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

FLORENCE OF SEATTLE LLC

FLORENCE OF SEATTLE LLC
8424 16TH AVE SW
SEATTLE, WA 98106

RE: FLORENCE OF SEATTLE LLC License # 2011

Dear Administrator:

This letter addresses Compliance Determination(s) 45431 (Completion Date 08/12/2024) and 42258 (Completion Date 06/13/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/12/2024 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-2130-3-b, WAC 388-78A-2480-1, WAC 388-78A-2090-6-e, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2320-2-a, WAC 388-78A-2320-2-b

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, Field Manager
Region 2, Unit J
Residential Care Services

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

Statement of Deficiencies	License #: 2011	Compliance Determination # 42258
Plan of Correction	FLORENCE OF SEATTLE LLC	Completion Date
Page 1 of 9	Licensee: FLORENCE OF SEATTLE LLC	06/13/2024

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 06/03/2024 and 06/04/2024 of:
FLORENCE OF SEATTLE LLC
8424 16TH AVE SW
SEATTLE, WA 98106

The following sample was selected for review during the unannounced on-site visit: 6 of 19 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, 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

6/13/2024 — 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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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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-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to update the Negotiated Service Agreement (NSA) to accurately reflect the current needs of 1 of 1 sampled resident (Resident 6). This placed Resident 6 at risk for not receiving proper care and services.

Findings included…

Records review showed that the ALF admitted Resident 6 on [redacted]/2018 with multiple medical diagnoses including [redacted] ([redacted]). Review of Resident 6's NSA, dated 11/11/2023, under the section on Fall Prevention, showed Resident 6 had a bed alarm, and staff would go to Resident 6's bed when the alarm sounds.

Observation and interview, on 06/04/2024 at 1:35 PM, showed Resident 6 sleeping in bed in their room. The observation showed that a machine was attached to the headboard of the bed. Staff J (Caregiver) stated that it was an air flow mattress machine, and Resident 6 had been using it for about one year. When asked about the location of the bed alarm, Staff J stated that Resident 5 had not used it for quite a while because they had not been trying to get out of bed by themselves.

The ALF had not updated the NSA to reflect that Resident 6 no longer used the bed alarm. The NSA also did not include Resident 6's use of an air flow mattress.

In an interview, on 06/04/2024 at 2:00 PM, Staff F (Administrator) stated that they were not aware that Resident 6's NSA had not included the air mattress. Staff F confirmed that the ALF should have removed the bed alarm from Resident 6's NSA.

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, FLORENCE OF SEATTLE LLC 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 record review and interview, the Assisted Living Facility (ALF) failed to ensure that 1 of 3 sampled caregivers (Staff B) was screened for tuberculosis (TB) within three days of employment. This failure placed all 19 residents living in the ALF at risk of exposure to tuberculosis.

Findings included…

Staff records review showed that Staff B (Caregiver) was hired on 10/07/2023.

In an interview, on 06/04/2024 at 9:10 AM, Staff F (Administrator) stated that the ALF originally hired Staff B on 08/31/2022, and they separated from employment with the ALF in March 2023. Staff F stated the ALF rehired Staff B on 10/07/2023.

Staff records review showed that Staff B received a TB blood test on 08/13/2022. There was no other TB test after Staff B was rehired at the ALF.

In an interview, on 06/04/2024 at 9:45 AM, Staff F stated that when Staff B was rehired, they did not realize a new TB screening was required.

Plan/Attestation Statement

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_____ _____
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:

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

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure Assessments, for 3 of 3 residents (Resident 5, 7 and 8), included safety considerations and ability to safely use a mobility device. This failure placed Resident 5, 7, and 8 at risk for harm or injury from a mobility device.

Findings included…

Review of the ALF's (undated) policy, Use of Assistive Devices and Ambulatory Aids, showed the ALF promoted resident safety by allowing and encouraging the use of assistive devices and mobility aids.

RESIDENT 5
Review of a Face Sheet, showed the ALF admitted Resident 5 on [redacted]/2022 with multiple medical diagnoses including [redacted] ([redacted]).
Review of an Assessment and Negotiated Service Agreement (NSA), dated 03/14/2024, showed Resident 5 required maximum assist with activities of daily living (ADLs - a term used in healthcare to refer to people's daily self-care activities such as bathing, grooming, ambulation, etc.).

Observation and interview, on 06/03/2024 at 2:15 PM, of Resident 5's apartment showed transfer poles (with curve grab bars) installed on each side of the bed from ceiling to floor. Resident 5 stated that the transfer poles helped him to get in and out of the bed.

Review of an Assessment, dated 03/14/2024, showed no information about the transfer poles, the need and ability of Resident 5 to use the device, including safety considerations, risks and benefits, or ensuring the proper and safe installation of the transfer poles.

RESIDENT 7
Record review showed the ALF admitted Resident 7 on [redacted]/2022 with multiple disabling diagnoses including [redacted] ([redacted]).

Observation of Resident 7's apartment, on 06/04/2024 at 9:07 AM, showed a transfer pole installed from ceiling to floor beside her recliner.

Review of an Assessment, dated 03/14/2024, showed no information about the transfer pole, the need and ability of Resident 7 to use the device, including safety considerations, risks and benefits, or ensuring the proper and safe installation of the transfer pole.

RESIDENT 8
Record review showed the ALF admitted Resident 8 on [redacted]/2024 with multiple disabling diagnoses including [redacted].

Observation of Resident 8's apartment, on 06/04/2024 at 10:00 AM, showed a transfer pole installed from ceiling to floor beside her recliner and bedside.

Review of an Assessment, dated 01/16/2024, showed no information about the transfer pole, the need and ability of Resident 5 to use the device, including safety considerations, risks, and benefits, or ensuring the proper and safe installation of the transfer pole.

In an interview, on 06/04/2024 at 2:00 PM, Staff F (Administrator) confirmed there were no transfer pole assessments done for Resident 5, 7, and 8. Staff F stated, "I dropped the ball on that."

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-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to follow the required Washington Administrative Code (WAC) 246-840-930 criteria for nurse delegation (ND) for 3 of 3 residents (Resident 5, 7 and 9) receiving medication administration by non-licensed staff. This resulted in non-licensed staff members administering medications to Residents 5, 7 and 9 without receiving proper ND training or oversight.

Findings included...

NOTE: The Nurse Delegation Program, under Washington State law, allows nursing assistants (NAs) and Home Care Aides (HCAs) working in certain settings to perform certain tasks, normally performed only by licensed nurses. A Registered Nurse (RN) must teach and supervise NAs and HCAs, as well as provide nursing assessments of the resident's condition. Nurse Delegation (ND) is specific to each resident, each caregiver, and each task.

NOTE: Washington Administrative Code (WAC) 246-840-930 - Criteria for delegation, included the following subsections: (1) Before delegating a nursing task, the registered nurse delegator must determine that it is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE. (18) The registered nurse

delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.

Review of the ALF's Disclosure of Services, under Intermittent Nursing Services (section B) showed, "The ALF uses nursing assistants under the delegation of a registered nurse to provide some authorized nursing services." Including assistance with medications under section, "A. We have a licensed nursing staff available to administer directly, or indirectly, to supervise the administration of the medications listed below: 1. Administration of oral and topical medications and eye, ear, nose drops. a. We use nursing assistants under the delegation of a registered nurse to administer drops, oral, and topical medications."

In interview, on 06/03/2024 at 9:00 AM, Staff F (Administrator) stated the ALF provided ND services to residents. Staff F stated that Staff G had been the Registered Nurse Delegator (RND) since 2020. When asked what sort of nursing tasks were delegated to caregivers. Staff F stated that there were multiple tasks including blood sugar checks, insulin injections (medications used to treat diabetes), medicated creams, eye drops, etc.

RESIDENT 5
Record review showed the ALF admitted Resident 5 on [redacted]/2022 with multiple medical diagnoses including [redacted]. Review of a Negotiated Service Agreement (NSA) dated 02/26/2024, showed Resident 5 required medication administration and management.

Review of Resident 5's active records showed a Physician's Order, dated 11/23/2023, for Refresh Tears (used to relieve dry, irritated eyes) eye drops to both eye, four times a day.

Observation and interview during a medication pass, on 06/04/2024 at 9:00 AM, showed Staff H (Caregiver) administered Refresh Tears eye drops directly into Resident 5's eyes. Staff H stated she was delegated by Staff G, but unable to recall the date she was delegated.

Review of the ND documentation showed the nursing task instruction, and last delegation for Resident 5's eye drops was dated 11/09/2023. There were no documents indicating Staff G reevaluated and delegated any caregivers at least every 90 days as required, to administer Resident 5's eye drops since 11/09/2023.

Review of the electronic Medication Administration Records (eMARs) for March, April, and May 2024 showed initials by Staff H, Staff I, Staff J, Staff K, Staff L, Staff M, Staff N, Staff O, Staff P, Staff Q, Staff R, Staff S, Staff T, Staff U, and Staff V (all caregivers) to indicate they administered the eye drops to Resident 5 without proper ND.

RESIDENT 7

Record review showed the ALF admitted Resident 7 on [redacted]/2022 with multiple diagnoses including [redacted] ([redacted]). Review of an NSA dated 03/14/2024, showed Resident 7 required administration with medication management. The NSA showed Resident 7's medications to be crushed.

During a medication pass on 06/04/2024 at 9:07 AM, Staff H, crushed five medications (furosemide (used to treat high blood pressure), memantine (used to treat moderate to severe confusion), methenamine (help prevent and treat urinary tract infections), vitamin D (helps maintain strong bones), and vitamin C (general health), and mixed in apple sauce and gave to Resident 7.

Review of Resident 7's active records showed a Physician's orders dated 04/13/2023 to crush her medications. Review of the ND binder showed no written ND task instructions for crushing of daily and as needed (PRN) medications for Resident 7. There were no documents indicating Staff G had delegated any caregivers to crush Resident 7's medications.

RESIDENT 9
Record review showed the ALF admitted Resident 9 on [redacted]/2023 with multiple diagnoses including [redacted]. Review of an NSA dated 11/20/2023, showed Resident 9 required medication administration and management.

Review of Resident 9's active records showed a Physician's Orders, dated 01/13/2024, with directives to crush medications. Review of the Resident 9's prescribed crushable routine medications included: diltiazem HCL ER (used to treat high blood pressure), donepezil tablet (used to treat dementia related to Alzheimer's disease), furosemide (used to treat fluid retention and high blood pressure), Xarelto (blood thinner), sertraline (used to treat depression), calcium carb + D3 (vitamin supplement),and potassium chloride (used to treat low potassium level), d-mannose capsule (used to treat urinary trat infection), vitamin D3 (promote healthy bones) and Culturelle capsule (used to support healthy digestion). Resident 9's as needed (PRN) medications included senna tablet (used to treat constipation) and acetaminophen (used to treat pain and fever).

Review of the ND documents showed no written ND task instructions for crushing of daily and as needed (PRN) for Resident 9. There were no documents indicating Staff G had delegated any caregivers to crush Resident 9's medications.

Interview, on 06/04/2024 at 2:15 PM, Staff F (Administrator) confirmed there were no ND completed for any caregivers to crush Resident 9's medications.

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, FLORENCE OF SEATTLE LLC 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
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

06/13/2024

FLORENCE OF SEATTLE LLC
FLORENCE OF SEATTLE LLC
8424 16TH AVE SW
SEATTLE, WA 98106

RE: FLORENCE OF SEATTLE LLC # 2011

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 06/13/2024 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-2300 Food and nutrition services.

(1) The assisted living facility must:

(g) Make available and give residents alternate choices in entrees for midday and evening meals that are of comparable quality and nutritional value. The assisted living facility is not required to post alternate choices in entrees on the menu one week in advance, but must record on the menus the alternate choices in entrees that are served;

The Assisted Living Facility failed to list an alternative entrée choice for midday and evening meals on the provided menus. This placed residents at risk for diminished quality of life.

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, Field Manager
Region 2, Unit J
Residential Care Services

Enclosure

• Please contact me at (253)312-1446.

Sincerely,

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

Enclosure