STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Aegis Senior Communities LLC
AEGIS OF MARYMOOR
4585 WEST LAKE SAMMAMISH PARKWAY NE
REDMOND, WA 98052

RE: AEGIS OF MARYMOOR License # 2209

Dear Administrator:

This letter addresses Compliance Determination(s) 28947 (Completion Date 09/21/2023) and 24850 (Completion Date 06/27/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/21/2023 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, WAC 388-78A-2610-2-d, WAC 388-78A-2381-2-a-iv, WAC 388-78A-2520-2, WAC 388-78A-2468-1

The Department staff who did the on-site verification:
Thomas Forkgen, ALF Licensor
Steven Garrett, LTC Licensor
Jane Hermano, NCI
Angelica Rios, ALF Licensor

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 2209	Compliance Determination # 24850
Plan of Correction	AEGIS OF MARYMOOR	Completion Date
Page 1 of 8	Licensee: Aegis Senior Communities LLC	06/27/2023

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 the unannounced on-site full inspection on 06/07/2023 and 06/13/2023 of:

AEGIS OF MARYMOOR
4585 WEST LAKE SAMMAMISH PARKWAY NE
REDMOND, WA 98052

The following sample was selected for review during the unannounced on-site visit: 9 of 50 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Steven Garrett, LTC Licensor
Angelica Rios, ALF Licensor
Thomas Forkgen, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson — Residential Care Services

06/30/2023 — 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)

7/06/23
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.

(2) The assisted living facility must:

(d) Provide all resident care and services according to current acceptable standards for infection control;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement the required Respiratory Protection Program (RPP) for 10 of 28 staff who have direct contact with residents(Staff E, Associate Care Director, Staff H, Associate Care Director, Staff I, Care Manager 1, Staff J, Care Manager 1, Staff K, Care Manager 2, Staff L, Care Manager 2, Staff M, Medication Care Manager, Staff N, Medication Care Manager, Staff O, Medication Care Manager, and Staff P, Care Manager 1) to reduce the potential spread of infectious diseases. This failure placed 50 residents at risk of contracting and spreading a potentially life-threatening infectious disease.

Findings included...

The Centers for Disease Control and Prevention (CDC), the national public health agency for the United States, developed guidelines for infection prevention and control practices in healthcare settings including assisted living facilities. The Washington State Governor's Office, the Washington State Department of Social and Health Services (DSHS), the Washington State Department of Health (DOH), and the Washington State Department of Labor and Industries (L&I), established the current infection control standards to prevent and control the spread of coronavirus disease 2019 (COVID-19) in healthcare settings.

Review of the CDC website, titled "Transmission-Based Precautions" (https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html), showed that the CDC recommended the use of personal protective equipment (PPE) to prevent infection transmission including a fit-tested National Institute for Occupational Safety and Health (NIOSH)-approved N95 or higher level respirator for healthcare personnel.

Review of the DOH publication, titled "Interim Recommendations for SARS-CoV-2 Infection Prevention and Control in Healthcare Settings", dated October 31, 2022, showed specific guidelines for RPP that included medical evaluation and fit testing for respirator use. The

publication showed that facilities were required to provide initial and annual fit tests for any employee identified as potentially being exposed to respiratory hazard. The publication also stated that facilities were required to provide each employee with the properly fit-tested respirator identified during the fit-test process.

Review of the Dear Provider Letter titled "EMPLOYER RESPONSIBILITIES FOR RESPIRATORY PROTECTION PROGRAM AND PROVISION OF PERSONAL PROTECTIVE EQUIPMENT (PPE)," dated 04/30/2021, showed the guidelines for long-term care facilities (LTCF), healthcare workers (HCWs), and employers on when to use certain types of PPE. The letter further described requirements of LTCFs that included initial fit-tests for each HCW with the respirator that the HCW would be required to wear for protection against COVID-19 and other airborne hazards.

Review of the facility's document titled "Respiratory Protection Program", dated 10/18/2021, showed that the facility General Manager was the Program Administrator responsible for administering the RPP. The Program Administrator responsibilities included ensuring fit testing was conducted upon hire (for those identified staff) and annually thereafter. The document showed that the facility would identify one Fit Testing Trainer/Coordinator who was responsible for ensuring the RPP was implemented. The Fit Testing Trainer/Coordinator responsibilities included ensuring that employees (including new hires) received appropriate training, and annual medical evaluation and fit test if duties involved use of a respirator. Further review of the document showed the purpose of the RPP was to ensure that all employees who were required to wear respirators when performing their job duties were protected from exposure to these airborne transmissible diseases. The document showed that respirators were required for those designated staff members who cared for residents who were exposed or who were confirmed positive for COVID-19. The employees who were required to wear respirators may include Associate Care Directors, Care Directors, Care Managers, and Medication Care Managers.

Review of the facility's undated "Employee List" showed that the facility hired Staff E on 09/01/2021, Staff H on 05/28/2017, Staff I on 11/19/2022, Staff J on 04/09/2023, Staff K on 09/14/2022, Staff L on 10/21/2022, Staff M on 05/12/2021, Staff N on 09/12/2021, Staff O on 10/23/2014, and Staff P on 01/31/2023.

Review of the facility's respirator fit testing documentation showed that Staff E, Staff H, Staff I, Staff J, Staff K, Staff L, Staff M, Staff N, and Staff P had not completed the initial or any respirator fit test. Further review of the documentation showed that Staff O was last fit tested on 12/27/2020 and overdue for their annual respirator fit test.

During an interview on 06/07/2023 at 9:55 AM, Staff A, General Manager, stated that they were the RPP Administrator. Staff A further stated that Staff Q, Maintenance Director, was the facility Fit Testing Trainer/Coordinator. Staff A stated that all care staff were fit-tested for respirators. Staff A further stated that they were aware not all care staff required to be fit-tested had completed their fit tests.

During an interview on 06/07/2023 at 2:30 PM, Staff Q stated that they were trained to

conduct the N95 respirator fit testing for facility staff. Staff Q further stated that they kept all the RPP fit-testing documentation in a binder in their 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, AEGIS OF MARYMOOR is or will be in compliance with this law and / or regulation on (Date) 9/11/23 .

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

Administrator (or Representative) — Date: 7/6/23

WAC 388-78A-2381 General design requirements for memory care.

(2) The facility must provide common areas, including at least one resident accessible common area outdoors. Such common areas should accommodate and offer the opportunity of social interaction, stimulate activity, contain areas with activity supplies and props to encourage engagement, and have safe outdoor paths to encourage exercise and movement.

(a) These areas must have a residential atmosphere and must accommodate and offer opportunities for individual or group activity including:

(iv) Ensuring residents have access to their own rooms at all times without staff assistance.

This requirement was not met as evidenced by:

Based on observations and interviews, the facility failed to ensure that 1 of 13 residents (Resident 10) in the memory care unit (MCU), a secured area for residents with cognitive impairments, had independent access to their room. This failure placed Resident 10 at risk for a diminished quality of life.

Findings included...

Observation on 06/07/2023 at 11:00 AM during initial facility tour, showed Resident 10 independently ambulated within the MCU. Observation showed Resident 10 attempted to enter their apartment. Resident 10 was unable to open the locked door to their apartment. Resident 10's apartment was located in an area that was out of view from staff in the dining room area. Observation showed Staff A, General Manager, unlocked and opened Resident 10's apartment door. Further observation of other resident apartments showed that all apartment doors were locked.

On 06/13/2023 at 10:30 AM, Resident 10 approached the Licensor and requested access to their apartment. During an interview at this same time, Resident 10 confirmed the

location of their apartment. Resident 10 stated that they did not have a key to enter their apartment. Department Licenser notified Staff G, Care Manager, of Resident 10's request to enter apartment. Resident 10 was denied access to their apartment and redirected to activity area. Resident 10's apartment door remained locked.

During an interview on 06/13/2023 at 10:35 AM, Staff G stated the facility preferred Resident 10 not be alone in the apartment due to history of falls. Staff G stated that the MCU residents did not possess keys to their apartment. Staff G stated that all residents in the MCU required staff help to access their apartment. Staff G stated that Resident 10 was the only resident in the MCU who had previously received a key to their apartment. Staff G confirmed that Resident 10 no longer had a key to their apartment due to staff concern for Resident 10's.

Observation on 06/13/2023 at 11:00 AM showed Resident 10 stood at their apartment door and waited to enter their locked apartment. Again, Licenser notified multiple staff that Resident 10 continued to request entry to their apartment. Observation showed that Resident 10 was denied access to their apartment as facility staff again redirected Resident 10 away from their apartment.

During an interview on 06/14/2023 at 2:30 PM, Collateral Contact A, resident representative (CCA), stated that Resident 10 previously had a key to their apartment. CCA stated that they were unaware Resident 10 no longer had a key to access their apartment. CCA further stated "I preferred [Resident 10] had a key to [their] apartment and allowed time in [their] apartment if [they] do not want to be involved in the activities".

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, AEGIS OF MARYMOOR is or will be in compliance with this law and / or regulation on (Date) 8/11/23 .

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

Administrator (or Representative) [signature] Date 7/6/23

WAC 388-78A-2520 Administrator qualifications General.

(2) The licensee must only appoint as an assisted living facility administrator an individual who meets the requirements of at least one of the following sections in WAC 388-78A-2522 through 388-78A-2527 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to appoint a qualified administrator for 1 of 1 staff (Staff A, General Manager). This failure placed the 50 residents at risk for abuse and neglect and at risk of unmet care needs from an unqualified administrator.

Findings included...

Observation on 06/08/2023 9:30 AM, showed Staff A interacted with residents and staff. Staff A later introduced themselves to the Department Representative as the General Manager of the community, responsible for the day-to-day operations and the overall wellbeing of the residents.

Review of Staff A's undated employee file showed that Staff A completed a Department of Health and Social Services (DSHS) approved administrator course provided by the facility corporation. Review of Staff A's credentials and experience showed Staff A lacked the qualifications required by the Washington Administrative Code (WACs) to be an approved administrator of an Assisted Living Facility (ALF).

Review of emails dated 01/29/2021, 02/11/2021, 02/17/2021, and 02/18/2021, showed Staff R submitted the corporation's administrator training program documents to DSHS policy program manager. The email showed Staff R received approval from Collateral Contact 1, (CC1), previous DSHS ALF Policy Program Manager, to implement the program.

Review of emails dated 06/14/2023 from Collateral Contact 2 (CC2), current DSHS ALF Policy Program Manager, showed that CC1 only approved the corporation's administrator in training program. The email showed that a wavier was not given that exempted administrators from meeting the requirements of the WACs for a qualified administrator.

During an interview on 06/08/2023 at 8:59 AM, Staff A reviewed WACs 388-78A-2522 through WAC 388-78A-2527. Staff A stated that after they reviewed the WACs, Staff A agreed that they did not meet any of the qualifications stipulated in administrator qualification WACs. Staff A stated that Staff R, Vice President of Regulatory Affairs for the corporation, communicated with the previous DSHS Assisted Living Policy Program Manager via emails. Staff A stated that Staff R understood the corporation received authorization and approval to conduct their own administrator training course. Staff A also stated that Staff R thought this approval satisfied the requirement for health care experience and educational qualifications.

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, AEGIS OF MARYMOOR is or will be in compliance with this law and / or regulation on (Date) 8/11/23 .

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

Administrator (or Representative) — Date: 7/6/23

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to submit background checks within one business day after hire for 1 of 6 staff (Staff A, General Manager). This failure placed the 50 residents as risk for abuse and neglect from staff with an unknown background check.

Findings included...

Staff A
Review of the facility's undated document titled "Employee Roster" showed that the facility hired Staff A on 03/15/2022 as the General Manager. Review of Staff A's employee record showed the facility submitted a background check on 03/22/2022, five business days after hire.

During an interview on 06/09/2022 at 10:20 AM, Staff A stated that upon hire, they trained in the corporate office for the first two weeks of employment and not in the building. Staff A stated that since they did not have access to vulnerable adults, they did not know they needed to complete a background check at the time of hire.

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, AEGIS OF MARYMOOR is or will be in compliance with this law and / or regulation on (Date) 8/11/23 .

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

Administrator (or Representative) — Date: 7/6/23

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

06/30/2023

Aegis Senior Communities LLC
AEGIS OF MARYMOOR
4585 WEST LAKE SAMMAMISH PARKWAY NE
REDMOND, WA 98052

RE: AEGIS OF MARYMOOR # 2209

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 06/27/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

Water temperature in three faucets (2nd Floor Activity Room sink, 3rd Floor "Night Cap" Lounge sink, and 1st Floor common bathroom sink across from Apartment 115), accessible by residents and visitors, measured between 120 and 121 degrees Fahrenheit (F). Water temperature in one bathroom faucet (Memory Care common bathroom), accessible to residents and visitors, measured below the required 105 degrees F. Prior to completion of the inspection, facility staff repaired sink fixture and adjusted thermostat on hot water tanks that supplied the facility's faucet fixtures. These repairs and adjustments brought water temperatures within range of the regulatory requirements.

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(e) Make sure first-aid supplies are:

(i) Readily available and not locked;

(ii) Clearly marked;

The location of first aid kits throughout the facility were not identified. The kits were not readily available. During the inspection, the facility staff placed several first aid kits throughout the facility with identifier signs posted with each kit.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  - o What specific deficiency or deficiencies you disagree with;
  - o Why you disagree with each deficiency; and
  - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:
• Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure