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

Providence Health & Services - Washington
Providence Mount St. Vincent
4831 35th Ave SW
Seattle, WA 98126

RE: Providence Mount St. Vincent License # 198

Dear Administrator:

This letter addresses Compliance Determination(s) 43087 (Completion Date 06/24/2024) and 40342 (Completion Date 05/06/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/24/2024 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-2462-2-a, WAC 388-78A-2462-2-b, WAC 388-78A-2462-2, WAC 388-78A-2480-1, WAC 388-78A-2485-1, WAC 388-78A-2570, WAC 388-78A-2600-1-b, WAC 388-78A-3100-1, WAC 388-78A-3100-2

The Department staff who did the on-site verification:
Alma Duran, Licensor
Keiko Kitano, Licensor

If you have any questions, please contact me at (253)312-1446.

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

05/06/2024

Providence Health & Services - Washington
Providence Mount St. Vincent
4831 35th Ave SW
Seattle, WA 98126

RE: Providence Mount St. Vincent # 198

Dear Administrator:

This document references the following complaint numbers 124535.

The Department completed a full inspection of your Assisted Living Facility on 05/06/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Jamie Singer, Field Manager
Residential Care Services

Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

The Assisted Living Facility (ALF) failed to ensure that a copy of the most recent full inspection report was posted in the facility's premises. This placed residents at risk for not being well informed about the ALF's recent history of full inspections by the Department.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (253)312-1446.

Sincerely,

Jamie Singer

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

Enclosure

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

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 and complaint investigation on 04/22/2024 and 04/24/2024 of:
Providence Mount St. Vincent
4831 35th Ave SW
Seattle, WA 98126

This document references the following complaint numbers: 124535.

The following sample was selected for review during the unannounced on-site visit: 10 of 76 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Keiko Kitano, Licensor
Alma Duran, Licensor

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

5/6/2024 — 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) 5/13/24 Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 1 sampled staff member (Staff H) had completed the required Washington State name and date of birth background check (BGC) and a national fingerprint (FBGC) within the required timeframe. This placed 76 of 76 residents at risk for potential abuse or neglect from a staff member whose criminal background history was unknown.

Findings included...

NOTE: Washington Administrative Code (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;

NOTE: WAC 388-78A-24681 Background checks—Employment—Provisional hire—Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when: (1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and (2) The results of the national fingerprint background check are pending.

Review of the Residents Characteristics Roster, dated 04/22/2024, showed the ALF was providing care and services for 76 residents.

Record review showed that the ALF hired Staff H (Administrator) on 09/11/2023. The ALF

Administrator (or Representative) Date

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(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 1 sampled staff member (Staff H) had completed the required Washington State name and date of birth background check (BGC) and a national fingerprint (FBGC) within the required timeframe. This placed 76 of 76 residents at risk for potential abuse or neglect from a staff member whose criminal background history was unknown.

Findings included...

NOTE: Washington Administrative Code (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;

NOTE: WAC 388-78A-24681 Background checks—Employment—Provisional hire—Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when: (1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and (2) The results of the national fingerprint background check are pending.

Review of the Residents Characteristics Roster, dated 04/22/2024, showed the ALF was providing care and services for 76 residents.

Record review showed that the ALF hired Staff H (Administrator) on 09/11/2023. The ALF

conducted Staff H's BGC and FBGC on 04/23/2024, over seven months after Staff H was hired.

In an interview, on 04/23/2024 at 2:18 PM, Staff G (Director of Assisted Living) confirmed the ALF had not done a BGC and FBGC for Staff H until that very day.

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, Providence Mount St. Vincent is or will be in compliance with this law and / or regulation on (Date) 6/10/24 .

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

Administrator (or Representative) 5/13/24 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 that 1 of 3 sampled newly hired staff members (Staff A) received a tuberculosis skin test (TST) within three days of being hired. This placed 76 of 76 residents in the ALF at risk for exposure to a communicable disease.

Findings included...

Review of staff records showed that the ALF hired Staff A (Nurse Supervisor/Registered Nurse) on 12/31/2023. Review of Staff A's record showed that Staff A received a TST on 01/15/2024, about 15 days after being hired.

In an interview, on 04/23/2024 at 2:30 PM, Staff G (Director of Assisted Living) confirmed that Staff A received a TST late.

Plan/Attestation Statement

conducted Staff H's BGC and FBGC on 04/23/2024, over seven months after Staff H was hired.

In an interview, on 04/23/2024 at 2:18 PM, Staff G (Director of Assisted Living) confirmed the ALF had not done a BGC and FBGC for Staff H until that very day.

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, Providence Mount St. Vincent 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 that 1 of 3 sampled newly hired staff members (Staff A) received a tuberculosis skin test (TST) within three days of being hired. This placed 76 of 76 residents in the ALF at risk for exposure to a communicable disease.

Findings included...

Review of staff records showed that the ALF hired Staff A (Nurse Supervisor/Registered Nurse) on 12/31/2023. Review of Staff A's record showed that Staff A received a TST on 01/15/2024, about 15 days after being hired.

In an interview, on 04/23/2024 at 2:30 PM, Staff G (Director of Assisted Living) confirmed that Staff A received a TST late.

Plan/Attestation Statement

Statement of Deficiencies	License #: 198	Compliance Determination # 40342
Plan of Correction	Providence Mount St. Vincent	Completion Date
Page 7 of 13	Licensee: Providence Health & Services -	05/06/2024

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, Providence Mount St. Vincent is or will be in compliance with this law and / or regulation on (Date) 6/10/24 .

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

Ruha S Walker 5/13/24

Administrator (or Representative) Date

WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

(1) Ensure that the staff person has a chest X-ray within seven days;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 1 sampled staff member (Staff A) had a chest X-ray within seven days after their tuberculosis skin test (TST) results came back positive. This placed 76 of 76 residents in the ALF at risk for exposure to a communicable disease.

Findings included...

Review of the Residents Characteristics Roster, dated 04/22/2024, showed the ALF was providing care and services for 76 residents.

Review of staff records showed that the ALF hired Staff A (Nurse Supervisor/Registered Nurse) on 12/31/2023. Staff A's records showed that their TST results came back positive on 01/17/2024. Staff A then had a chest X-ray on 01/27/2024, 10 days after receiving their positive TST results.

In an interview, on 04/23/2024 at 2:18 PM, Staff G (Director of Assisted Living) confirmed that Staff A's chest X-ray was done later than the required timeframe.

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, Providence Mount St. Vincent is or will be in compliance with this law and / or regulation on (Date) 6/10/24 .

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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-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

(1) Ensure that the staff person has a chest X-ray within seven days;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 1 sampled staff member (Staff A) had a chest X-ray within seven days after their tuberculosis skin test (TST) results came back positive. This placed 76 of 76 residents in the ALF at risk for exposure to a communicable disease.

Findings included...

Review of the Residents Characteristics Roster, dated 04/22/2024, showed the ALF was providing care and services for 76 residents.

Review of staff records showed that the ALF hired Staff A (Nurse Supervisor/Registered Nurse) on 12/31/2023. Staff A's records showed that their TST results came back positive on 01/17/2024. Staff A then had a chest X-ray on 01/27/2024, 10 days after receiving their positive TST results.

In an interview, on 04/23/2024 at 2:18 PM, Staff G (Director of Assisted Living) confirmed that Staff A's chest X-ray was done later than the required timeframe.

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, Providence Mount St. Vincent 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) — 5/13/24 Date

WAC 388-78A-2570 Notification of change in administrator. The licensee must notify the department in writing within ten calendar days of the effective date of a change in the assisted living facility administrator. The notice must include the full name of the new administrator and the effective date of the change.

This requirement was not met as evidenced by:

Based on interview and record review, The Assisted Living Facility (ALF) failed to notify the Department of a change of the ALF's Administrator within ten calendar days of a new Administrator actively assuming the position. This failure prevented the Department from having an opportunity to review the Administrator's qualifications and placed 76 of 76 residents at risk of exposure to an administrator that did not meet the qualifications.

Findings included...

Review of the Department's Secure Tracking And Reporting System, dated 04/19/2024, showed that the ALF's Administrator was Staff L (Former Administrator).

In an interview, on 04/22/2024 at 9:15 AM, Staff G (Director of Assisted Living) stated that the ALF hired a new Administrator.

Staff records review showed that the ALF hired Staff H (Administrator) on 09/11/2023.

In an interview, on 04/22/2024 at 2:30 PM, Staff G confirmed that the ALF had not notified the Department about the change in Administrator.

Plan/Attestation Statement

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

Administrator (or Representative) Date

WAC 388-78A-2570 Notification of change in administrator. The licensee must notify the department in writing within ten calendar days of the effective date of a change in the assisted living facility administrator. The notice must include the full name of the new administrator and the effective date of the change.

This requirement was not met as evidenced by:

Based on interview and record review, The Assisted Living Facility (ALF) failed to notify the Department of a change of the ALF's Administrator within ten calendar days of a new Administrator actively assuming the position. This failure prevented the Department from having an opportunity to review the Administrator's qualifications and placed 76 of 76 residents at risk of exposure to an administrator that did not meet the qualifications.

Findings included...

Review of the Department's Secure Tracking And Reporting System, dated 04/19/2024, showed that the ALF's Administrator was Staff L (Former Administrator).

In an interview, on 04/22/2024 at 9:15 AM, Staff G (Director of Assisted Living) stated that the ALF hired a new Administrator.

Staff records review showed that the ALF hired Staff H (Administrator) on 09/11/2023.

In an interview, on 04/22/2024 at 2:30 PM, Staff G confirmed that the ALF had not notified the Department about the change in Administrator.

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, Providence Mount St. Vincent is or will be in compliance with this law and / or regulation on (Date) 6/10/24 .

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

Debra S Walsh — 5/13/24

Administrator (or Representative) — Date

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(b) Provide the necessary care and services for residents, including those with special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement their policy to monitor weights every month for 8 of 10 sampled residents (Residents 1, 3, 5, 6, 7, 8, 9, and 10). This placed Residents 1, 3, 5, 6, 7, 8, 9, and 10 at risk for compromised health issues.

Findings included...

Review of a policy Support Standard on WEIGHT, dated 12/2023, showed the ALF was required to take residents weight on a monthly basis, increase frequency if needed on a short-term basis and report significant change to the residents' physician.

Findings included...

RESIDENT 1
Records review showed that the ALF admitted Resident 1 on [redacted]2018 with multiple disabling diagnoses.

Record review of Resident 1's electronic Medication Administration Records (eMAR) showed care staff were to document monthly weight and notify the nurse of any 5 lb. difference. The February 2024 eMAR showed that on 02/03/2024, a column for monthly weight was marked "H" indicating it was held. There were no other records showing that staff had taken Resident 1's monthly weight in February 2024.

REISDENT 3

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, Providence Mount St. Vincent 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-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(b) Provide the necessary care and services for residents, including those with special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement their policy to monitor weights every month for 8 of 10 sampled residents (Residents 1, 3, 5, 6, 7, 8, 9, and 10). This placed Residents 1, 3, 5, 6, 7, 8, 9, and 10 at risk for compromised health issues.

Findings included...

Review of a policy Support Standard on WEIGHT, dated 12/2023, showed the ALF was required to take residents weight on a monthly basis, increase frequency if needed on a short-term basis and report significant change to the residents' physician.

Findings included...

RESIDENT 1
Records review showed that the ALF admitted Resident 1 on [redacted]2018 with multiple disabling diagnoses.

Record review of Resident 1's electronic Medication Administration Records (eMAR) showed care staff were to document monthly weight and notify the nurse of any 5 lb. difference. The February 2024 eMAR showed that on 02/03/2024, a column for monthly weight was marked "H" indicating it was held. There were no other records showing that staff had taken Resident 1's monthly weight in February 2024.

REISDENT 3

Record review showed the ALF admitted Resident 3 on [redacted] 2018 with multiple disabling diagnoses.

Record review of Resident 3's eMAR showed care staff were to document monthly weights and notify the nurse for a 5 lb (pound) difference.

Review of the eMAR showed Resident 3's weight in February 2024 was 144.2 lbs. The March eMAR documented Resident 3's weight in March 2024 was marked "M" for missed. The April 2024 eMAR documented Resident 3's weight in April 2024 was 166 lbs. Between February and April 2024, Resident 3 gained 21.8 lbs. There was no documentation that Resident 3's weight gain was reported to the nurse or their physician per the ALFs policy.

RESIDENT 5
Records review showed that the ALF admitted Resident 5 on [redacted] 2005 with multiple disabling diagnoses.

Review of Resident 5's active records showed no records for Resident 5's monthly weight in February or March 2024 per the ALF's policy.

RESIDENT 6

Record review showed the ALF admitted Resident 6 on [redacted] 2021 with multiple disabling diagnoses.

Record review of Resident 6's eMAR showed care staff were to document monthly weights and notify the nurse for a 5 lb. difference.

Review of Resident 6's eMARs showed no recorded weight for February 2024.

RESIDENT 7

Record review showed the ALF admitted Resident 7 on [redacted] 2024 with multiple disabling diagnoses.

Record review of Resident 7's eMAR showed care staff were to document monthly weight during evening shift on first Friday of the month.

Review of Resident 7's eMAR showed no recorded weight in February, March, or April of 2024.

RESIDENT 8
Record review showed the ALF admitted Resident 8 on [redacted]2023 with multiple disabling diagnoses.

Record review of Resident 8's eMAR showed care staff were to document monthly weight on first Saturday of every month and notify the nurse for a 5 lb. difference.

Review of Resident 8's eMAR showed no recorded weight for March or April of 2024.

RESIDENT 9
Record review showed the ALF admitted Resident 9 on [redacted]2013 with multiple disabling diagnoses.

Record review of Resident 9's eMAR showed care staff were to document monthly weight in the evening on the second Sunday of every month and notify the nurse for a 5 lb. difference.

Review of Resident 9's eMARs showed no recorded weight for March or April 2024.

RESIDENT 10
Record review showed the ALF admitted Resident 10 on [redacted]2021 with multiple disabling diagnoses.

Record review of Resident 10's eMAR showed care staff were to document monthly weight and notify the nurse of any 5 lb. difference. The March 2024 eMAR showed that on 03/12/2024, a column for monthly weight was marked "M" indicating it was missed. There were no other records showing staff had taken Resident 10's weight in March 2024.

In interview, on 05/02/2024 at 10:15 AM, Staff G, (Director of Assisted Living) confirmed that the policy on monthly weight monitoring was not followed.

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, Providence Mount St. Vincent is or will be in compliance with this law and / or regulation on (Date) 6/10/24 .

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

RESIDENT 8
Record review showed the ALF admitted Resident 8 on [redacted]2023 with multiple disabling diagnoses.

Record review of Resident 8's eMAR showed care staff were to document monthly weight on first Saturday of every month and notify the nurse for a 5 lb. difference.

Review of Resident 8's eMAR showed no recorded weight for March or April of 2024.

RESIDENT 9
Record review showed the ALF admitted Resident 9 on [redacted]2013 with multiple disabling diagnoses.

Record review of Resident 9's eMAR showed care staff were to document monthly weight in the evening on the second Sunday of every month and notify the nurse for a 5 lb. difference.

Review of Resident 9's eMARs showed no recorded weight for March or April 2024.

RESIDENT 10
Record review showed the ALF admitted Resident 10 on [redacted]2021 with multiple disabling diagnoses.

Record review of Resident 10's eMAR showed care staff were to document monthly weight and notify the nurse of any 5 lb. difference. The March 2024 eMAR showed that on 03/12/2024, a column for monthly weight was marked "M" indicating it was missed. There were no other records showing staff had taken Resident 10's weight in March 2024.

In interview, on 05/02/2024 at 10:15 AM, Staff G, (Director of Assisted Living) confirmed that the policy on monthly weight monitoring was not followed.

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, Providence Mount St. Vincent 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) 5/13/24 Date

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to secure toxic chemicals in an area accessible to residents. This placed 31 of 76 residents in the ALF at risk for inadvertent ingestion of a toxic substance that could cause harm and compromise health.

Findings included...

Review of the Resident Characteristics Roster (RCR), dated 04/22/2024, showed the ALF had been providing care and services for 76 residents. The RCR showed that 20 residents were identified as having dementia (a group of symptoms that affects memory, thinking, and interferes with daily life) or other cognitive impairment. The RCR also showed that 11 residents were identified as having mental health issues.

The ALF's environment observation with Staff H (Administrator) and Staff K (Director of Operations), on 04/22/2024 at 10:05 AM, showed an unattended housekeeping (HK) cart in the hallway in front of Room 523 on the fifth floor. Observation showed that a compartment on the HK cart was unlocked, and that six spray bottles of the HK chemicals, including toilet bowl cleaners, were stored in the compartment. Precautionary labels for these products indicated they are hazardous to humans and animals if ingested or contacted skin. The labels also showed, "DO NOT DRINK" and "Keep Out of Reach of Children".

During observation and interview, on 04/22/2024 at 10:05 AM, Staff K asked that Staff I (Environment Coordinator/Housekeeper) who was in Room 523 to come out of the room. Staff K then requested that Staff I lock the compartments on the HK cart when they leave it unattended. Staff I attempted to lock the compartment door, but was unable to lock it. Staff I discovered the compartment door lock was broken. Staff K was unable to tell how long the door lock had been broken because no one had reported the issue to their department.

Administrator (or Representative) Date

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

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Findings included...

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The ALF's environment observation with Staff H (Administrator) and Staff K (Director of Operations), on 04/22/2024 at 10:05 AM, showed an unattended housekeeping (HK) cart in the hallway in front of Room 523 on the fifth floor. Observation showed that a compartment on the HK cart was unlocked, and that six spray bottles of the HK chemicals, including toilet bowl cleaners, were stored in the compartment. Precautionary labels for these products indicated they are hazardous to humans and animals if ingested or contacted skin. The labels also showed, “DO NOT DRINK” and “Keep Out of Reach of Children”.

During observation and interview, on 04/22/2024 at 10:05 AM, Staff K asked that Staff I (Environment Coordinator/Housekeeper) who was in Room 523 to come out of the room. Staff K then requested that Staff I lock the compartments on the HK cart when they leave it unattended. Staff I attempted to lock the compartment door, but was unable to lock it. Staff I discovered the compartment door lock was broken. Staff K was unable to tell how long the door lock had been broken because no one had reported the issue to their department.

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Observation and interview, on 04/22/2024 at 10:18 AM, showed an unlocked HK room on the fifth floor that was unattended. Staff K stated that the door of the HK room was usually unlocked. Observation showed another HK cart was parked inside the HK room, and a compartment of that HK cart was unlocked. Multiple HK chemicals, including hospital disinfectant, were stored in the compartment. During the observation, a bucket with multiple spray bottles was found under a compartment on the HK cart. One of sprays with clear liquid was not labeled. Staff K stated that these bottles and chemicals were for housekeeping purposes. Review of precautionary labels for these products indicated they are hazardous to humans and animals if ingested or contacted skin. The labels also showed, "DO NOT DRINK" and "Keep Out of Reach of Children".

In an interview, on 04/22/2024 at 10:18 AM, Staff K acknowledged the HK carts should remain locked and the chemicals and cleaning agents should be secured and locked away from residents.

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, Providence Mount St. Vincent is or will be in compliance with this law and / or regulation on (Date) 6/10/24 .

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

Administrator (or Representative) 5/13/24 Date

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Administrator (or Representative) Date