that an assessment was completed within 14 days of R8 admitting to the facility.

Resident 10 (R10)

On 02/21/2025 at 2:30 PM, R10's records showed that R10 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R10's assessments, showed an assessment dated 11/13/2024. There were no assessments found to show that an assessment was completed within 14 days of R10 admitting to the facility.

On 02/21/2025 at 3:00 PM, no other assessments were provided to the department for R10.

On 02/24/2025 at 9:20 AM, Staff B, Facility nurse, provided the department with an undated assessment for R10 labeled, " 14-day assessment."

Resident 11 (R11)

On 02/21/2025 at 2:45 PM, R11's records showed that R11 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted]

Record review of R11's assessments, showed assessments dated 11/13/2024 and 02/12/2025. There were no assessments found to show that an assessment was completed within 14 days of R11 admitting to the facility.

On 02/21/2025 at 3:00 PM, no other assessments were provided to the department for R11.

On 02/24/2025 at 9:20 AM, Staff B, provided the department with an undated assessment for R11 labeled, " 14-day assessment."

During an exit interview on 02/24/2025 at 11:00 AM, Staff A, Executive Director, and Staff B, acknowledged the department's findings.

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 Hampton Alzheimers Community is or will be in compliance with this law and / or regulation on (Date) 4.3.2025

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

Angela Rad — Administrator (or Representative)

3.3.2025 — Date

WAC 388-76A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living

On 02/24/2025 at 9:20 AM, Staff B, Facility nurse, provided the department with an undated assessment for R10 labeled, “14-day assessment.”

Resident 11 (R11)

On 02/21/2025 at 2:45 PM, R11’s records showed that R11 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted] ([redacted]), [redacted].

Record review of R11’s assessments, showed assessments dated 11/13/2024 and 02/12/2025. There were no assessments found to show that an assessment was completed within 14 days of R11 admitting to the facility.

On 02/21/2025 at 3:00 PM, no other assessments were provided to the department for R11.

On 02/24/2025 at 9:20 AM, Staff B, provided the department with an undated assessment for R11 labeled, “14-day assessment.”

During an exit interview on 02/24/2025 at 11:00 AM, Staff A, Executive Director, and Staff B, acknowledged the department’s findings.

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 Hampton Alzheimers Community 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

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living

facility. The assisted living facility must ensure the initial resident service plan:

(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete the Negotiated Service Agreement (NSA) upon admission and/or within 30 days of admission to the facility for 4 of 5 sampled residents (Resident 8, 10, 11, and 12). This failure placed these residents at risk for proper care needs being unmet.

Findings included…

Resident 8 (R8)

During an unannounced full inspection on 02/21/2025 at 11:35 AM, R8's records showed that R8 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] ([redacted]).

Record review of R8's NSAs, showed NSAs dated 11/25/2024 and 02/07/2025. No NSAs were found to show that an NSA was completed upon admission to the facility.

Resident 10 (R10)

On 02/21/2025 at 2:30 PM, R10's records showed that R10 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

No NSAs were provided to the department during initial review of R10's records.

On 02/24/2025 at 9:20 AM, Staff B, Facility nurse, provided an NSA dated 02/23/2025. No NSAs were found to show that an NSA was competed upon admission to the facility and again within 30 days for R10.

Resident 11 (R11)

On 02/21/2025 at 2:45 PM, R11's records showed that R11 admitted to the facility on [redacted] 2024 with various diagnoses including [redacted] and [redacted].

Record review of R11's NSAs, showed an NSA dated 02/12/2026. No NSAs were found to show that an NSA was completed upon admission to the facility and again within 30 days for R11.

Resident 12 (R12)

On 02/24/2025 at 9:35 PM, R12's records showed that R12 admitted to the facility on [redacted] 2024 with various diagnoses including [redacted]

Record review of R12's NSAs, showed an NSA dated [redacted] 2024. No NSAs were found to show that an NSA was completed within 30 days of admission to the facility for R12.

During an exit interview on 02/24/2026 at 11:00 AM, Staff A, Executive Director, and Staff B, acknowledged the department's findings.

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 Hampton Alzheimers Community is or will be in compliance with this law and / or regulation on (Date) 4.3.2025

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

Angela Lord — Administrator (or Representative)

3.3.2025 — Date

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident, and

Resident 11 (R11)

On 02/21/2025 at 2:45 PM, R11's records showed that R11 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted] ([redacted]), [redacted].

Record review of R11's NSAs, showed an NSA dated 02/12/2025. No NSAs were found to show that an NSA was completed upon admission to the facility and again within 30 days for R11.

Resident 12 (R12)

On 02/24/2025 at 9:35 PM, R12's records showed that R12 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R12's NSAs, showed an NSA dated [redacted]/2024. No NSAs were found to show that an NSA was completed within 30 days of admission to the facility for R12.

During an exit interview on 02/24/2025 at 11:00 AM, Staff A, Executive Director, and Staff B, acknowledged the department's findings.

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 Hampton Alzheimers Community 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

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident; and

(2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 9 of 9 sampled residents (Residents 1,2,3,4,5,6,7,8, and 9). This failure placed these nine residents at risk for proper care needs not being met.

Findings included…

Resident 1 (R1)

During an unannounced licensing full inspection on 02/21/2025 8:40 AM, R1's records showed that R1 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted]

Record review of R1's negotiated service agreement (NSA), dated 07/16/2024, documented that R1 is diabetic and incontinent with bowel and bladder.

Record review of the facility's Resident Characteristic Roster (RCR), showed no documentation of R1 being diabetic and/or being incontinent with bowel and bladder.

Resident 2 (R2)

On 02/21/2025 at 9:25 AM, R2's records showed that R2 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted] ([redacted]).

Record review of R2's assessment and NSA, dated 09/26/2024, documented that R2 utilizes a wheelchair, has a special diet, and that non-verbal strategies are used by staff for communication. The assessment and NSA documented maximum assist with most of R2's activities of daily living (ADL).

Record review of the facility's RCR, showed no documentation of R2 utilizing a wheelchair, having a special diet, or having communication issues. The RCR also documented R2 as having moderate assistance with ADLs.

Resident 3 (R3)

On 02/21/2025 at 10:15 AM, R3's records showed that R3 admitted to the facility on [redacted]/2021 with various diagnoses including [redacted] and [redacted].

Record review of R3's assessment and NSA, dated 01/14/2025, documented that R3 utilizes a wheelchair and wanders into other resident's bathrooms.

Record review of the facility's RCR, showed no documentation of R3 utilizing a wheelchair or of R3 exhibiting wandering behaviors.

Resident 4 (R4)

On 02/21/2025 at 10:15 AM, R4's records showed that R4 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of R4's NSA, dated 06/28/2024, and assessment dated, 09/26/2024, showed documentation that R4 is hard of hearing.

Record review of the facility's RCR showed no documentation that R4 was hard of hearing.

Resident 5 (R5)

On 02/21/2025 at 11:15 AM, R5's records showed that R5 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Record review of the facility's RCR showed no documentation of R5's assistance with ADLs.

Resident 6 (R6)

On 02/21/2025 at 11:10 AM, R6's records showed that R6 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] ([redacted]), [redacted].

Record review of R6's NSA, dated 06/05/2024, and assessment dated, 09/10/2024, documented that R6 receives moderate assistance with ADLs.

Review of the facility's RCR showed no documentation of R6's assistance with ADLs.

Resident 7 (R7)

On 02/21/2025 at 9:30 AM, R7's records showed that R7 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R7's progress notes, dated 12/01/2024 through 02/21/2025, showed documentation that R7 had hospital visits on 12/31/2024 and 02/04/2025. The progress notes also documented behavior issues from R7 towards staff and other residents.

Record review of the facility's RCR, showed no documentation of R7 having a recent hospitalization and/or R7 having behavioral issues.

Resident 8 (R8)

On 02/21/2025 at 11:35 AM, R8's records showed that R8 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted] ([redacted]).

Record review of R8's assessment and NSA, dated 02/07/2025, documented that R8 wanders throughout the building.

Record review of the facility's RCR showed no documentation that R8 exhibits wandering behaviors.

Resident 9 (R9)

On 02/21/2025 at 12:05 PM, R9's records showed that R9 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R9's assessment, dated 10/28/2024, documented that R9 is hard of hearing.

Record review of the facility's RCR showed no documentation that R9 is hard of hearing.

During an exit interview on 02/24/2025 at 11:00 AM, Staff A, Executive Director, and Staff B, Facility nurse, acknowledged the department's findings.

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 Hampton Alzheimers Community is or will be in compliance with this law and / or regulation on (Date) 4.3.2025.

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

Angela Rorsh — Administrator (or Representative)

3.3.2025 — 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 facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire for 1 of 3 sampled staff (Staff D) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease

Findings included...

During an unannounced licensing full inspection on 02/20/2025 at 12:30 PM, the department received the requested staff documents.

Record review for Staff D, resident aide, showed that Staff D was hired on 06/20/2024. Review of Staff D's TB records showed that a chest x-ray was completed on 06/21/2024. No other documentation of TB testing was provided for Staff D.

During an exit interview on 02/24/2025 at 11:00 AM, Staff A, Executive Director, acknowledged the department's findings.

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 Hampton Alzheimers Community 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

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 facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire for 1 of 3 sampled staff (Staff D) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included…

During an unannounced licensing full inspection on 02/20/2025 at 12:30 PM, the department received the requested staff documents.

Record review for Staff D, resident aide, showed that Staff D was hired on 08/20/2024. Review of Staff D's TB records showed that a chest x-ray was completed on 06/21/2024. No other documentation of TB testing was provided for Staff D.

During an exit interview on 02/24/2025 at 11:00 AM, Staff A, Executive Director, acknowledged the department's findings.

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 Hampton Alzheimers Community is or will be in compliance with this law and / or regulation on (Date) 4.2.2025.

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

Angela Rust — Administrator (or Representative)

3.3.2025 — Date

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 Hampton Alzheimers Community 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