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

SEA MAR COMMUNITY HEALTH CENTERS
THE CANNON HOUSE
113 23rd AVENUE SOUTH
SEATTLE, WA 98144

RE: THE CANNON HOUSE License # 2056

Dear Administrator:

This letter addresses Compliance Determination(s) 39396 (Completion Date 04/09/2024) and 36568 (Completion Date 02/21/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/09/2024 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-2730-1-b, WAC 388-78A-24642-1, WAC 388-78A-2462-2-a

The Department staff who did the on-site verification:
Erin Steinbrenner, Nursing Consultant Institutional
Faith Le, NCI

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

Statement of Deficiencies	License #: 2056	Compliance Determination # 36568
Plan of Correction	THE CANNON HOUSE	Completion Date
Page 1 of 6	Licensee: SEA MAR COMMUNITY HEALTH CENTERS	02/21/2024

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 02/14/2024 and 02/16/2024 of:
THE CANNON HOUSE
113 23rd AVENUE SOUTH
SEATTLE, WA 98144

The following sample was selected for review during the unannounced on-site visit: 10 of 59 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

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
2/22/2024 — 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) 2/23/2024 Date

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

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living facility (ALF) failed to follow a Respiratory Protection Program (RPP) by ensuring care staff completed medical evaluations and were fit-tested for respirator masks. This failure placed 59 residents at risk for exposure to COVID -19 (is an infectious disease by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death).

Findings included...

NOTE: Washington Administrative Code (WAC) 296-842-12005 stated all long term-care facilities were required to develop and maintain an RPP.

NOTE: Review of a "Dear Administrator" letter, dated 04/30/2021, showed the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined by Department of Health as a "federal and state OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards." The ALF were required to provide initial and annual fit-tests for each Health Care Worker (HCW) with the same model, style, and size respirator that the HCW would be required to wear for protection against COVID-19 and airborne hazards. The ALF were required to provide fit-tested respirators, such as N95, to all HCWs with the potential to have contact with residents with known or suspected COVID-19. The ALF were required to provide gowns, gloves, and eye protection to staff who are providing care to residents.

Findings included...

Record review of a Resident Characteristic Roster, dated 02/14/2024, showed the ALF provided care and services for 59 residents.

Record review showed the ALF did not have an RPP that included ensuring HCW had

medical evaluations and respiratory mask fitting completed annually. Review of HCW records showed none of the care staff had documentation of medical evaluations or annual respiratory mask fitting completed in the last year.

In an interview, on 2/15/2024 at 1:53 PM, Staff A (Administrator) stated the most recent fit testing was completed in in 2022 and the ALF did not have current fit testing records for staff. Staff A stated she had recently initiated a program and fit-testing had been scheduled.

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 CANNON HOUSE is or will be in compliance with this law and / or regulation on (Date) 4/6/2024 .

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

Administrator (or Representative) — Date: 2/23/2024

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a national fingerprint background check (NFBC) for 2 of 6 sampled staff (Staff E and Staff F) was completed. This placed 59 residents at risk for receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff E (Housekeeper), hired on 08/08/2019, did not show Staff E completed a NFBC.

Review of records for Staff F (Nurse Assistant Certified), hired on 05/26/2020, did not show Staff F completed a NFBC.

In an interview, on 02/15/2024 at 10:58 AM, Staff A (Administrator) stated she could not provide NFBCs for Staff E and Staff F and would begin the process immediately.

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 CANNON HOUSE is or will be in compliance with this law and / or regulation on (Date) 4/6/2024.

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

Jennifer Smith — Administrator (or Representative)

8/23/2024 — 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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 5 of 6 sampled Staff (Staff A, B, C, D and E) had a valid Washington State name and date of birth background check (NDBGC). This placed 59 residents at risk of exposure to staff members whose criminal background history in Washington State was unknown.

Review of the undated Residents Characteristics Roster, dated 02/14/2024, showed that the ALF provided care and services to 59 residents.

Review of a staff roster, dated 01/31/2024, showed Staff A (Administrator) was hired on 01/02/2024.

Review of Staff A's records showed, as of 02/15/2024, there was no documentation as to whether Staff A had completed a NDBGC from Washington State Department of Social and Health Services.

Review of a staff roster, dated 01/31/2024, showed Staff B (Certified Nursing Assistant- CNA) was hired on 11/01/2023.

Review of Staff B's records showed, as of 02/15/2024, there was no documentation as to whether Staff B had completed a NDBGC from Washington State Department of Social and Health Services.

Review of a staff roster, dated 01/31/2024, showed Staff C (CNA) was hired on 01/26/2024.

Review of Staff C's records showed, as of 02/15/2024, there was no documentation as to whether Staff C had completed a NDBGC from Washington State Department of Social and Health Services.

Review of a staff roster, dated 01/31/2024, showed Staff D (CNA) was hired on 02/01/2024.

Review of Staff D's records showed, as of 02/15/2024, there was no documentation as to whether Staff D had completed a NDBGC from Washington State Department of Social and Health Services.

Review of a staff roster, dated 01/31/2024, showed Staff E (Housekeeper) was hired on 08/08/2019.

Review of Staff E's records showed, as of 02/15/2024, there was no documentation as to whether Staff E had completed a NDBGC from Washington State Department of Social and Health Services.

In an interview, on 02/15/2024 at 10:58 AM, Staff A stated the NDBGC authorization forms had been sent to the ALF's human resource department but had not been processed. Staff A stated she had requested access to process NDBGCs.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2056	Compliance Determination # 36566
Plan of Correction	THE CANNON HOUSE	Completion Date
Page 6 of 6	Licensee: SEA MAR COMMUNITY HEALTH CENTERS	02/21/2024

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, THE CANNON HOUSE is or will be in compliance with this law and / or regulation on (Date) 4/16/2024.

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

Administrator (or Representative) 2/23/2024 Date

STATE OF WASHINGTON
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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

02/22/2024

SEA MAR COMMUNITY HEALTH CENTERS
THE CANNON HOUSE
113 23rd AVENUE SOUTH
SEATTLE, WA 98144

RE: THE CANNON HOUSE # 2056

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 02/21/2024 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-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.

The Assisted Living Facility failed to ensure the licensee notified the Department of a change in administrator. This placed the residents at risk of having an administrator that did not meet the qualifications.

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

The Assisted Living Facility (ALF) failed to ensure a pet who lived on the premises of the ALF had an updated vaccination. This placed all residents at risk of disease transmission.

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 (425)670-6070.

Sincerely,

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

Enclosure