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

05/15/2025

Caring Places Management, LLC
Easthaven Villa
311 Cullens St NW
Yelm, WA 98597

RE: Easthaven Villa # 2144

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 59645 (Completion Date 05/15/2025) and 55695 (Completion Date 03/06/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/15/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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 ;

The Department staff who did the On Site verification:
Emily Boniface, Community Program Nurse Licensor
Megan Zerby, Community ALF/AFH Licensor

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

Sincerely,

Jody Just, Field Services Administrator
Region 3, Unit Z

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 03/03/2025 and 03/06/2025 of:

Easthaven Villa
311 Cullens St NW
Yelm, WA 98597

This document references the following SOD dated: 03/06/2025

The following sample was selected for review during the unannounced on-site visit: 0 of 33 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Emily Boniface, Community Program Nurse Licensor
Megan Zerby, Community ALF/AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit Z
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.

Residential Care Services | Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) | Date

WAC 388-78A-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 observations, interviews and record review, the facility failed to ensure 4 of 4 sampled staff (Staff B, Staff C, Staff D, and Staff E) followed and implemented the facility's policy for universal precautions (infection prevention). This failure resulted in the risk of exposure of 33 of 33 memory care residents, and all staff to infectious diseases.

Findings included…

Record review of the facility policy titled "Universal Precautions", dated 12/26/2024, stated that masks and goggles "should be worn when splashing of blood and other bodily fluids [was] likely." The document also stated that hands should be washed before and after touching the resident.

Record review of the Statement of Deficiencies for Compliance Determination 52410, showed that Staff A, Administrator, signed and attested that they reviewed the report and would take active measures to correct the deficiency by 02/17/2025. Staff A signed the document on 01/10/2025.

In an interview on 03/03/2025 at 1:43 PM, Staff C, Lead Medication Aide, stated that the care staff did not normally use any personal protective equipment (PPE) beyond gloves.

They stated if staff were worried about bodily fluids, they have goggles that they can use. Staff C was not able to show the Department where the goggles were located.

In an interview on 03/03/2025 at 2:05 PM, Staff E, Caregiver, stated that staff only wear the goggles when there was an outbreak. Staff E stated that they did not know where the goggles were, Staff B, Resident Care Coordinator, was the one who knew.

In an interview on 03/03/2025 at 2:23 PM, Staff B stated that extra PPE was in the shed outside they would be brought in the building during an outbreak.

In an observation on 03/03/2025 at 2:25 PM, boxes with face shields were located in the shed outside, the side door of the facility.

In an interview on 03/03/2025 at 2:47 PM, Staff B stated that the facility usually followed the Local Health Jurisdiction (LHJ) guidance on PPE, even though the facility's policy stated to wear a mask with eye protection. Staff B stated that the facility has been using eye shields even though their policy says goggles.

In an interview on 03/03/2025 at 2:43 PM, Staff D, Caregiver, stated that the staff normally used masks and gloves when they provided care to the residents. Staff D then stated the staff only used face shields during an outbreak.

In an observation on 03/03/2025 at 3:17 PM, Staff C took a resident's blood pressure and temperature in the dining room. Staff C was not wearing gloves and did not wash her hands after providing care.

In an interview on 03/03/2025 at 3:10 PM, Staff A stated that they implemented the plan of corrections based on the facility's Respiratory Protection Program documents and did not address the facility's Universal Precautions policy. Staff A stated that they were not following the Universal Precautions policy because they did not wear masks and eye protection when conducting resident care at risk of bodily fluids such as the changing of resident briefs.

This is an uncorrected deficiency previously cited on 01/03/2025.

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, Easthaven Villa 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Easthaven Villa
Provider Type: Assisted Living Facility
License/Cert.#: 2144
Compliance Determination #: 52410
Intake ID: 160140
Investigator: Emily Boniface
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 12/26/2024 through 01/03/2025
Complainant Contact Date(s):

Allegation(s):
Infection Control - reported outbreak

Investigation Methods:

Sample:	Total residents: 68 Resident sample size: 5 Closed records sample size: 0
Observations:	Identified resident Residents Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Identified staff Business office manager Staff development coordinator
Record Reviews:	Medical records Incident investigation Facility policies Personnel files

Investigation Summary:
Based on record review, observations and interview, the facility failed to have a policy that implements a system to prevent and reduce the spread of illness. Staff were not observed wearing goggles or wearing respirators while interacting with symptomatic residents. The facility failed to implement their universal precautions and respiratory prevention program policies. Failed practice identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ]

N/A

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

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 12/26/2024 and 12/26/2024 of:

Easthaven Villa
311 Cullens St NW
Yelm, WA 98597

This document references the following complaint number(s): 160140

The following sample was selected for review during the unannounced on-site visit: 5 of 68 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Emily Boniface, Community Program Nurse Licensor
Megan Zerby, Community ALF/AFH Licensor

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 _____ 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-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 observation, interview and record review, the facility failed to ensure 4of 4 sampled staff followed and implemented their facility policy for universal precautions and respiratory protection program (facility's policies for infection prevention).This failure placed 31 of 31 memory care residents, facility visitors, and all staff at risk of exposure to respiratory illnesses.

Findings included…

Record review of facility policy titled "Universal Precautions", undated, stated that masks and goggles should be worn when splashing of bodily fluids is likely.

Record review of facility policy titled "Crisis Staffing," undated, stated that staff that can't utilize an N95 mask while on the floor will only provide care to residents with signs and symptoms, and at minimum will utilize a surgical mask.

Record review of the Centers for Disease Control and Prevention's droplet precaution signs provided by the local health jurisdiction to be posted in the facility specified that the facility was adhering to droplet precaution isolation in resident care areas and that everyone must make sure their eyes, nose, and mouth were fully covered before resident room entry.

Record review of the facility's document titled "Respiratory Protection Program for COVID-19 Prevention at Easthaven Villa Assisted Living and Memory Care", dated 11/26/2024, stated that the facility recognized that respirators and social distancing can help prevent the spread of respiratory illnesses.

Record review of facility document titled "Line List (tracker of all symptomatic and positive residents in the facility)," dated 12/26/2024, showed 14 residents and 11 staff members identified as symptomatic within the facility.

In an interview on 12/26/2024 at 3:40 PM, Staff A stated the precautions the facility was following for the outbreak were wearing N95 masks, instructions from the local health jurisdiction, and using signs to notify everyone.

In an interview on 12/31/2024 at 2:53 PM, Collateral Contact 1 (CC1) stated they instructed the facility to follow droplet precautions and use NIOSH-approved respirators as a response to the outbreak.

In an observation on 12/26/2024 at 4:01 PM, showed Staff B, Resident Care Coordinator, placed droplet precaution signs on resident room doors. Staff B was observed wearing a surgical mask. Staff B stated they had just placed three more signs on three more symptomatic resident doors; one of those residents had been sent out to the hospital on 12/23/2024 due to respiratory illness and had returned 12/24/2024, however, no sign had been placed on their door.

In an interview on 12/26/2024 at 4:03 PM, Staff B stated the facility did not have goggles on sight for staff to wear despite the instructions on the signs they were observed posting on resident doors.

In an observation on 12/26/2024 at 3:35 PM, Staff C, Caregiver, wore a surgical mask and no goggles while aiding residents in the dining area.

In an observation on 12/26/2024 at 4:10 PM, Staff D, Caregiver, wore a surgical mask and no goggles while redirecting residents in the dining area.

In an interview on 12/26/2024 at 4:47 PM, Staff B, stated they wore a surgical mask instead of the required N95 respirator because it was easier to breathe in a surgical mask when they were congested. Staff B was observed to be congested and confirmed they were sick with a sinus infection at the time of the interview. Staff B stated the Local Health Jurisdiction instructed the facility to ensure staff wore N95 respirators, but that Staff A allowed staff to wear and provided them with surgical masks.

In an email on 01/02/2025 at 11:56 AM, the Department requested the facility’s infection prevention policy. On 01/02/2024 at 12:46 PM, Staff A responded to other requests but did not provide an infection prevention policy.

In an interview on 01/03/2024 at 11:02AM Staff A stated they confirmed the facility’s infection prevention policy was the facility’s Respiratory Protection Program policy and the Universal Precautions policy.

In an interview on 01/03/2025 at 11:05 AM, Staff A stated the facility’s document titled “Respiratory Protection Program for COVID-19 Prevention at Easthaven Villa Assisted

Living and Memory Care", dated 11/26/2024, was applicable for all respiratory illnesses.

In an interview on 01/03/2025 at 11:11 AM, Staff A stated that the facility had goggles on-site, but did not make them available for staff use and protection on 12/26/2024.

In an interview on 01/03/2024 at 11:15 Staff A, Staff B, and Staff E, regional director of operations, acknowledged that the facility did not follow their respiratory protection guidelines during the facility outbreak investigated on 12/36/2024.

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, Easthaven Villa 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