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

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

RE: THE COTTAGES AT MARYSVILLE License # 2149

Dear Administrator:

This letter addresses Compliance Determination(s) 34665 (Completion Date 01/03/2024) and 26558 (Completion Date 09/11/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/03/2024 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:
Allison Nunn, Long Term Care Surveyor

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

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: THE COTTAGES AT MARYSVILLE
License/Cert.#: 2149
Compliance Determination #: 26558
Investigator: Karen Glover
Provider Type: Assisted Living Facility
Intake ID: 87857
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 07/13/2023 through 09/11/2023
Complainant Contact Date(s): 07/06/2023

Allegation(s):

1. Staff were stealing gabapentin and Seroquel and the executive director (ED) is paying to get the medications replaced with no investigation.
2. Staff picked residents up off of the floor and did not write an incident reports up. The fall was reported to the ED.
3. The Resident Care Coordinator (RCC) was being instructed by the ED to do assessments and complex wound care.
4. Nurse delegation paperwork was not in place.
5. No fit testing had been done for the current staff.
6. No care plans had resident or resident representative signatures.
7. No resident representatives were notified regarding changes including medications.
8. The Business Office Manager (BOM) opened all packages delivered to the facility. If the contents is an item that is not allowed in the facility the BOM kept it.
9. The Assisted Living Facility (ALF) had no regard for state regulations and put the residents at risk.
10. The state complaint investigator was friends with the ED and does not cite the facility.

Investigation Methods:

Sample:	Total residents: 48 Resident sample size: 5 Closed records sample size: 0
Observations:	Residents Dining Resident rooms Staff to resident interactions
Interviews:	Nursing staff Family members Business office manager
Record Reviews:	Facility policies Negotiated Service Agreements Medication Administration Records

Investigation Summary:

1. Missing medications were brought to the attention of the ED by a medication technician. The ALF did an investigation and started a new process with documentation. None of the involved residents missed any medication doses and there were no additional costs to the residents for replacement of the missing medication. No failed practice identified.
2. Record review shows the ALF had completed incident reports. The resident fall in question by the reporter was called into the department's hot line and investigated by RCS was completed with no failed practice identified.
3. Interview revealed the RCC was providing information for the assessments with the regional nurse completing the actual assessment. All wound care was being completed by Home Health agencies. No failed practice identified.
4. Record review and interview showed nurse delegation was in place. The nurse delegator stated she visited the facility every 3-4 weeks and as needed. No failed practice identified.
5. Interview and record review showed no fit testing had been completed. The ALF had 28 staff not fit tested. WAC 388078A-2610 was cited.
6. Reviewed 4 resident care plans all with resident representative signatures. No failed practice identified.
7. Interview with the RCC showed families are notified by the medical provider regarding a change in medications. No failed practice identified.
8. All resident packages are delivered by the caregivers to the residents. Any items not appropriate to be left out in the communities are locked up. The business office manager denied taking any items belonging to the residents. No failed practice identified.
9. The ALF was held to state regulations as identified in the Washington Administration Codes (WAC). A full inspection is completed at the ALF every 12-15 months and community concerns are investigated as needed. No failed practice identified.
10. Interview showed the ED and the state complaint investigator were not friends and the complaint investigator follows the standards of practice set out by residential care services for the ALF investigations. No failed practice identified.

Conclusion / Action:

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

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3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 2149	Compliance Determination # 26558
Plan of Correction	THE COTTAGES AT MARYSVILLE	Completion Date
Page 1 of 3	Licensee: MARYSVILLE SPECIAL CARE COMMUNITY LLC	09/11/2023

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 07/13/2023 and 09/07/2023 of:

THE COTTAGES AT MARYSVILLE
1216 GROVE STREET
MARYSVILLE, WA 98270

This document references the following complaint number(s): 87857

The following sample was selected for review during the unannounced on-site visit: 5 of 48 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Karen Glover, Complaint Investigator

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.

Kim Ripley
Residential Care Services

09/14/2023
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.

Administrator (or Representative) 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 record review and interview the Assisted Living Facility (ALF) failed to follow required infection control measures to prevent infectious respiratory disease by ensuring all staff were current on their fit testing for N-95 respirators. This failure placed all residents, staff, and visitors at risk of contracting a respiratory infection.

Findings included…

Review of Washington Administrative Code 296-842-15005 (2)(a)(b) showed the ALF will provide fit testing (a fit test tests the seal between the respirator facepiece and the wearer's face) before employees are assigned duties that may require the use of respirators and at least every twelve months after the initial testing.

Record review of the ALF's Respiratory Protection Program policy dated 05/01/2023 showed:

Medical Evaluation
Employees who are required to wear respirators must complete a medical evaluation check sheet and meet the criteria prior to being approved to wear a respirator.
Any employee refusing the medical evaluation will not be allowed to work in an area requiring respirator use.

Fit Testing
Employees who are required to wear tight fitting air purifying respirators will be fit tested:
*prior to being allowed to wear any respirator with a tight-fitting face piece*annually, or when there are changes in the employee's physical condition that could affect fit e.g., obvious change in body weight, facial scarring, etc.).
Employees will be fit tested with the make, model, and size of respirator that they will actually wear.
Employees will be provided with several models and sizes of respirators so that they may find an optimal fit. NOTE: This may not be feasible during times of respirator shortages, such as during a pandemic. In those cases, Facility will follow OSHA and CDC interim guidelines for fit testing.
Facility Administrator or designee will conduct fit tests in accordance with the OSHA

Respiratory Protection Standard. N95 respirators will be fit tested with a qualitative fit test protocol using an aerosol solution or either saccharin or Bitrex®.

Documentation and Recordkeeping
A written copy of this program and the OSHA Respiratory Protection Standard shall be kept in the Program Administrator's office and made available to all employees who wish to review it.
Copies of training and fit test records shall be maintained by the Program Administrator or designee. These records will be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted.
For employees covered under the Respiratory Protection Program, the Program Administrator shall maintain copies of the medical evaluation for employee's ability to wear a respirator. The completed medical questionnaires and evaluations will remain confidential in the employee's records.

Record review of the ALF's staff list dated 07/13/2023 showed 28 current staff members.

In an interview on 07/13/2023 at 10:15 AM, Staff A, Executive Director stated that the current staff have not been fit tested. Staff A just completed the online training and Staff A and Staff B would receive the remainder of the training in August. Staff A stated that they were not aware they needed to have the staff fit tested until it was brought to their attention by a staff member.

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