



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Caring Places Management, LLC
San Juan Villa
112 Castellano Way
Port Townsend, WA 98368

RE: San Juan Villa License # 2143

Dear Administrator:

This letter addresses Compliance Determination(s) 34753 (Completion Date 01/16/2024) and 31705 (Completion Date 10/23/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/16/2024 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-2610-1

The Department staff who did the on-site verification:
Phan Pham, Nurse Surveyor

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



Residential Care Services Investigation Summary Report

Provider/Facility: San Juan Villa

Provider Type: Assisted Living Facility

License/Cert.#: 2143

Compliance Determination #: 31705

Intake ID: 102530

Investigator: Phan Pham

Region/Unit #: RCS Region 3 / Unit E

Investigation Date(s): 10/23/2023 through 10/23/2023

Complainant Contact Date(s): 10/19/2023, 10/26/2023

Allegation(s):

- 1) Infection control - The assisted living facility had a viral infection outbreak and infection control protocol was not being followed.
- 2) Physical environment - Mold in the residents' rooms and laundry room.
- 3) Falsifying of records - Residents were being charge for room tray delivery.

Investigation Methods:

Sample:	Total residents: 30 Resident sample size: 3 Closed records sample size: 1
Observations:	Named resident, residents, environment, staff interactions with residents, staff members providing care and services, infection control practice, and safety measures.
Interviews:	Named resident, residents, staff members, administrative and member not associated with the facility.
Record Reviews:	Sampled residents and incident reports.

Investigation Summary:

An on-site investigation was conducted, and the concerns related to 1) Infection control, 2) Physical environment 3) falsification of billings and quality of care and treatments were reviewed. The assisted living facility failed to ensure staff members followed the infection control practice standards and Personal Protection Equipment (PPE) prior to exiting residents' rooms. 2) No mold was observed in the assisted living facility and 3) Residents were not being charged for room tray delivery. Additional residents reviewed for care, services and safety had no concerns.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A

RECEIVED 11/06/2023 09:31AM 360-344-3482
11.06.2023 09:31:09SAN JUAN VILLA
State of Washington

3/6



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 2143	Compliance Determination # 31705
Plan of Correction	San Juan Villa	Completion Date
Page 1 of 3	Licensee: Caring Places Management, LLC	10/23/2023

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 complaint investigation on 10/23/2023, 10/23/2023 and 10/23/2023 of:

San Juan Villa
112 Castellano Way
Port Townsend, WA 98368

This document references the following complaint number(s): 102490, 102530

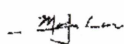
The following sample was selected for review during the unannounced on-site visit: 3 of 30 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Phan Pham, Nurse Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.


Residential Care Services

11/03/2023

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.

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State of Washington

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Statement of Deficiencies	License #: 2143	Compliance Determination # 31705
Plan of Correction	San Juan Villa	Completion Date
Page 2 of 3	Licensee: Caring Places Management, LLC	10/23/2023

CSoule
Administrator (or Representative)

11-14-2023
Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure staff members followed the infection control practice standards and remove soiled Personal Protection Equipment (PPE) prior to exiting residents' rooms during an active infectious disease outbreak for three of three staff members (Staff C, Staff D, and Staff E) reviewed. This failure placed 30 of 30 residents at risk for contracting diseases and staff members spreading the infection.

Findings included...

Review of the Center for Disease Control and Prevention (CDC) Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, dated 11/29/2022, documented to remove and discard PPE upon completing a task before leaving the patient's room or care area.

In an interview on 10/23/2023 at 12:34 PM, Staff A, Administrator, said residents in rooms [REDACTED] and [REDACTED] were diagnosed with [REDACTED]

On 10/23/2023 at 1:00 PM, carts of clean PPE were observed in the hallway outside Residents' rooms [REDACTED] and [REDACTED] and garbage containers were next to each cart. Soiled PPE was observed in the garbage containers.

In an interview on 10/23/2023 at 1:32 PM, Staff C, Caregiver, stated she have been instructed to wear full PPE when entering COVID - 19 rooms, remove the PPE after exiting the rooms and dispose of the soiled PPE in the trash container.

In an interview on 10/23/2023 at 1:51 PM, Staff D, Medication Technician, stated she have been instructed to wear full PPE when entering COVID - 19 rooms, remove the PPE after exiting the rooms and dispose of the soiled PPE in the trash container.

On 10/23/2023 at 2:08 PM, Staff E, Caregiver, was observed exiting room [REDACTED] removed their mask, gown, gloves, and discarded the PPE in the garbage container. Staff C said both

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Statement of Deficiencies	License #: 2143	Compliance Determination # 31705
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residents in room [REDACTED] had COVID – 19. Staff C said she have been trained to remove the PPE after exiting the room and dispose of the soiled PPE in the trash container.

In an interview on 10/23/2023 at 2:34 PM, Staff B, Resident Care Coordinator, said staff had been trained to put on full PPE before entering [REDACTED] COVID – 19 rooms, remove the PPE and dispose of the PPE before exiting the rooms.

This is a recurring deficiency previously cited on 07/05/2022 and 05/04/2022.

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, San Juan Villa is or will be in compliance with this law and / or regulation on (Date) 11-14-2023

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

CSoule

Administrator (or Representative)

11-14-2023

Date

This document was prepared by Residential Care Services for the Locator website.

November 14, 2023

San Juan Villa Memory Care Community's corrective action plan is to retrain/Inservice all Staff on Infection Control and proper donning and doffing of PPE. The Administrator, RN, or RCC will perform an annual PPE audit on all employees along with a hand hygiene audit.

Respectfully,

Christina Soule
Administrator
San Juan Villa Memory care Community
112 Castellano Way
Port Townsend, WA 98368
P: 360.344.3114
F: 360.344.3115