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

10/16/2024

SCRIBER GARDENS LLC
SCRIBER GARDENS LLC
6024 200TH ST SW
LYNNWOOD, WA 98036

RE: SCRIBER GARDENS LLC # 2203

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 48835 (Completion Date 10/16/2024) and 44410 (Completion Date 08/15/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/16/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
**WAC 388-78A-2610 Infection control.**

(2) The assisted living facility must:

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

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

**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.

The Department staff who did the On Site verification:
Wesler Dumecquias, Community Complaint Investigator

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:** SCRIBER GARDENS LLC **Provider Type:** Assisted Living Facility

**License/Cert.#:** 2203
**Intake ID:** 137689
**Compliance Determination #:** 44410
**Region/Unit #:** RCS Region 2 / Unit A
**Investigator:** Wesler Dumecquias
**Investigation Date(s):** 07/19/2024 through 08/15/2024
**Complainant Contact Date(s):** 07/17/2024

**Allegation(s):**
There were multiple residents who were sick, throwing up and taken to the hospital. The Assisted Living Facility were on droplet precautions but did not quarantine the sick residents.

**Investigation Methods:**

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|---|---|
| **Sample:** | Total residents: 43<br>Resident sample size: 7<br>Closed records sample size: 2 |
| **Observations:** | Residents<br>Activities<br>Dining<br>Staff to resident interactions<br>Resident to resident interactions |
| **Interviews:** | Nursing staff<br>Residents<br>Family members |
| **Record Reviews:** | Facility policies<br>Care plans<br>Progress notes<br>Staff list<br>N95 fit tests and Medical Clearances. |

**Investigation Summary:**
The Assisted Living Facility (ALF) had residents who were ill and exhibited signs and symptoms compatible with a COVID-19 infection. A resident tested positive with COVID-19 after the ALF sent them to the hospital. The Sampled Residents experienced symptoms that were compatible with a COVID-19 infection. Interviews indicated that the ALF's Memory Care Unit staff used personal protective equipment when providing care to residents with cold-like symptoms. The ALF failed to investigate to determine if they had an outbreak. The ALF did not report to the Department of Health (DOH) for the issuance of guidelines, including the need to test the residents who had symptoms compatible with COVID-19, and did not report

to the Complaint Resolution Unit Hotline. Failed practice was identified. A citation was issued for noncompliance with WAC 388-78A-2650 (3) Reporting Fires and Incidents and WAC 388-78A-2371 (1)- Investigations.

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**Conclusion / Action:**

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

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| | | |
|---|---|---|
| Statement of Deficiencies | License #: 2203 | Compliance Determination # 44410 |
| Plan of Correction | SCRIBER GARDENS LLC | Completion Date |
| Page 1 of 7 | Licensee: SCRIBER GARDENS LLC | 08/15/2024 |

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 07/19/2024 and 07/19/2024 of:

SCRIBER GARDENS LLC
6024 200TH ST SW
LYNNWOOD, WA 98036

This document references the following complaint number(s): 137689

The following sample was selected for review during the unannounced on-site visit: 7 of 43 current residents and 2 former residents.

The department staff that investigated the Assisted Living Facility:

Wesler Dumecquias, Community 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

08/16/2024
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.

Administrator (or Representative) Betsy Rankin

Date 8-19-24

**WAC 388-78A-2610 Infection control.**

(2) The assisted living facility must:

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

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

**This requirement was not met as evidenced by:**

Based on interviews and record review, the Assisted Living Facility (ALF) failed to determine if 4 of 5 residents (Resident 2, 3, 4, and 5) who were displaying signs of sickness after another memory care resident (Resident 1) and one staff (Staff E) tested positive for coronavirus 2019 (COVID-19) (a very contagious disease caused by a virus named SARS-CoV-2.) had a communicable disease and failed to report the positive cases of COVID-19 to the local health department. These failures resulted in all four residents displaying illness without being tested and placed all residents at risk of contracting and spreading COVID-19 infections.

Findings included...

The Assisted Living facility (ALF) policy titled "INFECTION CONTROL Policy and Procedure Number: S7," dated 04/28/2023 showed the community shall report when a resident or staff member contracts a reportable infectious disease to the local health department (LHD) and provide them with the name, address, age, sex, diagnosis, or suspected diagnosis of disease or condition, phone number of person having reportable disease (S) and the name, address or telephone number of the person providing the report. The policy showed COVID-19 as a category "A" disease and conditions that were reportable immediately when a case was suspected or diagnosed.

The ALF policy titled "INFECTION CONTROL-RESPIRATORY OUTBREAK RESPONSE" (Policy) dated 03/28/2024 showed COVID-19 testing for the COVID-19 virus can help residents decide what to do next, like getting treatment to reduce your risk of severe illness and taking steps to lower their chances of spreading a virus to others. The Policy showed the ALF would report all suspected or confirmed cases of respiratory illness to the Local Health Jurisdiction.

Review of the Assisted Living Facility Guidebook Partners in Protection, dated February

2018, contained guidelines intended to assist facilities in developing and implementing policies and procedures to help prevent resident abuse, neglect, abandonment, significant injuries of unknown source, or personal and financial exploitation by any person. Chapter 1 and Appendix D showed the state law required the assisted living facility to report to the Department of Social and Health Services hotline and the local health department when an ALF had a communicable disease outbreak.

Resident 1

Resident 1 was admitted to the ALF on [redacted]/2022 with multiple diagnoses including [redacted].

On 07/19/2024 at 2:17 PM, Staff A, Executive Director, stated that they sent Resident 1 to the hospital 07/05/2024 due to difficulty breathing. Resident 1 tested positive for COVID-19 at the hospital on 07/05/2024. Staff A stated that they did not have an incident report or investigation because "Resident 1 tested positive in the hospital". They did not report to the Snohomish Local Health jurisdiction or to the DSHS Hotline because they believed they did not have an outbreak. Staff A stated that they did not do contact tracing and testing because they were not allowed to test.

On 07/26/2024 at 3:41 PM, Staff C, memory care coordinator, stated that Resident 1 was sent to the hospital on 07/05/2024 and tested positive for COVID-19 infection. Staff C stated that they were not allowed to test their residents because they were not certified to do testing.

Resident 2

Resident 2 was admitted to the ALF on [redacted]/2020 with multiple diagnoses including [redacted].

Review of Alert charting dated 07/08/2024 showed Resident 2 was on alert charting for coughing and runny nose.

Resident 3

Resident 3 was admitted to the ALF on [redacted]/2023 with multiple diagnoses including [redacted].

Review of alert charting dated 07/08/2024 showed Resident 3 was on alert charting for suspected COVID-19 symptoms.

Resident 4

Resident 4 was admitted on [redacted]/2023 with multiple diagnoses including [redacted].

Review of alert charting dated 07/11/2024 showed Resident 4 was on alert charting for signs and symptoms of COVID-19.

Resident 5

Resident 5 was admitted to the ALF on [redacted]/2021 with multiple diagnoses including [redacted].

Review of alert charting dated 07/08/2024 showed Resident 5 was on alert charting for cold symptoms.

On 07/19/2024 at 2:06 PM, Staff D, Caregiver, stated that there were two residents (Resident 2 and 5) they observed having symptoms such as coughing, congestion, sore throat, and did not have an appetite to eat. Staff D stated that they quarantined the residents in the memory care unit. They had personal protective equipment carts set up, airborne precaution signages on the residents' apartment doors who had symptoms, and the staff were wearing PPE and N95 when entering the residents' rooms.

On 07/19/2024 at 2:49 PM, Staff E, Med Tech, stated that they observed four residents (Residents 2, 3, 4 and 5) with cough, congestion, sore throat, and no appetite. Staff E stated that they also had the symptoms of COVID-19, tested positive, and stayed home. Staff E stated that they contracted the infection while working with the residents who had symptoms.

On 07/19/2024 at 3:03 PM, Staff F, Med Tech, stated that residents had symptoms compatible with COVID-19 infection, such as coughing, congestion, and weariness. Staff F stated they were using PPE and had the PPE cart set up and signs for precautions.

On 07/19/2024 at 3:09 PM, Staff G, caregiver stated that they observed residents 2 and

3 with cough, runny nose, and congestion. Staff G stated that there were airborne and droplet precaution signages posted by the residents' door and personal protective equipment carts were placed. Staff G stated that they were wearing N95 when they went into residents 2 and 3's room to provide care.

On 07/26/2024 at 2:18 PM, Staff H, Regional Nurse, stated that they do report outbreak cases to the LHJ. Staff H stated they were not aware the ALF did not report to the Local Health Jurisdiction. Staff H stated they would do broad-based testing if they had an outbreak.

On 07/22/2024 at 10:30 AM, Collateral Contact 2 (CC2), Infection Preventionist for Snohomish County, stated that they did not receive any reports of COVID-19 cases from the ALF. CC2 noted that they do not have a record from the ALF that they had instances of COVID-19 reported in July 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, SCRIBER GARDENS LLC is or will be in compliance with this law and / or regulation on (Date) 9-29-24.

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

Betsy Rankie — Administrator (or Representative)

8-19-24 — 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 interviews and record reviews the Assisted Living Facility (ALF) failed to ensure a medical testing site waiver (MTSW) license was obtained to complete blood glucose testing for 2 of 2 residents (Resident 6 and 7). This failure resulted in the ALF not maintaining compliance with Washington State MTSW licensure requirements and the minimum standards. The failure placed Resident 6 and 7 at risk for having inaccurate and unreliable clinical laboratory services and test results.

Findings included...

Review of the Washington State Department of Health website https://doh.wa.gov/licenses-permits-and-certificates/facilities-z/medical-test-sites-mts on 08/15/2024,

perform tests on a person for the purpose of diagnosis, treatment, or prevention of disease.

Review of an ALF provider letter dated 08/03/2022 titled, Medical Test Site Waiver Regulatory Requirements; informed ALF providers of state and federal regulations that were related to certain types of medical testing such as COVID-19 and blood glucose testing which required a MTSW licensure. The letter showed when the ALF administers a medical test such as COVID-19 or blood glucose test, interprets the results, or acts upon the test results a MTSW license waiver would be required.

Resident 6

Resident 6 was admitted on [redacted]/2024 with multiple diagnoses, including [redacted].

A review of the Physician's order dated 07/14/2024 showed Resident 6 had an order for the ALF staff to test blood sugar three times daily as directed by the primary care physician.

Resident 7

Resident 7 was admitted on [redacted]/2024 with multiple diagnoses, including [redacted].

A review of the Physician's order dated 07/19/2024 and 08/01/2024 showed Resident 7 had an order for the ALF staff to assist in the administration of long-acting and short-acting insulin injections, respectively, for their DM2.

A review of the care plan dated 07/22/2024 showed Resident 7 had blood sugar checks three times a day done by the ALF staff. Resident 7 would come to the medication cart/Med Tech to have their blood sugar checked

On 08/15/2024 at 11:55 AM, Staff I, Med Tech, stated that Residents 6 and 7 had a sliding scale order to administer insulin. Staff I would need to check their blood sugars using a glucometer machine (is used to measure how much sugar is in the blood sample), read the results, and record them in their Quick MAR (a software system used by the Assisted Living Facility to organize, manage, record and document the name of the medication, dose taken, special instructions and date and time). The readings would be the basis for how much insulin Residents 1 and 2 would receive.

On 07/26/2024 at 1:43 PM, Staff A, Executive Director, stated that they would not test residents for COVID-19 because, according to their corporate office, they no longer have

Clinical Laboratory Improvement Amendments (CLIA) waiver or MTSW. On 08/15/2024 at 12:09 AM, Staff A stated that the ALF did not have a CLIA/MTSW waiver and would inform their corporate office.

**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, SCRIBER GARDENS LLC 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