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

Sydney Aid Opco LLC
Liberty Place
155 Lippert Dr W
Port Orchard, WA 98366

RE: Liberty Place License # 2182

Dear Administrator:

This letter addresses Compliance Determination(s) 44994 (Completion Date 07/31/2024) and 42202 (Completion Date 06/11/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/31/2024 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-2480, WAC 388-78A-2480-1, WAC 388-78A-2480-2, WAC 388-78A-2610-2-a, WAC 388-78A-2610-1, WAC 388-78A-2610-2-c, WAC 388-78A-2040-1, WAC 388-78A-2464, WAC 388-78A-2464-1, WAC 388-78A-2464-2, WAC 388-78A-2474-2-d, WAC 388-78A-24681, WAC 388-78A-24681-1, WAC 388-78A-24681-2

The Department staff who did the on-site verification:
Cathleen Davis, ALF Licensor
Cory Myers, ALF Complaint Investigator

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, 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 #: 2182	Compliance Determination # 42202
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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 06/04/2024 and 06/06/2024 of:
Liberty Place
155 Lippert Dr W
Port Orchard, WA 98366

The following sample was selected for review during the unannounced on-site visit: 5 of 29 current residents and 2 former residents.

The department staff that inspected the Assisted Living Facility:

Cathleen Davis, ALF Licensor
Cory Myers, ALF Complaint Investigator

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.

Residential Care Services

06/24/2024
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.

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ED
Administrator (or Representative)

6-24-2024
Date

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.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record reviews the Assisted Living Facility failed to keep a record of a requested test for tuberculosis (TB, a communicable disease) for 1 of 6 (Staff B) sampled staff. This failure placed all ALF residents at potential risk of TB infection by not having a record of tuberculosis testing.

Findings included...

A record review on 06/06/2024 showed Staff B, Caregiver, was hired by the ALF in 11/14/2023. Staff B, did not have a record of tuberculosis testing accomplished annotated in the facility employee record.

In an interview on 06/06/2024 at 11:10 am Staff A, Executive Director (ED), said there were no further records to add to the previously submitted records. The ED said the previously submitted tuberculosis records were all the records the facility had possession of.

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, Liberty Place is or will be in compliance with this law and / or regulation on (Date) 6-6-2024 .

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

Administrator (or Representative) _____ Date _____

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.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record reviews the Assisted Living Facility failed to keep a record of a requested test for tuberculosis (TB, a communicable disease) for 1 of 6 (Staff B) sampled staff. This failure placed all ALF residents at potential risk of TB infection by not having a record of tuberculosis testing.

Findings included...

A record review on 06/06/2024 showed Staff B, Caregiver, was hired by the ALF in 11/14/2023. Staff B, did not have a record of tuberculosis testing accomplished annotated in the facility employee record.

In an interview on 06/06/2024 at 11:10 am Staff A, Executive Director (ED), said there were no further records to add to the previously submitted records. The ED said the previously submitted tuberculosis records were all the records the facility had possession of.

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, Liberty Place 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.

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Administrator (or Representative) 6-24-2024 Date

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(a) Develop and implement a system to identify and manage infections;

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.

(2) The assisted living facility must.

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

This requirement was not met as evidenced by:

Based on observation, records review and interview the Assisted Living Facility (ALF) failed to have a full Respiratory Protection Program (RPP, program to coordinate the proper use and maintenance of respiratory protective equipment) in place to provide a N95 (a respiratory protective equipment) mask fit testing (a process to determine if an N95 respirator mask is a good fit for the user's face) for 6 of 6 sampled staff (Staff A, B, C, D, E, & F). This failure potentially harmed all residents when N-95 masks had not been properly fitted for each care staff causing an increased risk of COVID-19 (a communicable disease) infection spreading.

Findings included...

Review of Records showed a binder with RPF Policy information, undated. The binder did not include documentation of medical evaluations, fit testing, or mask type for 6 of 6 sampled staff.

Record review of the Dear Provider Letter (DPL) ALF# 2021-024, titled, "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment (PPE)," dated 04/30/2021, directed Long Term Care Facilities (LTCF) under WAC 296-842-12005 to develop and maintain a respirator program which included initial fit testing and providing staff with their fit tested respirator.

Record review of the document titled, "L&I (Labor and Industries) and Department of Health (DOH) Respirator and Person Protection Equipment (PPE) guidance for Long Term Care: Employer responsibilities for respiratory protection program and provision of PPE," dated 03/30/2021, showed "The Long-term care facilities (LTCF) are required to provide initial fit

Administrator (or Representative) _____ Date _____

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(a) Develop and implement a system to identify and manage infections;

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

(2) The assisted living facility must:

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

This requirement was not met as evidenced by:

Based on observation, records review and interview the Assisted Living Facility (ALF) failed to have a full Respiratory Protection Program (RPP, program to coordinate the proper use and maintenance of respiratory protective equipment) in place to provide a N95 (a respiratory protective equipment) mask fit testing (a process to determine if an N95 respirator mask is a good fit for the user's face) for 6 of 6 sampled staff (Staff A, B, C, D, E, & F). This failure potentially harmed all residents when N-95 masks had not been properly fitted for each care staff causing an increased risk of COVID-19 (a communicable disease) infection spreading.

Findings included...

Review of Records showed a binder with RPP Policy information, undated. The binder did not include documentation of medical evaluations, fit testing, or mask type for 6 of 6 sampled staff.

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Record review of the document titled, "L&I (Labor and Industries) and Department of Health (DOH) Respirator and Person Protection Equipment (PPE) guidance for Long Term Care: Employer responsibilities for respiratory protection program and provision of PPE," dated 03/30/2021, showed "The Long-term care facilities (LTCF) are required to provide initial fit

tests for each Health Care Worker (HCW) with the same model, style, and size respirator (N-95) that the HCW will be required to wear for protection against the COVID-19 (Corona Virus Disease 2019- an infectious disease caused by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, sore throat, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death and other airborne hazards). A 'fit test' is a procedure that tests the seal between the respirator's face piece and the HCW's face. It includes a medical evaluation and is completed by someone who is trained to fit test which takes a minimum of 15-20 minutes. The 'fit test' is to be completed every 12 months."

Record review of Washington State (WA) Department of Health (DOH) website document titled, "Respiratory Protection Program for Long-Term Care Facilities," undated, under the section titled, "fit testing," showed respirator fit testing was to be done before use of N95 respirator and then every year (within 12 months of the date of the last fit test).

Record review of the Department of Health document, titled, "Respiratory Protection Program for Long-Term Care Facilities," undated, showed "providing your workforce with respiratory protection against respiratory hazards, such as the virus that causes COVID-19, is a safety standard regulated and enforced by the Washington Department of Labor and Industries (L&I). Employers have an obligation to protect their employees from hazards in the workplace (General Duty WAC 296-126-094). In healthcare facilities, the tight-fitting disposable 'N95' respirator is a commonly used for respiratory protection. Respirator fit testing ensures that tight-fitting respirators seal properly and helps protect employees from exposure to airborne particles such as viruses and bacteria. Keep your employees safe and working by getting them fit tested and ready to properly use a respirator."

WAC 296-842-12010 Keep respirator program records. "(1) A written copy of the current respirator program must be kept by the employer. (2) Keep each employee's current fit test record, if fit testing is conducted, until the next fit test is administered. Fit test records must include: (a) Employee name; (b) Test date; (c) Type of fit test performed; (d) Description (type, manufacturer, model, style, and size) of the respirator tested; (e) Results of fit tests, for example, for quantitative fit tests include the overall fit factor AND a printout, or other recording of the test."

In an interview on 06/06/2024 at 4:30 PM Staff A, Executive Director (ED), said they did not have records of fit testing for staff. ED said this process would begin soon.

Plan/Attestation Statement

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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, Liberty Place is or will be in compliance with this law and / or regulation on (Date) 7-20-2024

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

Administrator (or Representative) — Date: 6-24-2024

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure that the designated smoking area was 25 feet away from the building in accordance with Revised Code of Washington (RCW) 70.160.075 for 1 of 1 sampled smoking area. This failure placed all residents, staff, and visitors at risk for exposure to secondhand cigarette smoke.

Findings included...

RCW 70.160.075 "Smoking prohibited within twenty-five feet of public places or places of employment - Application to modify presumptively reasonable minimum distance. Smoking is prohibited within a presumptively reasonable minimum distance of twenty-five feet from entrances, exits, windows that open, and ventilation intakes that serve an enclosed area where smoking is prohibited to ensure that tobacco smoke does not enter the area through entrances, exits, open windows, or other means."

An observation on 06/04/2024 at 9:45 AM showed a cigarette ashtray/discard bin directly outside of the courtyard doorway.

An observation on 06/06/2024 at 3:15 PM showed R7 sitting in a walker directly outside of the courtyard entrance. R7 was observed exhaling a plume of cigarette smoke into the air. The ashtray was measured at less than 25 feet of the courtyard door.

In an interview on 06/06/2024 at 4:30 PM Staff A, Executive Director (ED), said they knew the ashtray was not 25 feet from the doorway. Staff A said the plan is to place a covered area in the courtyard away from doorway entrances for residents to smoke while remaining

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, Liberty Place 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-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure that the designated smoking area was 25 feet away from the building in accordance with Revised Code of Washington (RCW) 70.160.075 for 1 of 1 sampled smoking area. This failure placed all residents, staff, and visitors at risk for exposure to secondhand cigarette smoke.

Findings included...

RCW 70.160.075 "Smoking prohibited within twenty-five feet of public places or places of employment - Application to modify presumptively reasonable minimum distance. Smoking is prohibited within a presumptively reasonable minimum distance of twenty-five feet from entrances, exits, windows that open, and ventilation intakes that serve an enclosed area where smoking is prohibited to ensure that tobacco smoke does not enter the area through entrances, exits, open windows, or other means."

An observation on 06/04/2024 at 9:45 AM showed a cigarette ashtray/discard bin directly outside of the courtyard doorway.

An observation on 06/06/2024 at 3:15 PM showed R7 sitting in a walker directly outside of the courtyard entrance. R7 was observed exhaling a plume of cigarette smoke into the air. The ashtray was measured at less than 25 feet of the courtyard door.

In an interview on 06/06/2024 at 4:30 PM Staff A, Executive Director (ED), said they knew the ashtray was not 25 feet from the doorway. Staff A said the plan is to place a covered area in the courtyard away from doorway entrances for residents to smoke while remaining

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undercover.

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, Liberty Place is or will be in compliance with this law and / or regulation on (Date) 6-28-2024 .

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

Administrator (or Representative) — Date: 6-24-2024

WAC 388-76A-2464 Background checks Process Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 6 sampled staff (Staff C) received their Name and Date of Birth background check. Failure to ensure all background checks were completed and maintained in the facility placed all residents at risk for being cared for by a staff member with a potentially disqualifying history.

Findings included...

Per record review, Staff C, Caregiver was hired on 08/22/2023. Review of staff records showed a name and date of birth background check was completed over three months later, 12/19/2023.

In an interview on 06/06/2024 at 11:30 AM, Staff A, Executive Director said all records previously sent were the total records available for staff records.

Plan/Attestation Statement

undercover.

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, Liberty Place 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-2464 Background checks Process Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 6 sampled staff (Staff C) received their Name and Date of Birth background check. Failure to ensure all background checks were completed and maintained in the facility placed all residents at risk for being cared for by a staff member with a potentially disqualifying history.

Findings included...

Per record review, Staff C, Caregiver was hired on 08/22/2023. Review of staff records showed a name and date of birth background check was completed over three months later, 12/19/2023.

In an interview on 06/06/2024 at 11:30 AM, Staff A, Executive Director said all records previously sent were the total records available for staff records.

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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, Liberty Place is or will be in compliance with this law and / or regulation on (Date) 7-15-2024

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

Administrator (or Representative) — Date: 6-24-2024

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:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to provide documentation for Cardiopulmonary resuscitation (CPR) and first aid training requirements for 1 of 6 sampled staff (Staff D.). This failure placed all residents at risk for unqualified staff to provide emergency services to resident in need of medical attention

Findings included...

Record review on 06/06/2024, shows Staff D was hired on 04/02/24, as a caregiver, and does not have an active CPR card on file at the ALF. The WAC reads this training needs to be completed within 30 days of hire.

In an interview on 06/06/2024 at 11:05 am, Staff A, Executive Director (ED), stated that Staff D, Caregiver, was signed up to take CPR on 06/23/2024.

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, Liberty Place is or will be in compliance with this law and / or regulation on (Date) 6-23-2024

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

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, Liberty Place 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:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to provide documentation for Cardiopulmonary resuscitation (CPR) and first aid training requirements for 1 of 6 sampled staff (Staff D,). This failure placed all residents at risk for unqualified staff to provide emergency services to resident in need of medical attention.

Findings included...

Record review on 06/06/2024, shows Staff D was hired on 04/02/24, as a caregiver, and does not have an active CPR card on file at the ALF. The WAC reads this training needs to be completed within 30 days of hire.

In an Interview on 06/06/2024 at 11:05 am, Staff A, Executive Director (ED), stated that Staff D, Caregiver, was signed up to take CPR on 06/23/2024.

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, Liberty Place 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.

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Administrator (or Representative) 6-24-2024 Date

WAC 388-76A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure 1 of 6 sampled staff (Staff C) received their Final Fingerprint background check within the 120 days of being hired. This failure placed residents at risk of being cared for by a staff member with a potentially disqualifying criminal history.

Findings included...

An observation on 06/06/2024 at 11:00 AM showed Staff C, Caregiver, working onsite at Liberty Place Assisted Living Facility wearing an identifying name badge.

In an interview on 06/07/2024 at 2:08 PM Staff A, Executive Director (ED) provided a document dated 01/25/2024 titled, "Entity Notification Additional Information Requested," requesting additional information from Staff C, Caregiver, to process the final fingerprint request. The notice included bolded font stating "Based on your program rules, the applicant may not be allowed to have unsupervised access to children or vulnerable individuals until the background check is complete and the results are reviewed by our office."

In an interview on 06/11/2024 at 12:40 PM Staff A, Executive Director (ED) said they were uncertain if staff C, Caregiver, previously worked at another facility in Washington State prior to their date of hire on 08/22/2023.

Record review of fingerprint background check showed the Background Check Central Unit (BCCU) requested additional information on 01/25/2024. Staff C, Caregiver, signed an Affidavit on 06/07/2024 stating in handwriting the charges for Battery/Domestic Violence were dropped.

Administrator (or Representative) _____ Date _____

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure 1 of 6 sampled staff (Staff C) received their Final Fingerprint background check within the 120 days of being hired. This failure placed residents at risk of being cared for by a staff member with a potentially disqualifying criminal history.

Findings included...

An observation on 06/06/2024 at 11:00 AM showed Staff C, Caregiver, working onsite at Liberty Place Assisted Living Facility wearing an identifying name badge.

In an interview on 06/07/2024 at 2:08 PM Staff A, Executive Director (ED) provided a document dated 01/25/2024 titled, "Entity Notification Additional Information Requested," requesting additional information from Staff C, Caregiver, to process the final fingerprint request. The notice included bolded font stating "Based on your program rules, the applicant may not be allowed to have unsupervised access to children or vulnerable individuals until the background check is complete and the results are reviewed by our office."

In an interview on 06/11/2024 at 12:40 PM Staff A, Executive Director (ED) said they were uncertain if staff C, Caregiver, previously worked at another facility in Washington State prior to their date of hire on 08/22/2023.

Record review of fingerprint background check showed the Background Check Central Unit (BCCU) requested additional information on 01/25/2024. Staff C, Caregiver, signed an Affidavit on 06/07/2024 stating in handwriting the charges for Battery/Domestic Violence were dropped.

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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, Liberty Place is or will be in compliance with this law and / or regulation on (Date) 6-24-2024

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

Administrator (or Representative) — Date: 6-24-2024

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, Liberty Place 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

6/24/24

Plan of Corrections for Deficiencies:

1) Tuberculosis Screening will be implemented upon hire for all new employees. RN will review monthly to ensure compliance.
2) Fit testing will be conducted for all current employees by July 20th, 2024. Fit testing will be conducted upon hire for all new employees. Annual fit testing will be conducted at the beginning of the second quarter moving forward. Ed will review monthly to ensure compliance.
3) Smoking areas will remain 25 feet from any entrances, exits, open windows, or other means. A covered area will be provided by facility. Frequent visual checks will be implemented by staff to ensure resident compliance.
4) Name and Date of Birth background checks with fingerprints will be completed for all new hires within 30 days of hire. ED will review monthly to ensure compliance.
5) CPR/First Aid training will be completed upon hire or within 30 days of hire. RN will review monthly to ensure compliance.
6) Name and Date of Birth background checks with fingerprints will be reviewed upon completion of BCCU results by ED. Any additional information requested will be signed by the employee and kept in their employee file.

Thank you,

Jennifer Huntley, Executive Director
360-876-0980
libertyplaceed@islllc.com