STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Caring Places Management, LLC
Hearthside Manor
3615 Drexler Dr W
University Place, WA 98466

RE: Hearthside Manor License # 2142

Dear Administrator:

This letter addresses Compliance Determination(s) 41988 (Completion Date 06/04/2024) and 39262 (Completion Date 04/11/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/04/2024 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-2305-1, WAC 388-78A-2480-1, WAC 388-78A-2462-2, WAC 388-78A-2462-2-a, WAC 388-78A-2462-2-b, WAC 388-112A-0720-2-a

The Department staff who did the on-site verification:
Kathy Heinz, Long Term Care Surveyor
Susan Carmichael, Nursing Consultant Institutional

If you have any questions, please contact me at (360)397-9556.

Sincerely,

Jody Just

Jody Just, Field Manager
Region 3, Unit D
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2142	Compliance Determination # 39262
Plan of Correction	Hearthside Manor	Completion Date
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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 04/08/2024, 04/08/2024, 04/09/2024, 04/10/2024, 04/11/2024 and 04/11/2024 of:

Hearthside Manor
3615 Drexler Dr W
University Place, WA 98466

The following sample was selected for review during the unannounced on-site visit: 8 of 30 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Susan Carmichael, Nursing Consultant Institutional
Kathy Heinz, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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.

Cory Cisneros for Manfay Chan
Residential Care Services

04/22/2024
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) 4/24/2024 Date

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

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

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure food service was managed in accordance with food safety standards, when thawing food was not dated, there was no system in place to ensure the dishwashing machines were sanitizing dishes, and 2 of 4 kitchens were in disrepair and not clean. This failure placed 30 of 30 residents living in the ALF at potential risk for food borne illness.

Findings included...

Observation on 04/08/2024 at 11:00 AM during the initial tour showed there were two distinct small homelike kitchens located on the A/B side of the ALF and two distinct small homelike kitchens located on the C/D side of the ALF. All meals were prepared by staff in one of the kitchens on the A/B side of the ALF. Resident food was stored in all four kitchens.

A/B kitchen used for meal preparation:

Observations on 04/08/2024 at 11:00 AM and on 04/09/2024 at 1:30 PM showed:

-The hood over the top of the stove and the sides of the cabinets located adjacent to the hood were covered with a brown substance.
-The vent in the ceiling of the kitchen was covered with dust and small strands of matter were dangling from the vent.
-Multiple drawers containing eating utensils and serving utensils showed the utensils lying on unidentifiable matter and brown spots. The finish on the drawers was peeling away exposing the wood.
-The large cabinet next to the stove showed multiple deep dish commercial size pans stacked on top of shelves. The shelves were covered with unidentifiable brown matter. The pan edges, bottoms and parts of the inside were crusted with brown matter.
-The plastic like finish had separated from multiple cupboards and had peeled away completely on one drawer.
-The refrigerator butter keeper contained unwrapped butter and butter was smeared on the plastic cover of the keeper. Every surface of the inside and outside of the refrigerator was spattered with unidentifiable substances.

-The edges of the multiple counter tops were worn away exposing wood.
-The bottom of the cupboard containing spices, resident dishes and a dry pantry food was littered with matter and showed exposed wood.

Observation on 04/08/2024 at 12:00 PM showed Staff C, Dietary Manager, plating food. Staff C left the kitchen and returned several minutes later with a package of food. Staff C did not remove his dirty gloves, wash his hands, or put on new gloves. Staff C used his gloved hand to push ready to eat rolls to the side of multiple plates and proceeded to plate more food.

C/D kitchen used for food storage:

Observation on 04/08/2024 at 10:00 AM showed a package of roast beef lunch meat inside a plastic bag. The lunch meat was labeled "best by 03/08/2024." All surfaces on the interior and exterior of the refrigerator showed multiple areas of brownish-orangish unidentifiable substances.

Observation on 04/10/2024 at 11:00 AM showed two plastic bags marked chicken breast sitting in a plastic bin in a refrigerator. There was no "use by date" on the chicken.

During an interview on 04/10/2024 at 11:00 AM with Staff D, Cook, stated he pulls items from the freezer to defrost. Staff D stated he did not date the chicken and the roast beef when he pulled the items from the freezer.

Sanitizing dishes:

Staff D, Cook, was interviewed on 04/09/2024 at 10:00 AM, about the process to sanitize resident dishes. Staff D stated he presses the "sanitize button" on the dishwasher when he runs the dishwasher. Staff D added the maintenance supervisor maintains the dishwasher. Staff B, Maintenance Supervisor, was interviewed on 04/10/2024 at 10:00 AM. Staff B stated he is unaware if the temperature of the dishwasher reaches a sanitizing level, and the facility did not have a system to check the temperature.

Staff A, Administrator, was interviewed on 04/11/2024 at 11:00 AM. Staff A stated she has been working with kitchen staff on ways to improve the cleanliness of the kitchen.

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, Hearthside Manor is or will be in compliance with this law and / or regulation on (Date) 5/25/2024.

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

Administrator (or Representative) Dana L Doole Date 4/24/2024

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record reviews, the Assisted Living Facility (ALF) failed to ensure 2 of 6 sampled staff (Staff E and Staff F) had Tuberculosis (TB, A communicable disease) skin testing within 3 days of employment as required. This failure placed all ALF residents at risk of TB infection.

Findings included..

Review of staff records revealed Staff E, Caregiver was hired by the ALF on 09/15/2023 as a caregiver. There was no evidence Staff E was screened for TB within three days of hire.

Review of staff records revealed Staff F, Caregiver was hired by the ALF on 06/23/2023 as a caregiver. There was no evidence Staff F was screened for TB within three days of hire.

During an interview on 04/09/2024 at 3:30 PM, Staff A, Administrator verified Staff E and Staff F did not have screening for TB within three days of hire.

Plan/Attestation Statement

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

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Administrator (or Representative) Sarah Steele Date 4/24/2024

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

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

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

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record reviews, the Assisted Living Facility (ALF) failed to ensure 2 of 2 sampled caregivers hired by staffing agency contract (Staff H and Staff I) completed a Washington State name and date of birth background check and a national fingerprint background check. This failure placed all 30 residents at risk of having care and services provided by staff with a disqualifying crime.

Findings included...

Review of staff files showed a document for Staff H, Agency Caregiver, entitled "Washington State Patrol (WSP), Washington Access to Criminal History (WATCH)" dated July 27, 2023, which included Staff H had no criminal conviction record. There was no evidence a Washington State name and date of birth background check and a national fingerprint background check were completed for Staff H.

Review of staff files showed a document for Staff I, Agency Caregiver, entitled "WSP WATCH" dated April 25, 2023, which included Staff I had no criminal conviction record. There was no evidence a Washington State name and date of birth background check and a national fingerprint background check were completed for Staff I.

During an interview on 04/09/2024 at 11:30 AM, Staff A, Administrator stated that Staff H and Staff I worked as needed at the ALF by contract since about December 2022, and stated that the staffing agency provided the ALF with a WSP WATCH document for Staff H and Staff I regarding their criminal backgrounds. Staff A stated that they were unaware the ALF was required to complete a Washington State name and date of birth background check and a national fingerprint background check on agency staff hired by contract as caregivers.

Name and date of birth background checks dated 04/09/2023 for Staff H and Staff I were provided by the ALF for review.

Plan/Attestation Statement

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Sarah Rhode — Administrator (or Representative)

4/24/2024 — Date

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

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

This requirement was not met as evidenced by:

Based on interview and record reviews, the Assisted Living Facility (ALF) failed to ensure 2 of 6 sampled staff (Staff E and Staff G) had valid cardiopulmonary (CPR)/first-aid cards as required. This failure placed all 30 ALF residents with potentially life-threatening conditions at risk of unmet needs from inadequately trained staff.

Findings included...

Review of staff records revealed Staff E was hired by the ALF on 09/15/2023 as a caregiver. There was no evidence Staff E had a valid CPR/first aid card within 30 days of being hired by the ALF.

Review of staff records revealed Staff G was hired by the ALF on 03/08/2022 as a caregiver/medication technician. Staff G's file showed an invalid CPR/first aid card which expired on 03/2024.

During an interview on 04/09/2024 at 3:30 PM, Staff A, Administrator verified Staff E and Staff G did not have valid CPR/first-aid cards.

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

Sarah Rhoads — Administrator (or Representative)

4/24/2024 — Date