STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

08/16/2024

Cascade Living Group - Ashley Gardens LLC
Ashley Gardens of Mt Vernon
3807 E College Way
Mount Vernon, WA 98273

RE: Ashley Gardens of Mt Vernon License # 1948

Dear Administrator:

This letter addresses Compliance Determination(s) 45728 (Completion Date 08/15/2024) and 42950 (Completion Date 06/21/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/15/2024 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-2610-1

The Department staff who did the on-site verification:
Cristina Gonzalez, ALF Licensor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 follow-up on 06/20/2024 and 06/20/2024 of:
Ashley Gardens of Mt Vernon
3807 E College Way
Mount Vernon, WA 98273

This document references the following SOD dated: 06/21/2024

The following sample was selected for review during the unannounced on-site visit: 0 of 21 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, ALF Licensor
Roger Harrington, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley — Residential Care Services

07/03/2024 — 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-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to follow infection control measures by not ensuring 7 of 7 staff (Staff B, C, D, E, F, G, and H) had been fit-tested for an N95 respirator (a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles). This failure resulted in Staff B, C, D, E, F, G, and H not being fit tested for a respirator in the event of an infectious respiratory disease outbreak and placed all 21 residents at a higher risk of contracting a communicable disease.

Findings included…

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed that on 03/19/2024, the ALF received a citation for this regulation. The ALF signed an attestation statement that the facility would have a system in place and the deficiency corrected by 05/03/2024.

Review of Washington Administrative Code 296-842-15005(2)(a)(b) showed the ALF would provide fit testing (a test used to determine which respirator model and size provides the proper fit for the user) before employees are assigned duties that may require the use of respirators and at least every twelve months after the initial testing.

Review of the ALF's Respiratory Protection Program, dated 04/03/2023, showed that for any staff who could potentially be exposed to airborne respiratory illnesses, such as staff who care for residents on airborne precautions, respiratory protection during those work activities is required. The program showed that all staff who are required to wear an N95 respirator should be fit-tested prior to use of a respirator and annually.

On 06/20/2024 at 3:18 PM, Staff C, Care Associate, stated that they were fit-tested with another organization, but were unable to recall the date and had no documentation.

On 06/20/2024 at 3:27 PM, Staff B, Care Associate, stated that they were fit-tested at the beginning of COVID, but had not been tested since then.

On 06/20/2024 at 3:30 PM, Staff D, Licensed Practical Nurse, stated that they had been fit-tested around 16 to 18 months ago with a different employer. Staff I stated that they had not been fit-tested at this ALF.

On 06/20/2024 at 3:33 PM, Staff E, Lead Care Associate, stated that they believed the last time they were fit-tested was in 2020 or 2021.

On 06/20/2024 at 3:37 PM, Staff A, Executive Director, stated that they were still unable to provide N95 fit-testing documentation for any of the staff.

This is an uncorrected deficiency previously cited on 03/19/2024.

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, Ashley Gardens of Mt Vernon 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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 03/11/2024, 03/12/2024, 03/13/2024 and 03/14/2024 of:

Ashley Gardens of Mt Vernon
3807 E College Way
Mount Vernon, WA 98273

The following sample was selected for review during the unannounced on-site visit: 5 of 19 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, ALF Licensor
Judith Mellon, RN, Licensor
Roger Harrington, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley — Residential Care Services

04/01/2024 — 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-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to keep 4 of 4 cottages (Adams, Baker, Cascade, and Denali) safe and sanitary. This failure resulted in 19 of 19 residents living in an unsafe and unsanitary environment and placed all residents at risk for harm and a decreased quality of life.

Findings included…

The ALF was separated into four buildings called Adams Cottage, Baker Cottage, Cascade Cottage, and Denali Cottage. Each cottage contained resident sleeping quarters, a living room, a toilet-only bathroom, a bathroom with a shower, a laundry room, a dining area, and a kitchen.

On 03/11/2024, the following was observed:

Denali Cottage

At 10:11 AM, a drawer in the laundry room was unable to properly close all the way.

At 10:15 AM, a color bleached circle-shaped stain was on the carpet near the bathroom.

Cascade Cottage

At 10:22 AM, a room titled “Emergency Supplies” had an upright freezer containing extra food. The surface areas near the upright freezer door handles, front and sides were brown with dirt buildup.

On 03/11/2024 at 10:25 AM, Staff G, Maintenance Director, stated that the staff get a checklist for cleaning and that either the medication technicians or nurse should clean the freezer.

At 10:24 AM, in the electrical panel/sprinkler valve room, two boxes were stacked on top of the electrical machine.

On 03/11/2024 at 10:24 AM, Staff G stated that the boxes should not be there.

At 10:28 AM, in the mop/broom closet, a mop head was in a heap on a shelf. The mop head was wet to the touch.

On 03/11/2024 at 10:28 AM, Staff G stated that mop heads should be placed to dry by hanging the mop heads on the hooks in the closet.

Adams Cottage

At 10:31 AM, an electric wax burner in the shape of a pot was on the bookshelf in the living area. The burner contained melted liquid wax and the pot was warm to the touch.

At 10:45 AM, in the laundry room, the ceiling vent was covered in dust with strands hanging off the vent grilles.

On 03/11/2024 at 10:45 AM, Staff G stated that the vent should be clean, but it must have been missed during their routine cleaning.

At 10:52 AM, in the housekeeping closet, a wet mop head was resting on a shelf.

Baker Cottage

At 11:07 AM, in the living area resting on a side table was an electric wax burner with melted liquid wax in the container.

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) Date

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

(2) Long-term care worker orientation. Individuals required to complete the seventy-hour long-term care worker basic training must complete long-term care worker orientation, which is two hours of training regarding the long-term care worker's role and applicable terms of employment as described in WAC 388-112A-0210 .

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff B and C) completed a facility orientation and 2 of 6 staff (Staff B and D) completed Department approved orientation and safety training prior to providing care to residents. This failure resulted in Staff B and Staff C not receiving a timely facility orientation and Staff B and Staff D not having completed Department approved training focused on basic safety precautions, emergency procedures, and infection control placing all 19 residents at risk for compromised care and safety.

Findings included…

Review of the ALF's employee files showed the following:

Staff B, Caregiver, was hired on 01/20/2023. Staff B's facility orientation was completed on 08/10/2023, 202 days after their date of hire.

Staff C, Caregiver, was hired on 05/25/2023. Staff C's facility orientation was completed on 11/02/2023, 161 days after their date of hire. There was no documentation that Staff C completed Department approved orientation and safety training.

Staff D, Caregiver, was hired on 12/07/2023. There was no documentation that Staff D completed Department approved orientation and safety training.

On 03/12/2024 at 10:12 AM, Staff H, Business Office Manager, stated that their facility orientation consisted of a fire and life safety tour that showed locations of the ALF's fire alarms, fire extinguishers, and evacuation plans. Staff H stated that facility orientation should be completed on the employee's first day.

On 03/12/2024 on 10:14 AM, Staff H stated that Staff C and Staff D had not completed orientation and safety training yet. Staff H stated that Staff C and Staff D have been caring for residents during this time.

On 03/12/2024 at 12:15 PM, Staff B stated that whenever they had signed the paperwork is when they did their facility orientation. Staff B stated that they did not remember doing a fire and life safety tour when they first were hired.

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, Ashley Gardens of Mt Vernon 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 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff D) completed First Aid and Cardiopulmonary Resuscitation (CPR) training within 30 days of their date of hire. This failure resulted in Staff D not being trained in First Aid/CPR and placed all 19 residents at risk for harm due to Staff D not being certified to provide CPR and basic first aid skills.

Findings included…

Review of the ALF's employee files showed that Staff D, Caregiver, was hired on 12/17/2023. No documentation of First Aid/CPR certification was found in Staff E's file.

In an interview on 03/12/2024 at 10:11 PM, Staff H, Business Office Manager, stated that Staff D had not completed First Aid/CPR training.

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, Ashley Gardens of Mt Vernon 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 Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff B and D) were screened for tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) within three days of

employment. This failure placed 19 of 19 residents at risk of possible exposure to a communicable disease.

Findings included...

Review of the ALF's employee files showed the following:

Staff B, Caregiver, was hired on 01/20/2023. Staff B's TB test was initiated on 06/06/2023, 137 days after their date of hire.

Staff D, Caregiver, was hired on 12/07/2023. Staff D's TB test was initiated on 01/16/2024, 40 days after their date of hire.

In an interview on 03/12/2024 at 12:15 PM, Staff B, stated that whatever date was on the paperwork was accurate as they did not remember being tested for TB during their first three days of hire.

In an interview on 03/14/2024 at 11:33 PM, Staff H, Business Office Manager, stated that staff should be tested for TB within the first three days of hire.

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, Ashley Gardens of Mt Vernon 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 246-215-03440 Reheating Reheating for hot holding (FDA Food Code 3-403.11).

(2) Except as specified under subsection (3) of this section, time/temperature control for safety food reheated in a microwave oven for hot holding must be reheated so that all parts of the food reach a temperature of at least 165 F (74 C) and the food is rotated or stirred, covered, and allowed to stand covered for two minutes after reheating.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on interviews, observations and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 2 staff (Staff H and P) stirred, covered, let sit for two minutes, and tested food temperatures while reheating food in the microwave. This failure resulted in food being served to eight memory care residents that not checked for temperature and even heating, placing them at risk for burns while eating.

Findings included…

On 03/12/2024 at 12:13 PM, Staff H, Business Office Manager, stated that the microwave was used to warm up the puree and mechanical food.

On 03/12/2024 at 12:20 PM, Staff H was observed preparing plates of food and placing the food inside the microwave. The food was not stirred or removed and covered to let sit for two minutes. Staff H was then observed serving three residents reheated food from the microwave without checking the food temperature.

On 03/12/2024 at 12:20 PM, Staff P was observed adding already cooked meat to plates with the microwaved food without checking the food temperature for being too hot prior to serving to residents.

On 03/12/2024 at 12:20 PM, Staff P, stated that they did not check the temperature of the food prior to the food being served to the residents and asked if they should have.

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, Ashley Gardens of Mt Vernon 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 246-215-03526 Temperature and time control Ready-to-eat, time/temperature control for safety food, date marking (FDA Food Code 3-501.17).

(1) Except when packaging food using a reduced oxygen packaging method as specified under WAC 246-215-03540 , and except as specified in subsections (5) and (6) of this section, refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than twenty-four hours must be clearly marked to

indicate the date or day by which the food must be consumed on the premises, sold, or discarded when held at a temperature of 41 F (5 C) or less for a maximum of seven days. The day of preparation must be counted as day one.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observations, interviews and record review, the Assisted Living Facility (ALF) failed to ensure multiple food items held in refrigerators were covered, labeled with a date, or if expired removed from 2 of 4 Cottages (Adams and Denali) kitchen refrigerators. This failure placed all residents at risk for food borne illnesses.

The ALF consisted of four Cottages: Adams, Baker, Cascades, and Denali. Each cottage contained a kitchen with a refrigerator.

Findings included…

On 03/11/2024 at 10:34 AM, Staff R, Caregiver, stated that the staff had a daily cleaning schedule for the refrigerators.

On 03/11/2024, an undated staff cleaning schedule showed care staff were to clean the refrigerators on the night shift.

Adams Cottage:

At 10:36 AM, an open, uncovered container of yogurt was observed with a spoon sitting in it.

At 10:37 AM, two bowls of melted ice cream that were uncovered were observed in the freezer. Both bowls of ice cream appeared hardened on the top surfaces with ice crystals and one bowl had an ice cube that had fallen out of the ice dispenser and froze upright in the ice cream.

On 03/11/2024 at 10:13 AM, Staff P, Dining Service Director, stated that all items in the refrigerators needed to be labeled and dated.

Denali Cottage:

On 03/11/2024 at 9:57 AM, the refrigerator was observed to have: two packages of waffles in the freezer. One package wrap was open to freezer air, the second package had loosely applied plastic wrap. Both packages were not dated and were observed to be freezer burned.

On 03/11/2024 at 9:59 AM, a plastic blue container with a lid had a melted yellow-white substance was unlabeled in the freezer.

On 03/11/2024 at 10:00 AM, Staff H, Business Office Manager, stated that the melted substance looked like a pureed bun.

At 10:00 AM, a green cup had a creamy white powdery substance with a loose piece of plastic wrap that was undated.

At 10:01 AM, a plastic container had chocolate cake in it was unlabeled and not dated.

At 10:02 AM, two large plastic cake piping tubes with white icing inside them were unlabeled and not dated. One of the piping tubes had a white cellophane glove placed over the opening of the tube and a second tube was open and laying with the exposed end in the refrigerator door.

At 10:03 AM, a plastic container had moldy cheese, apple slices and celery that were brown in color.

10:04 AM, a container of pineapple had no date, unlabeled.

10:05 AM, a plastic baggie had mixed vegetable greens with a date 03/03/2024.

10:06 AM, tartar sauce was in a cup with a date of 02/21/2024.

10:09 AM, Staff Q, Caregiver, stated that the kitchen staff usually does the cleaning and there was a daily cleaning schedule for the refrigerators.

On 03/11/2024 AM, Staff G, Maintenance Director, stated that the staff have a checklist for cleaning refrigerators and that either the medication technician or the nurse are responsible for cleaning the refrigerators.

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, Ashley Gardens of Mt Vernon 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 246-215-02310 Hands and arms When to wash (FDA Food Code 2-301.14). foodemployees shall clean their hands and exposed portions of their arms as specified under WAC 246-215-02305 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and:

(9) After engaging in other activities that contaminate the hands or gloves.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure 1 of 2 staff (Staff H) cleaned their hands and change their gloves after contaminating their gloves when meals were transferred from the kitchen to the residents' dining table. This failure increased the risk of food contamination and placed residents at risk for a food-borne illness.

Findings included…

On 03/12/2024 at 12:05 PM, Staff P, Dining Service Director, stated that gloves needed to be changed when going from food preparation to a different job and vice versa.

On 03/12/2024 at 12:13 PM in the kitchen in Baker Cottage, Staff H, Business Office Manager, was observed wearing the same gloves while serving resident food. Staff H failed to change gloves after touching multiple kitchen surfaces, waking a resident up, and was observed touching a smeared substance on the handle of the safety gate that separated the kitchen from the residents' dining area while taking meals out to the residents.

On 03/12/2024 at 12:20 PM, Staff P, was observed placing a bun into Staff H's gloved hand. The same gloved hand that had been used to open the safety gate during meal

service. Staff H then served the bun to a female resident.
Staff H was observed not washing hands between tasks.

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, Ashley Gardens of Mt Vernon 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-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observations, interviews and record review, the Assisted Living Facility (ALF) failed to maintain water temperatures between 105 and 120-degrees Fahrenheit at all times in 1 of 4 cottages (Adams Cottage). This failure resulted in water temperatures greater than 120 degrees Fahrenheit (F) in resident shared bathrooms and shower rooms and placed eight residents at risk for injury related to elevated water temperatures.

Findings included…

The ALF consisted of four cottages that had two resident bathrooms, a front bathroom and a second bathroom with showers located in the back of each cottage.

On 03/12/2024 at 11:13 AM, in the Adams Cottage a bathroom sink in the front resident bathroom showed an elevated water temp of 134 degrees F.

On 03/12/2024 at 11:18 AM, in Adams Cottage a second bathroom with showers had an elevated water temp of 132.1 degrees F.

On 03/12/2024 at 11:39 AM, Staff G, Plant Operations Director, stated that the plumber had been out to the ALF less than a month ago and had replaced a part and that the

plumber had stated the temperature was back down to 112 degrees F. Staff G stated that he checked the water temperature every other week.

Record review of the ALF's water temperature logs for Adams Cottage dated from 12/27/2023 through 03/05/2024 showed water temperatures for the resident common bathroom/shower room ranged between 114.1 degrees F. to 114.8 degrees F.

On 03/13/2024 at 11:08 AM, Staff G stated that the water temperature in Adams Cottage went back up to 135 degrees F., and that staff were assisting residents in the bathrooms/shower rooms and that the ALF administration was notified and that the plumber was to be in the ALF today or tomorrow to correct the water temperature.

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) Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

This requirement was not met as evidenced by:

Based on interviews and record reviews the Assisted Living Facility (ALF) failed to follow infection control measures by not ensuring 7 of 7 staff (Staff I, J, K, L, M, N and O) had been fit-tested for an N95 respirator. This failure resulted in Staff I, J, K, L, M, N and O not having a fit tested respirator in the event of respiratory infections and placed all residents, staff, and visitors at a higher risk of contracting and spreading a communicable disease.

Findings included…

Review of Washington Administrative Code 296-842-15005 (2)(a)(b) showed the ALF would provide fit testing (a test used to determine which respirator model and size provides the proper fit for the user) before employees are assigned duties that may require the use of respirators and at least every twelve months after the initial testing.

Review of the ALF's Respiratory Protection Program revised on 03/21/2023 showed that the program applied to all staff who could potentially be exposed to airborne respiratory illnesses during normal work operation and during non-routine or emergency situations. The program showed all N95 respirators should be fit tested prior to use and annually for all staff required to wear an N95 respirator.

On 03/13/2024 at 2:24 PM, Staff H, Business Office Manager, stated that they did not have everyone fit-tested. Staff H stated that the ALF had N95 respirators and that staff could just grab a respirator if they needed it. Staff H stated that they kept a spreadsheet to track when staff needed to be fit-tested. No spreadsheet was available for review.

On 03/13/2024 at 2:38 PM, Staff H stated that staff fit-testing information was located in each individual staff file and when Staff H checked the files, they stated that 20 staff were not fit-tested. After further review of staff files, Staff H then checked each staff person in the computer system and stated the previous information was incorrect and that Staff I, J, K, L, M, N and O did not have fit-testing completed.

Review of staff records showed Staff I, J, K, L, M, N and O did not have any fit testing documentation available for review.

On 03/19/2024 at 3:44 PM, Staff N, Registered Nurse, stated that they remembered having a fit test to wear an N95 respirator and had started to work at the ALF on 01/01/2024. Staff N stated that they could not recall when they had the fit-test done but thought it was at the end of January 2024 after they started working.

On 03/19/2024 at 3:49 PM, Staff K, Caregiver, stated that they were unsure if they had a fit-test for an N95 done or not and was unable to recall any tests.

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, Ashley Gardens of Mt Vernon 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