STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

03/03/2025

MARYSVILLE SPECIAL CARE COMMUNITY LLC
THE COTTAGES AT MARYSVILLE
1216 GROVE STREET
MARYSVILLE, WA 98270

RE: THE COTTAGES AT MARYSVILLE # 2149

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 55664 (Completion Date 03/03/2025) and 52572 (Completion Date 01/09/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/03/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

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:

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

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

WAC 388-78A-2300 Food and nutrition services.

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(ii) Approved by a dietitian; and

(iii) Reviewed and updated as necessary or at least every five years.

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

The Department staff who did the On Site verification:
Jodi Condyles, ALF Licensor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

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 and complaint investigation on 01/06/2025, 01/07/2025 and 01/08/2025 of:

THE COTTAGES AT MARYSVILLE
1216 GROVE STREET
MARYSVILLE, WA 98270

This document references the following complaint numbers: 160462, 161283, 161232.

The following sample was selected for review during the unannounced on-site visit: 6 of 39 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, ALF Licensor
Melissa Phillips, Long Term Care Surveyor
Jodi Condyles, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Assisted Living Facility (ALF) failed to ensure potentially harmful items were safely stored away in 3 of 4 cottages (Dogwood, Cedar, and Alder). This failure resulted in high-risk items being accessible to all 39 memory care residents and placed these residents at risk of harm from exposure to hazardous materials.

Findings included…

The ALF is a secured memory care unit consisting of four cottages: Dogwood, Cedar, Birch, and Alder.

Review of the Resident Characteristics Roster dated 01/06/2025 showed all 39 residents had a diagnosis of [redacted].

Dogwood Cottage

On 01/06/2025 at 10:15 AM, a 222 milliliter (ml) (a unit of measurement) bottle of perineal cleanser was observed in the communal bathroom. The label on the bottle showed “Caution: may cause eye irritation. Avoid contact with eyes. Keep out of reach of children”.

On 01/06/2025 at 10:28 AM, an 8.8 fluid ounce (fl oz) (a unit of measurement) bottle of air freshener was observed in an unlocked cabinet in the living room. The label read “Deliberately concentrating and inhaling the contents can be harmful or fatal. Do not spray toward face. If eye contact occurs, rinse well with water. If irritation persists, get medical attention.”

Cedar Cottage

On 01/06/2025 at 10:34 AM, a 6 fl oz bottle of nail polish remover was observed in an unlocked cabinet in the living area. The label read “Irritating to eyes and mucus membranes. Harmful if inhaled or ingested. In case of accidental ingestion, consult a doctor immediately.”

Alder Cottage

On 01/06/2025 at 10:57 AM, a 24 fl oz bottle of urine odor eliminator/stain remover was observed in an unlocked cabinet in the living area. The label showed “May cause eye irritation. Avoid all contact with eyes. Do not take internally. Do not ingest. Do not get in eyes, on skin or on clothing. Harmful if swallowed. Avoid contamination of food. If swallowed, drink large amounts of water or milk. See physician. If on skin, wash with water. If in eyes, flush with large amounts of flowing water for at least 15 minutes. See physician.”

On 01/06/2025 at 10:58 AM, a one-pound bottle of disinfecting wipes was observed in an unlocked cabinet in the living area. The label showed “HAZARDOUS TO HUMAN AND DOMESTIC ANIMALS. CAUTION: Causes moderate eye irritation. Avoid contact with eyes or clothing. Wash thoroughly with soap and water after handling. FIRST AID: Call a poison control center for treatment advice. Have the product container or label with you when calling a poison control center or doctor or going for treatment.”

On 01/06/2025 at 10:59 AM, a 5 fl oz bottle of vanilla universal fragrance oil was observed in an unlocked cabinet above the microwave. The label read “WARNING: Not for use on skin, avoid contact with eyes. Keep out of the reach of children and pets.”

On 01/06/2025 at 10:42 AM, Staff I, Maintenance Director, stated that the chemicals found throughout the tour should be kept in the locked supply closet located in each cottage where it is not accessible to the residents.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, THE COTTAGES AT MARYSVILLE 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-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff completed a 70-hour Basic training course prior to providing unsupervised direct care to residents for 1 of 4 staff (Staff C) and Cardiopulmonary Resuscitation (CPR) and first aid training for 2 of 6 staff (Staff B and C). This failure resulted in Staff B and C not having the necessary training related to their job duties and expectations and placed all 39 residents at risk for compromised care and safety.

Findings included…

Basic Training

Review of the ALF's employee files showed Staff C, Caregiver, was hired on 08/20/2024. Staff C's file showed no record of a completed 70-hour Basic training course within 120 days of hire.

On 01/07/2025 at 1:12 PM, Staff K, Business Office Manager, stated that they have care staff use a specific training center across the street from the ALF. Staff K stated they were in contact with this training center and found there was no completed Basic training for Staff C in their records.

CPR and First Aid Training

Review of the ALF's employee files showed that:

Staff B, Caregiver, was hired on 04/26/2024. Staff B completed CPR training that did not include a First Aid component.

Staff C was hired on 08/20/2024. Staff C had no record of a completed CPR and First Aid training.

On 01/06/2025 at 3:03 PM, Staff A, Executive Director, stated that they were unaware the CPR training program Staff B had completed did not include a First Aid training component.

On 01/07/2025 at 1:12 PM, Staff K stated that they did not have a completed CPR and First Aid training for Staff C and it had been missed.

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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:

(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 (ALF) failed to ensure 3 of 6 staff (Staff B, C, and D) completed the two-step skin testing to screen for tuberculosis (TB). This failure placed all 39 residents at risk of exposure to a communicable disease.

Findings included...

Review of the ALF's Staff files showed the following:

Staff B, Caregiver, was hired on 04/26/2024. Staff B's first step of TB testing was read on 03/09/2024, but there was no record available for review to show the second step was completed within one to three weeks after their first test, nor was there a record available for review that showed Staff B had completed a negative TB test within a year of hire.

Staff D, Caregiver, was hired on 07/29/2024. Staff D's first step of TB testing was read on 08/01/2024 and second step completed on 09/17/2024, 47 calendar days after the first step was read.

Staff C, Caregiver, was hired on 08/20/2024. Staff C's first step of TB testing was read on 08/26/2024 and second step completed on 09/18/2024, 23 calendar days after the first step was read.

On 01/07/2025 at 3:21 PM, Staff G, Director of Nursing, stated that they are responsible for the completion and tracking of staff TB testing. Staff G stated that Staff B, C, and D completed their first step TB testing, but did not have a second step completed within one to three weeks of the first step.

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

_____ _____

Administrator (or Representative) Date

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff E) had a current food worker card. This failure resulted in Staff E handling food for residents while not being trained and certified on safe food handling

practices and placed all 39 residents at an increased risk for foodborne illnesses.

Findings included…

Review of the ALF's employee files showed Staff E, Caregiver, was hired on 04/30/2021. Review of Staff E's files showed a food worker card that expired on 09/29/2024.

On 01/06/2025 at 3:07 PM, Staff A, Executive Director, stated that caregivers handle food as a part of their job at the ALF, so all care staff, including Staff E, are required to have a current food worker card. Staff A stated that Staff E was out of the facility and unable to be reached at this time.

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2300 Food and nutrition services.

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(ii) Approved by a dietitian; and

(iii) Reviewed and updated as necessary or at least every five years.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to serve resident meals that had been reviewed and approved by a dietitian for 6 of 6 weekly food services menus dated for the weeks of 12/08/2024, 12/15/2024, 12/22/2024, 12/29/2024, 01/05/2025, and 01/12/2025. These failures resulted in 39 residents receiving meals that had no dietician oversight and placed all residents at risk for not receiving nutritionally balanced meals.

Findings included…

On 01/06/2025 and 01/08/2025, the food service menu dated for the week of 01/05/2025 was observed posted above the cool holding preparation table in the main kitchen. The menu posted failed to have a dietitian's signature and date reviewed.

On 01/08/2025 at 11:15 AM, an unsigned food services menu dated for the week of 01/05/2025 was observed posted in the Cedar Cottage.

On 01/08/2025 at 11:19 AM, an unsigned food services menu dated for the week of 01/05/2025 was observed posted in the Dogwood Cottage.

On 01/08/2025 at 11:25 AM, an unsigned food services menu dated for the week of 01/05/2025 was observed posted in the Alder Cottage.

On 01/06/2025 at 10:14 AM, Staff A, Executive Director, provided six weeks of food services menus dated 12/08/2024 – 1/18/2025, and two books as the source of their menus; Food for Fifty (13th edition) publication date 2010 and the Continuum Associates Inc. Dining Services Program Manual that was unsigned and undated.

On 01/07/205 at 2:59PM, Staff H, Operations Specialist, stated that the facility used the Food for Fifty book to develop the food services menus. Staff H stated that the book was written by a nutritionist and used this book as the nutritionist's signature for the weekly food services menu.

On 01/08/2025 at 10:31AM, Staff J, Dietary Manager, stated that they receive a food services menu from Staff K, Business Officer Manager, every Monday for the upcoming week and did not know where Staff K prints the menu from. Staff J stated that they meet weekly with Staff K to review the calendar and provide suggestions to modify the menu to introduce food ideas. Staff J stated that menu modifications are their creations and are not reviewed or approved by a dietician prior to serving to the residents.

On 01/09/2025 at 11:04 AM, Staff K stated that they have rotating food service menus by season in the computer and they did not know how long the current rotation of menus had been used but believe it could 5 years or more. Staff K stated that they did not how the initial menus were developed and by who as they don't have a dietitian signature or date reviewed.

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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:

(a) Provide a safe, sanitary and well-maintained environment for residents;

This requirement was not met as evidenced by:

Based on observations and interview, the Assisted Living Facility (ALF) failed to provide a safe, sanitary, and well-maintained environment for residents living in 4 of 4 cottages (Dogwood, Cedar, Birch, and Alder). These failures resulted in all residents living in an unsafe and unsanitary environment and placed all 39 residents at risk for injury and a decreased quality of life.

Findings included…

The ALF is a secured memory care unit consisting of four cottages: Dogwood, Cedar, Birch, and Alder.

On 01/06/2025 a tour of the cottages was conducted with Staff I, Maintenance Director. The following was observed:

Dogwood Cottage

On 01/06/2025 at 10:16 AM, one of two bathrooms shared by residents had a metal garbage can that was observed to have an unknown, dried, brown substance splattered on the front and sides.

On 01/06/2025 at 10:24 AM, a mop was observed laying head down in the floor sink in the housekeeping closet. The mop was wet to the touch.

On 01/06/2025 at 10:24 AM, Staff I stated that staff are supposed to be hanging the mops up on the designated hooks above the sink and should not be sitting in the sink wet.

On 01/08/2025 at 11:19 AM, one mop was observed laying mop head down in the floor sink in the housekeeping closet. The mop was wet to the touch.

Cedar Cottage

On 01/06/2025 at 10:35 AM, one mop was observed laying mop head down in a bucket in the housekeeping closet. The mop was wet to the touch.

On 01/06/2025 at 10:38 AM, one of two bathrooms shared by residents had a metal garbage can that was observed to have an unknown, dried, brown substance splattered on the front and sides.

On 01/08/2025 at 11:14 AM, one mop was observed laying mop head down in the sink. The mop was wet to the touch.

Birch Cottage

On 01/06/2025 at 10:51 AM, one of two bathrooms shared by residents was observed to have unknown, dried, brown substance on the right underside of the toilet seat and a 4-inch by 4-inch unknown, dried, brown substance on the floor of the shower.

On 01/06/2025 at 10:52 AM, Staff I stated that they would get a staff person to clean the dried, brown substance off the toilet seat and the shower floor immediately.

Alder Cottage

On 01/06/2025 at 11:03 AM, the laundry room had a 10-foot ladder sitting up against the wall in front of an electrical panel. Staff I stated that they would try to find another storage location for the ladder, but that there are limited storage spaces that can fit the ladder.

On 01/08/2025 at 11:25 AM, one mop was observed laying mop head down in the sink. The mop was wet to the touch.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, THE COTTAGES AT MARYSVILLE 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