STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

BALTIC PROPERTIES INC
Olympic View Assisted Living
21202 INTERNATIONAL BLVD
SEATAC, WA 98198

RE: Olympic View Assisted Living License # 2130

Dear Administrator:

This letter addresses Compliance Determination(s) 50590 (Completion Date 11/20/2024) and 47943 (Completion Date 09/30/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/20/2024 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-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2484, WAC 388-78A-2320, WAC 388-78A-2320-1, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2320-2, WAC 388-78A-2320-2-a, WAC 388-78A-2320-2-b, WAC 388-78A-2320-2-c, WAC 388-78A-2320-2-d, WAC 388-78A-2320-2-e, WAC 388-78A-2320-3, WAC 388-78A-2320-3-a, WAC 388-78A-2320-3-b, WAC 388-78A-2320-3-c, WAC 388-78A-2320-3-d, WAC 388-78A-2320-3-e

The Department staff who did the on-site verification:
Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson, Field Manager
Region 2, Unit D

Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 2130	Compliance Determination # 47943
Plan of Correction	Olympic View Assisted Living	Completion Date
Page 1 of 7	Licensee: BALTIC PROPERTIES INC	09/30/2024

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 an unannounced on-site follow-up on 09/30/2024, 09/30/2024, and 09/30/2024 of:
Olympic View Assisted Living
21202 INTERNATIONAL BLVD
SEATAC, WA 98198

This document references the following SOD dated: 09/30/2024

The following sample was selected for review during the unannounced on-site visit: 1 of 40 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson — 10/11/2024
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.

Statement of Deficiencies	License #: 2130	Compliance Determination # 47943
Plan of Correction	Olympic View Assisted Living	Completion Date
Page 2 of 7	Licensee: BALTIC PROPERTIES INC	09/30/2024

Administrator (or Representative) Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure the two-step Tuberculosis (TB) test for 3 of 3 sampled staff (Staff A, Staff C, and Staff E) was completed. This failure placed all 40 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Record review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 08/01/2024 for Staff A, Staff C and Staff E. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 09/14/2024.

Review of the facility's undated policy titled, "TB Testing", showed that the second step of TB test must be done within one to three weeks of the first test.

STAFF A
Review of the facility's Employee Roster showed that the facility hired Staff A, Caregiver, on 02/22/2024. Review of Staff A's employee record showed that Staff A completed a two-step TB skin test, with step one completed on 02/29/2024. The records showed Staff A completed step two on 03/27/2024, 27 days (past the one-to-three-week time frame) after the one-step TB test was completed. The test results were negative. The facility did not repeat the two-step TB test within one-to-three-week time frame to be incompliance with the regulation.

STAFF C
Review of the facility's Employee Roster showed that the facility hired Staff C,

Statement of Deficiencies	License #: 2130	Compliance Determination # 47943
Plan of Correction	Olympic View Assisted Living	Completion Date
Page 3 of 7	Licensee: BALTIC PROPERTIES INC	09/30/2024

Caregiver, on 12/02/2023. Review of Staff C's employee record showed Staff C completed one-step TB test on 04/19/2019 with a negative result. The records showed Staff C completed a second-step TB test on 09/13/2022, 149 days (over 21 weeks) after the one-step test was administered. The test results were negative. The facility did not repeat the two-step TB test within one-to-three-week time frame to be incompliance with the regulation.

STAFF E

Review of the facility's Employee Roster showed that the facility hired Staff E, Dietary Cook, on 05/22/2022. Review of Staff E's employee records showed that Staff E was completed a one-step TB test on 07/30/2022. The records showed a second step TB test was completed on 09/15/2022, 78 days (over 11 weeks) after the one step TB test was completed. The facility did not repeat the two-step TB test within one-to-three-week time frame to be incompliance with the regulation.

During an interview on 09/30/2024 at 11:23 AM, Staff G, Administrator, stated the TB tests were not repeated for Staff A, Staff C, and Staff E. Staff G stated that they understood it was too late to repeat the TB tests. Staff G stated they did not realize the previous two-step TB test for all three employees were invalid since the two tests were outside of the three weeks allowed for completion.

This is an uncorrected deficiency previously cited on 08/01/2024.

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, Olympic View Assisted Living is or will be in compliance with this law and / or regulation on (Date) 11/5/24 .

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

Administrator (or Representative) Date 10/17/24

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,

Statement of Deficiencies	License #: 2130	Compliance Determination # 47943
Plan of Correction	Olympic View Assisted Living	Completion Date
Page 4 of 7	Licensee: BALTIC PROPERTIES INC	09/30/2024

must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

(c) Initial and on-going assessments of the nursing needs of each resident;

(d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

(e) Implementation of the nursing component of each resident's negotiated service agreement; and

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(a) Chapter 18.79 RCW, Nursing care;

(b) Chapter 18.88A RCW, Nursing assistants;

(c) Chapter 246-840 WAC, Practical and registered nursing;

(d) Chapter 246-841 WAC, Nursing assistants; and

(e) Chapter 246-888 WAC, Medication assistance.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure all nurse delegation guidelines and requirements were followed for 1 of 1 sampled resident (Resident 4), who required delegated staff to provide wound care. The facility failed to ensure 1 of 1 sampled staff (Staff Y) met the nurse delegation criteria to provide nurse delegation for any residents. The facility failed to maintain verification documentation to show 6 of 6 delegated staff (Staff D, Staff F, Staff G, Staff J, Staff O, and Staff Y) maintained current and active credentials. These failures placed all residents who needed assistance with tasks that required delegation, at risk for a potential decline in health when an unqualified staff provided care.

Findings included...

NOTE: Per WAC 246-840-930, in community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE. ASSESS: 8) Verify that the nursing assistant or home care aide: (a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without restriction; (b) Has completed both the basic caregiver training and core delegation training before performing any delegated task. PLAN: (12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes,

Statement of Deficiencies	License #: 2130	Compliance Determination # 47943
Plan of Correction	Olympic View Assisted Living	Completion Date
Page 5 of 7	Licensee: BALTIC PROPERTIES INC	09/30/2024

Record review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 08/01/2024 for nurse delegation. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 09/14/2024.

Review of the facility's Disclosure of Services showed the facility provided intermittent nursing services that included administration of treatments, topical medications, and eye/ear/nose drops by trained unlicensed staff through nurse delegation by a registered nurse.

DELEGATED STAFF
During an interview on 09/30/2024 at 11:00 AM, Staff G, Administrator, confirmed the facility utilized Staff Q, Registered Nurse to provided nurse delegation services.

Review of the facility's nurse delegation binder showed Department of Social and Health Services, Credentials and Training Verification forms for six staff delegated by Staff Q: Staff D, Caregiver/Med Tech (unlicensed staff who dispense medications and under nurse delegation administer medications and provide treatment care), Staff F, Caregiver/Med Tech, Staff G, Caregiver/Med Tech, Staff J, Caregiver/Med Tech, Staff O, Caregiver/Med Tech, and Staff Y, Caregiver/Med Tech. The Credentials and Training Verification forms showed that Staff D's Nursing Assistant Certified (NA-C) credential expired on 11/04/2023, Staff F's Health Care Aide (HCA) credential expired on 08/16/2023, Staff G's HCA credential expired on 0/21/2023, Staff J's NA-C credential expired on 03/23/2023, Staff O's HCA credential expired on 11/06/2023, and Staff Y's Nursing Assistant Registered (NA-R), credential expired on 08/23/2024. The credentials and training verification forms were not updated to reflect the current active status of the delegated staff.

Review of the Provider Credential search for Washington State showed Staff D, Staff F, Staff G, Staff J, and Staff O's credentials were current and active. The Credential and Training Verification forms were not kept current by the Registered Nurse Delegator, Staff Q. Review of the Provider Credential search showed Staff Y's NA-R was expired.

Review of the facility's Employee Roster showed that the facility hired Staff Y on 03/24/2023. Review of Staff Y's personnel records showed no documentation that Staff Y maintained an active, unrestricted NA-R credential.

Review of the facility's nurse delegation documents showed Staff Q delegated Staff Y to provide medication administration assistance for Resident 1 and Resident 7 and wound care for Resident 4.

During an interview on 09/30/2024 at 11:00 AM, Staff G stated that Staff Y was near completion of the nursing assistant certification course and decided not to renew their NA-R. Staff G stated that Staff Y worked as a Med Tech as recently as 09/27/2024 and

Statement of Deficiencies	License #: 2130	Compliance Determination # 47943
Plan of Correction	Olympic View Assisted Living	Completion Date
Page 6 of 7	Licensee: BALTIC PROPERTIES INC	09/30/2024

09/28/2024.

RESIDENT 4
Review of Resident 4's records showed that the facility admitted Resident 4 in [redacted] 2024 with multiple diagnoses which included [redacted], [redacted], and [redacted] ([redacted]).
The records showed Resident 4 no longer received Home Health services for wound care.

During an interview on 09/30/2024 at 9:30 AM, Staff F and Staff O both stated that they were aware of Resident 4's wound care treatment needs. Staff F and Staff O stated they looked at the electronic Medication Administration Record (eMAR) to read the instructions. Staff F and Staff O stated that they applied Gentian Violet (antifungal topical medication) in between Resident 4's toes on their right foot and placed a wound dressing on Resident 4's left foot.

Review of the eMAR showed an order for "daily dressing change with gentian violet, gauze and tape. Change daily due to amount of drainage". The order did not show where the daily dressing was to be applied or where the gentian violet was to be applied.

During an interview on 09/30/2024 at 11:00 AM Staff F and Staff O confirmed that the eMAR did not show where the gentian violet was to be applied and where the dressing was located. Staff F and Staff O both stated they just knew the location of the wounds and what the treatment for the wound entailed. Staff F and Staff O stated that the Registered Nurse Delegator, Staff Q, verbally told them what to do. Staff F and Staff O both stated that they did not know where the nurse delegation binder was kept and had not reviewed the instructions.

Review of the nurse delegation instructions showed delegation for a non-sterile dressing change. The nurse delegation documents did not provide the delegated staff with instructions on where the dressing was to be applied, the frequency, and did show gentian violet was to be applied in between the toes.

Review of Resident 4's service plan, dated 05/01/2024, showed Resident 4's right foot had an ulcer-limited to breakdown of skin and left chronic foot ulcer-limited to break down of skin. The service plan showed gentian violet was to be applied to right toe wounds. The service plan showed the left foot wounds were to be covered with a Hydrofera blue dressing (a type of wound dressing) and apply gauze and tape or use bordered foam. The service plan showed the dressing was to be changed daily.

During an interview on 09/30/2024 at 11:30 AM, Staff G, Administrator, stated they were responsible for the resident service plans. Staff G stated they completed the service plan for Resident 4 and copied the podiatrist order directly onto the service plan. Staff G acknowledged that Staff Q did not provide any written instructions for wound care for the delegated staff.

Statement of Deficiencies	License #: 2130	Compliance Determination # 47943
Plan of Correction	Olympic View Assisted Living	Completion Date
Page 7 of 7	Licensee: BALTIC PROPERTIES INC	09/30/2024

This is an uncorrected deficiency previously cited on 08/01/2024.

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, Olympic View Assisted Living is or will be in compliance with this law and / or regulation on (Date) 11/3/24 .

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

Administrator (or Representative) — Date: 10/17/24

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 07/15/2024, 07/15/2024, 07/19/2024 and 07/19/2024 of:

Olympic View Assisted Living
21202 INTERNATIONAL BLVD
SEATAC, WA 98198

The following sample was selected for review during the unannounced on-site visit: 7 of 43 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson — Residential Care Services

08/01/2024 — 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-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;

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility failed to submit the Washington state name and date of birth background inquiry (BGI) for 1 of 3 sampled staff (Staff B). This failure placed all 43 residents as risk for abuse and neglect from caregivers and staff persons with unknown background.

Findings included…

Review of the facility's Employee Roster showed that the facility hired Staff B, Caregiver, on 09/21/2023. Review of Staff B's employee record showed a Washington state name and date of birth BGI, dated 10/08/2018, with no record result. There was no documentation that showed the facility submitted a background check within one day of Staff B's employment date.

During an interview on 07/16/2024 at 2:55 PM, Staff G, Administrator, confirmed that the facility officially hired Staff B as a Caregiver with the start date of 09/21/2023. Staff G stated that they were unaware that the facility did not complete Staff B's BGI upon 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, Olympic View Assisted Living 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-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to test 3 of 6 sampled staff (Staff A, Staff C, and Staff E) for tuberculosis (TB) within three days of hire and complete a second TB test, one to three weeks after the first test, for 1 of 6 sampled staff (Staff E). These failures placed all 43 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included…

Review of the Department of Social and Health Services “Dear Provider letter”, amended 05/26/2022, showed that the Department reinstated the TB requirements on 07/01/2022. Review of the Department’s waivers for community programs dated 09/09/2022, showed that staff hired between 04/02/2022 and 06/30/2022 must initiate testing by 07/03/2022.

Review of the facility’s undated “TB Testing” policy showed that the facility screened and tested for TB within three days of employment for each employee. The policy showed that the TB skin test must be read within 48 to 72 hours of the test. The policy showed that the second step of TB test must be done within one to three weeks of the first test.

STAFF A
Review of the facility's Employee Roster showed that the facility hired Staff A, Caregiver, on 02/22/2024. Review of the facility’s Care Staff Schedule showed that Staff A worked at the facility in July 2024. Review of Staff A’s employee record showed that Staff A completed a two-step TB skin test, step one on 02/29/2024 and step two on 03/27/2024. The tests results were negative. Staff A received the initial one of two-step TB tests on 02/29/2024, eight days after Staff A was hired.

STAFF C
Review of the facility's Employee Roster showed that the facility hired Staff C,

Caregiver, on 12/02/2023. Review of the facility's Care Staff Schedule showed that Staff C worked at the facility in July 2024. Review of Staff C's employee record showed Staff C only completed one TB test on 04/19/2019 with a negative result. There was no documentation that showed Staff C completed any TB test within three days of hire.

STAFF E
Review of the facility's Employee Roster showed that the facility hired Staff E, Dietary Cook, on 05/22/2022. Review of Staff E's employee records showed that Staff E completed an initial one-step TB test on 07/28/2022, 25 days after TB tests were reinstated. Records showed Staff E completed a second step TB test on 09/13/2022, over 11 weeks after the one step TB test was completed.

During an interview on 07/19/2024 at 1:30 PM, Staff G, Administrator, confirmed that the facility did not complete the TB test for Staff A, Staff C, and Staff E within the required time frame.

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, Olympic View Assisted Living 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-2490 Specialized training for developmental disabilities. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with developmental disabilities, whenever at least one of the residents in the assisted living facility has a developmental disability as defined in WAC 388-823-0040 , that is the resident's primary special need.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure 2 of 5 sampled Staff (Staff A and Staff B) completed the specialized training for developmental disabilities, as required. This failure placed all 43 residents at risk for decreased quality of care provided by caregivers with incomplete training.

Findings included…

Review of the facility's Assisted Living Facility Resident Characteristic Roster showed

the facility admitted Resident 2 in [redacted] 2020 and Resident 5 in [redacted] 2020. Review of Resident 2 and Resident 5's resident records showed a primary diagnosis of [redacted].

STAFF A
Review of the facility's Employee Roster showed that the facility hired Staff A, Caregiver, on 02/22/2024. Review of the facility's Care Staff Schedule showed that Staff A worked at the facility in July 2024. Review of Staff A's employee record showed that as of 07/15/2024, 144 days after hire, there was no documentation that showed Staff A completed the Washington state Department of Social and Health Services (DSHS) approved specialized training for developmental disabilities.

Review of the facility's email, dated 07/19/2024, showed that the facility attempted to register Staff A for the DSHS specialized training for developmental disabilities. The email showed the July 2024 training session was full.

STAFF B
Review of the facility's Employee Roster showed that the facility hired Staff B, Caregiver, on 09/21/2023. Review of the facility's Care Staff Schedule showed that Staff B worked at the facility in July 2024. Review of Staff B's employee record showed that as of 07/15/2024, 298 days after hire, there was no documentation that showed Staff B completed the Washington state DSHS approved specialized training for developmental disabilities.

During an interview on 07/19/2024 at 12:45 PM, Staff G, Administrator, stated that they maintained the staff credential and training documents in the employee records. Staff G stated that they were aware of the training requirements for the care staff. Staff G confirmed that Staff A and Staff B did not complete the Washington state DSHS approved specialized training for developmental disabilities.

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, Olympic View Assisted Living 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.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(k) To prevent and limit the spread of infections consistent with WAC 388-78A-2610 ;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to develop, implement, and train staff the required respiratory protection program for 23 of 23 staff (Staff A, Staff B, Staff C, Staff D, Staff E, Staff F, Staff G, Staff H, Staff I, Staff J, Staff K, Staff L, Staff M, Staff N, Staff O, Staff P, Staff R, Staff S, Staff T, Staff U, Staff V, Staff W, and Staff X) in alignment with appropriate infection control practices. This failure placed all 43 residents at risk of contracting and spreading a potentially life-threatening disease.

Findings included…

Review of the Department of Social and Health Services (DSHS) Dear Provider Letter, "Provider Responsibilities for Provision of Personal Protective Equipment (PPE), Respiratory Protection Program (RPP), and changes to Department of Health (DOH) RPP Resources", dated 09/14/2023, showed the guidelines for long-term care facilities (LTCF) and employer responsibilities for respiratory protection and PPE. The letter showed that LTCF providers were required to supply PPE to staff who provided care to residents with a known or suspected communicable disease. The letter showed that employers were responsible to identify respiratory hazards in the workplace, provide appropriate PPE, and follow regulations pertaining to respiratory protection.

Review of the Washington State DOH website, titled “Respiratory Protection Program for Long Term Care Facility (https://doh.wa.gov/public-health-provider-resources/healthcare-professions-and-facilities/healthcare-associated-infections/hai-resources-and-tools/respiratory-protection-program), dated 07/23/2024, showed specific guidelines for RPP. The website showed that facilities were required to maintain a written respirator program. The website showed that facilities were required to provide medical evaluation, fit tests, and staff training for any employee identified as potentially being exposed to respiratory hazard. The publication showed that facilities were responsible to provide each employee with the properly fit-tested respirator identified at the fit test and maintain the records.

Review of the facility's Employee Roster showed that the facility hired 23 employees to provide care and services to the assisted living residents. The document showed that the facility hired Staff A, Caregiver, on 02/22/2024; Staff B, Caregiver, on 09/21/2023; Staff C, Caregiver, on 12/02/2023; Staff D, Caregiver, on 10/06/2021; Staff E, Cook, on 05/26/2022; Staff F, Caregiver, on 07/05/2019; Staff G, Administrator, on 05/16/2016; Staff H, Maintenance Lead, on 01/19/2018; Staff I, Housekeeper, on 04/15/2019; Staff J, Caregiver, on 01/14/2023; Staff K, Kitchen Manager, on 05/01/2019; Staff L, Caregiver, on 11/02/2022; Staff M, Caregiver, on 10/18/2023; Staff N, Housekeeper, on 06/21/2021; Staff O, Caregiver, on 10/11/2022; Staff P, Caregiver, on 08/21/2023; Staff R, Activities Staff, on 04/04/2023; Staff S, Dietary Staff, on 05/10/2023; Staff T, Dietary Staff, on 09/18/2023; Staff U, Cook, on 10/28/2022; Staff V, Cook, on 01/16/2023; Staff W, Administrative Assistant, on 05/12/2016; and Staff X, Dietary Staff, on 06/01/2024.

Review of the facility's untitled COVID-19 policy showed that the facility followed the Washington state DOH guidelines for RPP. There was no written RPP policy and protocols that showed the respiratory protection for staff in providing care to residents with a known or suspected communicable disease. There was no documentation that showed the facility identify respiratory hazards in the workplace. There was no documentation that showed the facility completed medical evaluation, respirator fit tests, and staff training for any employee.

During an interview on 07/15/2024 at 12:32 PM, Staff G, Administrator, stated that the facility did not have a RPP administrator. Staff G stated that the facility did not assign any staff to oversee and supervise the respiratory protection in the facility. Staff G stated that they were unfamiliar with the latest DOH guidelines. Staff G stated that they did not identify the potential respiratory hazardous risk and respiratory protection. Staff G stated that they did not perform and complete the medical evaluation, fit test, and staff training for respirator use. Staff G stated that they were unaware the facility was responsible to provide each employee with the properly fit-tested respirator at work.

During an interview on 07/17/2024 at 9:00 AM, Staff O, Caregiver, stated that they were hired as a Caregiver, and they provided direct resident care and medication assistance to assisted living residents. Staff O stated that since they were hired, the facility did not complete the medical evaluation, fit test, and training for respirator use.

During an interview on 07/17/2024 at 10:55 AM, Staff J, Caregiver, stated that they were hired as a Caregiver, and they provided direct resident care and medication assistance to assisted living residents. Staff O stated that since they were hired, the facility did not complete the medical evaluation, fit test, and training for respirator use. Staff O stated that the facility did not provide respirators which were fit tested at work.

During an interview on 07/19/2024 at 11:53 AM, Staff L, Caregiver, stated that they were hired as a Caregiver, and they provided direct resident care and medication assistance to assisted living residents. Staff L stated that the facility did not complete the medical evaluation, fit test, and training for respirator use.

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, Olympic View Assisted Living 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-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;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 1 of 3 sampled pets (Pet 2) received regular examinations and were certified by a veterinarian to be free of disease transmittable to humans. These failures placed all 43 residents at risk for infectious diseases.

Findings included…

Review of the facility's undated "Pets Policy" showed that the facility permitted pets to live on the premises. The policy showed that the facility required the license and health documentation for the pets.

Review of the facility's pet records showed that Pet 2 was current with their rabies vaccination. There was no documentation that showed Pet 2 was examined by a veterinarian. There was no documentation that showed Pet 2 was certified by a veterinarian to be free of infectious diseases.

During an interview on 07/19/2024 at 12:45 PM, Staff G, Administrator, confirmed that Pet 2 resided in the assisted living facility. Staff G stated that they maintained the pet records. Staff G stated that they were aware of the WAC regulation for pets living in the assisted living facility. Staff G stated they did not have any documentation that showed Pet 2 received a veterinarian examination and was certified by a veterinarian to be free of human transmittable diseases.

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, Olympic View Assisted Living 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-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;

(c) Initial and on-going assessments of the nursing needs of each resident;

(d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

(e) Implementation of the nursing component of each resident's negotiated service agreement; and

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(a) Chapter 18.79 RCW, Nursing care;

(b) Chapter 18.88A RCW, Nursing assistants;

(c) Chapter 246-840 WAC, Practical and registered nursing;

(d) Chapter 246-841 WAC, Nursing assistants; and

(e) Chapter 246-888 WAC, Medication assistance.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure all nurse delegation guidelines and requirements were followed for 3 of 3 sampled residents (Resident 1, Resident 4, and Resident 7) who required staff assistance with medication administration. The facility failed to ensure 1 of 1 sampled staff (Staff J) met the nurse delegation criteria to provide nurse delegation for any residents. These failures placed Resident 1, Resident 4, and Resident 7 at risk of medication errors and potential decline in health when unqualified staff provided care.

Findings included...

Review of the facility's Disclosure of Services showed the facility provided intermittent nursing services that included administration of treatments, topical medications, and

eye/ear/nose drops by trained unlicensed staff through nurse delegation by a registered nurse.

Review of the facility's Employee Roster showed that the facility hired Staff J, Caregiver/Medication Technician (unlicensed staff who dispense medications and under nurse delegation administer medications and provide treatment care), on 01/14/2023.

Review of the personnel records showed that Staff J's Certified Nursing Assistant (CNA) credential expired on 03/21/2024. As of 07/22/2024, there was no documentation that showed Staff J had an active, unrestricted nursing assistant credential.

Review of the facility's nurse delegation documents showed Staff Q delegated Staff J to provide medication administration assistance for Resident 1 and Resident 7.

During the entrance conference interview on 07/15/2024 at 12:34 PM, Staff G, Administrator, stated that the facility provided nurse delegation services. Staff G stated that the facility hired Staff Q, Registered Nurse, as the nurse delegator.

RESIDENT 4
Review of Resident 4's records showed that the facility admitted Resident 4 in [redacted] 2024 with multiple diagnoses which included [redacted], [redacted], and [redacted] ([redacted]).
The records showed Resident 4 received Home Health services for wound care.

Observation and interview on 07/19/2024 at 10:02 AM, showed Resident 4 sat on the edge of their bed with a bandage to their right foot. Resident 4 stated there was a wound on their right foot due to cellulitis and poor circulation and a wound on their left heel. Resident 4 stated that they received Home Health services for wound care. Resident 4 stated that the Home Health staff changed the wound dressings on the days they visited. Resident 4 stated that the facility caregivers changed the wound dressings on the days Home Health staff did not visit. Resident 4 stated that the dressing changes used to be every other day and then changed to everyday when the wounds were not healing.

Observation and interview on 07/19/2024 at 12:26 PM, showed Staff L, Caregiver/Medication Technician, exited Resident 4's apartment with a clear plastic bag of soiled wound care dressings. Staff L stated that they just completed the wound care dressing changes to Resident 4's wounds on both the left and right feet.

Review of Resident 4's Negotiated Care Plan, dated 05/01/2024, showed that Resident 4 did not receive Nurse Delegation Services. Review of the negotiated care plan showed that Resident 4 had a Stage II ulcer (a wound that involves partial thickness loss of skin) on their left heel and small open areas on their right foot. The plan instructed the

caregivers to rinse minor skin abrasions/skin tears and apply antibiotic ointment and cover with a dressing/band aid.

Review of Resident 4's May 2024, June 2024, and July 2024 electronic Medication Administration Record (eMAR) showed an order to provide wound care to minor abrasions/skin tears daily, until healed. The order did not identify the location of the wound.

Review of Resident 4's charting notes, dated 06/20/2024 signed by Staff J, showed Staff J cleaned Resident 4's "foot". Staff J noticed a skin tear and that the foot was swollen. The notes showed Staff J cleaned the wound and did not apply a bandage when Resident 4 informed Staff J that they were allergic to the bandage.

Review of the facility's nurse delegation binder showed no documentation that any caregivers were delegated to assist Resident 4. During an interview on 07/19/2024 at 1:30 PM, Staff G stated that Resident 4 did not receive nurse delegated services. Staff G stated that Home Health provided wound care services and assessed the wound. Staff G stated that they were unaware the caregivers were required to be delegated if they provided wound care.

RESIDENT 1
Review of the facility's nurse delegation documentation showed that Resident 1 required nurse delegation for the administration of blood sugar testing. The document showed Staff Q obtained Resident 1's consent for nurse delegation on 11/07/2021.

Review of the facility's nurse delegation documents showed that between 03/21/2024 and 07/01/2024, Staff Q approved nurse delegation of Staff J to administer blood sugar testing for Resident 1, with an expired CNA certificate.

Review of Resident 1's May 2024, June 2024, and July 2024 MARs showed that Resident 1 received "diabetic protocols" that included blood sugar test daily. The MARs showed that Staff J administered and signed off administration of blood sugar check on 10 days in June 2024, with an expired CNA certificate.

RESIDENT 7
Review of the facility's nurse delegation documentation showed that Resident 7 required nurse delegation for the administration of topical medications, eye drops, and blood sugar testing. The document showed Staff Q obtained Resident 7's consent for nurse delegation on 06/17/2024. The documents showed that Staff Q delegated Staff J to administer topical medications, eye drops, and complete blood sugar testing for Resident 7 with an expired CNA certificate.

Review of Resident 7's July 2024 MAR showed that Resident 7 received Betamethasone Dipropionate (a medication used to treat skin conditions) applied to affected area on

feet two times a day; Calcipotriene (a medication used to treat skin conditions) applied to face twice per day; Clobetasol Propionate (a medication used to treat skin conditions) applied topically daily; Desonide (a medication used to treat skin problems) applied topically two times a day; Ketoconazole (a medication used to treat skin infection) applied two times a day; Triamcinolone Acetonide (a medication used to treat skin conditions) applied to legs two times a day; Refresh Celluvisc (a medication used to relieve dry eyes) applied to eyes every two hours while awake; and Onetouch Verio (a medical device used to measure the blood sugar levels) used to test blood sugar daily. The MAR showed that Staff J administered and signed off administration of topical medications, eye drops, and blood sugar checks on six days between 07/01/2024 and 07/15/2024, with an expired CNA certificate.

During an interview on 07/23/2024 at 4:15 PM, Staff G confirmed that Resident 1 and Resident 7 received nurse delegation. Staff G stated that Staff Q was responsible to ensure the delegated staff met the nurse delegation criteria that included an active unrestricted nursing assistant credential and the required training. Staff G stated that they were unaware Staff J did not renew their Nursing Assistant Certification. Staff G stated that Staff J was reminded to renew their Nursing Assistant Certification before it expired. Staff G stated that they were unaware Staff J performed nurse delegation tasks while Staff J's Nursing Assistant Certification expired.

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, Olympic View Assisted Living 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-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

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

This requirement was not met as evidenced by:

Based on observation and interview the facility failed to maintain 1 of 1 kitchen furnishings (cabinet), 1 of 1 baseboard (reception desk), and 1 of 8 exterior doors (East) in good repair. This placed all 43 residents at risk for a diminished quality of life.

Findings included…

KITCHEN
Observation of the kitchen cabinets located in the main kitchen next to the serving line and preparation station on 07/15/2024 at 12:15 PM, 07/16/2024 at 12:13 PM, and 07/17/2024 at 9:30 AM and 12:30 PM showed a cabinet with a missing drawer front which exposed all contents inside. Observation showed the cabinet had two door fronts partially detached from the drawer box.

During an interview on 07/16/2024 at 12:13 PM, Staff K, Kitchen Manager, stated that they were hired in May of 2019. Staff K stated that they noticed the cabinet drawers were broken when they started work at the facility.

During an interview on 07/19/2024 11:15 AM, Staff H, Maintenance Lead, stated that the drawer fronts to the cabinets were in failing condition since the last inspection in 02/24/2020. Staff H confirmed that during the last inspection, they stated that the entire kitchen cabinetry was to be replaced at that time.

RECEPTION DESK
Observation on 07/15/2024 between 10:00 AM and 3:30 PM, 07/16/2024 between 8:30 AM and 3:00 PM, 07/17/2024 between 9:00 AM and 3:30 PM, and 07/19/2024 between 11:00 AM, showed that the corner end of the baseboard on the reception desk was partially removed. The baseboard laid on the hallway floor where residents walked and congregated, which created a potential trip hazard. During the Department's visit, observation showed multiple residents gathered at the front desk, both behind and in front of the desk.

During an interview on 07/19/2024 at 11:15 AM, Staff H stated that they would fix the baseboard before the Licensors left the facility.

Observation on 07/19/2024 at 2:30 PM, showed the baseboard remained on the floor, with one end partially attached to the bottom of the reception desk.

EXTERIOR DOOR
Observation on 07/19/2024 at 11:27 AM, showed a one- to two-inch-wide gap below the east exterior door. There was no barrier to prevent rodents, pests, and cold air from entering the facility.

During an interview on 07/19/2024 at 11:30 AM, Staff H stated that they were aware of the gap below the door. Staff H stated that they were aware the gap allowed the potential for rodents, other pests, and cold air to enter the facility.

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, Olympic View Assisted Living 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-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to complete a Washington State name and date of birth background check (BGI) every two years and maintain a valid BGI for 3 of 6 sampled staff (Staff D, Staff E, and Staff F). This failure placed all 43 residents at risk of abuse, neglect, or exploitation from caregivers and staff persons with unknown backgrounds.

Findings included…

STAFF D
Review of the facility's Employee Roster showed the facility hired Staff D, Caregiver/Medication Technician (unlicensed staff who dispense medications), on 10/06/2021. Review of Staff D's employee records showed that on 09/14/2023, their previous Washington state name and date of birth BGI expired. The records showed that on 01/30/2024, the facility completed a new BGI, 138 days after the previous BGI expired.

STAFF E
Review of the facility's Employee Roster showed the facility hired Staff E, Dietary Cook, on 05/26/2022. Review of Staff E's employee records showed that on 05/26/2024, their previous Washington state name and date of birth BGI expired. The records showed that

on 07/12/2024, the facility completed a new BGI, 47 days after the previous BGI expired.

STAFF F
Review of the facility's Employee Roster showed the facility hired Staff F, Caregiver, on 07/05/2019. Review of Staff F's employee records showed that on 08/30/2023, their previous Washington state name and date of birth BGI expired. The records showed that on 01/30/2024, the facility completed a new BGI, 153 days after the previous BGI expired.

During an interview on 07/19/2024 at 1:30 PM, Staff G, Administrator, stated that they were behind in completing employee Washington state name and date of birth background checks.

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, Olympic View Assisted Living 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-2350 Coordination of health care services.

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

(7) When coordinating care or services, the assisted living facility must:

(a) Integrate relevant information from the external provider into the resident's preadmission assessment and reassessment, and when appropriate, negotiated service agreement; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to include in the care plans for 1 of 1 Resident (Resident 4) the wound care instructions from an external health care provider. This failure place Resident 4 at risk of worsening of their medical condition and a decline in their health.

Findings included…

Review of Resident 4's records showed the facility admitted Resident 4 in [redacted] 2024. Resident 4 admitted with multiple diagnoses which included [redacted], [redacted]; and [redacted] ([redacted]). The records showed Resident 4 received Home Health services for wound care.

Observation and interview on 07/19/2024 at 10:02 AM, showed Resident 4 sat on the edge of their bed with a bandage to their right foot. Resident 4 stated that there was a wound on their right foot due to cellulitis and poor circulation and a wound on their left heel. Resident 4 stated that they received Home Health services for wound care. Resident 4 stated that the Home Health staff changed the wound dressings on the days they visited. Resident 4 stated that the facility caregivers changed the wound dressings on the days Home Health staff did not visit. Resident 4 stated that the dressing changes used to be every other day and then changed to everyday due when the wounds were not healing.

Observation and interview on 07/19/2024 at 12:26 PM, showed Staff L, Caregiver/Medication Technician (unlicensed staff who dispense medications and under nurse delegation administer medications and provide treatment care), exited Resident 4's apartment with a clear plastic bag of soiled wound care dressings. Staff L stated that they just completed the wound care dressing changes to Resident 4's wounds on both the left and right feet.

Review of the Home Health wound care notes, dated 07/22/2024, showed an order for wound care on Resident 4's right foot. The order provided instructions to cleanse the wound with normal saline or wound cleanser, paint the foot and between the toes with gentian violet (an antiseptic dye), and allow to dry. Weave dry gauze or plain alginate (a natural dressing used to treat wounds) between and across the top of the toes. Secure with clean sock or kerlix (a sterile, bulky gauze bandage) and tape. Wash the rest of the leg and replace compression sock. The order instructed the wound care be completed with caregiver assistance. A second order for the left foot provided instructions to cleanse the wound with normal saline or wound cleanser and apply a barrier film that does not sting. The order instructed to apply a ¼ inch iodoform packing (type of dressing) into the hole of the sinus track (hole in the wound) and cover with a border foam dressing or a pad, secure, and tape.

Review of Resident 4's Nurse Delegation document, dated 07/22/2024 and signed by Staff Q, Registered Nurse/Nurse Delegator, showed an order for wound care to minor abrasions/skin tears daily until healed. The document instructed delegated staff to review the prescriber's orders for the dressing change, gather supplies, wash hands, put on gloves, remove the old dressing and discard in appropriate container, remove gloves and put on new gloves, cleanse the wound per prescribed orders, observe wound and document in chart. The order did not identify the location of the wound. There was no documentation of the specific instructions provided by the Home Health staff.

Review of Resident 4's Negotiated Care Plan, dated 05/01/2024, showed that Resident 4 had a Stage II ulcer (a wound that involves partial thickness loss of skin) on their left heel and small open areas on their right foot. The care plan instructed the caregivers to rinse minor skin abrasions/skin tears and apply antibiotic ointment and cover with a dressing/band aid. The care plan did not include the specific instructions provided by the Home Health staff. The care plan did not include the Nurse Delegation instructions.

Review of Resident 4's electronic May 2024, June 2024, and July 2024 Medication Administration Records (eMAR) showed an order to provide wound care to minor abrasions/skin tears daily, until healed. The order did not identify the location of the wound. There was no documentation of the specific instructions provided by the Home Health staff. The care plan did not include the Nurse Delegation instructions.

During an interview on 07/25/2024 at 3:30 PM, Staff L stated that when Resident 4 allowed, the dressings on both feet were changed. Staff L stated that they followed the Home Health wound care orders described in the Home Health notes for both the right foot and the left foot. Staff L stated that the Home Health Nurse also provided them with verbal instructions on wound care. Staff L stated they did not use the ¼ inch iodoform to pack the hole in Resident 4's heel of the left foot as outlined in the Home Health wound care notes dated 07/22/2024.

During an interview on 08/01/2024 at 9:44 AM, Staff Q stated that they were not aware of the current in Home Health wound care orders noted in the Home Health clinical notes dated 07/22/2024. Staff Q stated that the facility did not inform them that there were different Home Health wound care orders for Resident 4. Staff Q stated that Home Health did not contact the facility and provide them with the Home Health notes which included wound care orders. Staff Q stated that there was a breakdown with coordination of care between the facility and Home Health. Staff Q stated that they questioned if the wound care orders were a task that could be delegated.

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, Olympic View Assisted Living 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
20425 72nd Avenue S, Suite 400, Kent, WA 98032

08/01/2024

BALTIC PROPERTIES INC
Olympic View Assisted Living
21202 INTERNATIONAL BLVD
SEATAC, WA 98198

RE: Olympic View Assisted Living # 2130

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 08/01/2024 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:

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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-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

The facility failed to ensure the water temperature of the bathroom sinks in resident apartments measured no lower than 105 degrees Fahrenheit (F). During the full inspection, the facility adjusted the water temperature and the water temperatures adjusted to meet to the required range.

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 facility failed to post the current license in the facility. During the inspection, staff posted the license on a bulletin board in the front entryway.

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

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

The Assisted Living Facility failed to ensure that one kitchen staff (Staff E) maintained a current food handlers' card. Review of staff records showed Staff E's food handlers card expired on 06/03/2024. On 07/15/2024 during the full inspection, Staff E completed the online food handler training through the Public Health department for Seattle and King County.

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)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure