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

Madrona Assisted Living, LLC

Madrona Assisted Living, LLC
8800 Madison Ave N
Bainbridge Island, WA 98110

RE: Madrona Assisted Living, LLC License # 2210

Dear Administrator:

This letter addresses Compliance Determination(s) 32840 (Completion Date 11/20/2023) and 25318 (Completion Date 08/30/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/20/2023 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-2610-2-c

The Department staff who did the on-site verification:
Shelley Neeleman, 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Madrona Assisted Living, LLC
Provider Type: Assisted Living Facility
License/Cert.#: 2210
Intake ID: 74277
Compliance Determination #: 25318
Region/Unit #: RCS Region 3 / Unit D
Investigator: Shelley Neeleman
Investigation Date(s): 06/13/2023 through 08/30/2023
Complainant Contact Date(s):

Allegation(s):
Infection Control
1) A resident tested positive for COVID-19.

Investigation Methods:

Sample:
Total residents: 44
Resident sample size: 44
Closed records sample size:

Observations:
General environment (Cleanliness, Hand Sanitizer and PPE availability)
Residents
Resident Rooms
Staff (PPE use, proper hand hygiene performed)
Staff to Resident interactions
Environmental Cleaning Staff

Interviews:
Staff: Resident Care Manager
Staff: Med Tech
Staff: Executive Director

Record Reviews:
Resident Characteristic Roster
Email communication with the Executive Director, dated 06/15/2023.
Communication with Facility Residents, Families, and Staff, dated 03/21/2023.
Facility COVID Staff Update Human Resources communication , dated 03/21/2023.
Sick Food Worker Policy, no date provided.
Return to Work Following Illness or Injury Policy, no date provided.
On-the-job Injury or Illness Policy, no date provided.
Preventing Transmission of Infection Policy, no date provided.
Respiratory Protection Program Policy, updated 04/2023.
Respirator Fit Test Record Form, dated 04/2023.
Respirator Training Record Form, dated 04/2023.
Employee Training Information, dated 04/2023.

Online Incident Report to the Department, dated 03/13/2023.
Staff A Respirator Fit Test Record, dated 04/30/2021.

Investigation Summary:

1) Per observation, there was no indication of a lack of staffing, common areas and resident rooms were clean and free from odor. Residents observed were appropriately dressed, clean and free from odor.

Per record review, facility policies outline guidance for Infection Prevention and Control (IPC) practices, return-to-work protocols, outbreak management, education/training on COVID-19 and IPC, outbreak notifications, reporting requirements, and a Respiratory Protection Program.

Per record review, the facility's policy states, "In the event an employee fails fit testing with all provided mask types, the employee will be removed from providing care to any COVID-19 positive residents and will be transferred to another Bainbridge Senior Living property in the event of a facility-wide outbreak."

Per interview, the Resident Care Manager (RCM) stated that they failed the fit-test due to medical reasons. The RCM stated that all available staff had to work with COVID-19 positive residents during the outbreak to make sure care needs were met.

Per interview, the Medication Technician (MT) stated that there was no N95 mask that fit properly, and care was provided to residents infected with COVID-19.

Per interview, the Executive Director stated that staff are expected to wear an N-95 respirator when providing care to COVID-19 positive residents.

The facility failed to provide staff with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections. Cited per WAC 388-78A(2610)(2)(c)

Conclusion / Action:

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

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PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2210	Compliance Determination # 25316
Plan of Correction	Madrona Assisted Living, LLC	Completion Date
Page 1 of 3	Licensee: Madrona Assisted Living, LLC	08/30/2023

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 06/13/2023 and 08/30/2023 of:

Madrona Assisted Living, LLC
8800 Madison Ave N
Bainbridge Island, WA 98110

This document references the following complaint number(s): 74277

The following sample was selected for review during the unannounced on-site visit: 44 of 44 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Shelley Neeleman, 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

08/31/2023
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) 9/6/2023 Date

WAC 388-78A-2610 Infection control.

(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 interviews and record reviews, the Assisted Living Facility (ALF) failed to have 1 of 1 sampled staff (Staff A) utilize appropriate Personal Protective Equipment (PPE, equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses) while caring for residents with Coronavirus 19 (a highly communicable pathogen). This placed 44 of 44 residents, as well as staff and visitors to the facility, at risk of potential harm.

Findings Included...

Record review of the facility's policy "Respiratory Protection Program" (procedures and elements for required respirator use) revised on 04/2023 stated "As a result of the COVID-19 pandemic, Respirator use and a written Respiratory Protection Program are required if employees perform high or extremely high-risk tasks as described in the Appendix A table of DOSH Directive, 11.80. Bainbridge Senior Living direct care employees are considered high-risk and are required to comply with the procedures outlined."

Record review of the facility's policy "Respiratory Protection Program" revised on 04/2023 stated "In the event an employee fails fit testing with all provided mask types, the employee will be removed from providing care to any COVID-19 positive residents and will be transferred to another Bainbridge Senior Living property in the event of a facility-wide outbreak."

Record review of the facility's "Respirator Fit Test Record" dated 04/30/2021 indicated that Staff A (Resident Care Manager) failed the N95 respirator (a particulate-filtering facepiece respirator) fit test (test to check whether a respirator fits the face of someone who wears it).

Record review of the facility's online incident report to the Department dated 03/13/2023 at 12:00pm stated a resident tested positive for Coronavirus-19 on 03/13/2023.

Statement of Deficiencies	License #: 2210	Compliance Determination # 25318
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Page 3 of 3	Licensee: Madrona Assisted Living, LLC	08/30/2023

During an interview on 06/13/2023, Staff A was asked what PPE was used while caring for residents infected with Coronavirus-19. Staff A stated that they were not medically cleared to wear an N95 respirator, and that a surgical mask or non-fitted N95 respirator was used while caring for residents infected with Coronavirus-19.

During an interview on 08/10/2023 at 2:40pm, the Executive Director (Staff B) stated that staff are expected to wear a properly fitted N-95 respirator when providing care to residents infected with Coronavirus-19.

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, Madrona Assisted Living, LLC is or will be in compliance with this law and / or regulation on (Date) 9/5/2023

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

Administrator (or Representative) — Date: 9/5/2023

Plan of Correction

Agency Name	**Citation Date**
Madrona Assisted Living LLC	8/30/2023
Submitted by	**Date of POC Submission**
Jim Fuller	9/6/2023
☐ **Complaint Citation** ☐ **Certification Citation**	

Citation: WAC 388-78A-2610	
What *initial or immediate actions* were taken to address concerns affecting clients?	**Staff member A was removed from care for residents.**
How will you apply the correction to all clients you support?	**System or Operational Changes:** Human Resources have scheduled fit testing and order a proper fitting N95 for staff A
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	Jim Fuller Executive Director Tia Bresc Director of Nursing Services
Date by which lasting correction will be achieved	Testing has been completed 9/5/2023
Additional Information	Proper N95 choice has been ordered.

Submit to RCS within 10 calendar days of receipt, please clearly indicate the name of the person who should receive your document.

Region 2:
rcsregion2email@dshs.wa.gov

Arlington
3906 172nd St. NE #100
Arlington, WA 98223
Fax: (360) 651-6940

Kent
20425 72nd Ave S, #400
Kent, WA 98032
Fax: (253) 395-5071

Lynnwood
20311 52nd Ave W
Lynnwood, WA 98036
Fax: (206) 971-6791

IDR
Lacey
PO Box 45600
Olympia, WA 98504-5600
RCSIDR@dshs.wa.gov

Send copy to DDA Resource Manager and Residential Program Specialist for your region.