STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Mountlake Terrace Assisted Living Community LLC
Vineyard Park at Mountlake Terrace
23008 56th Ave W
Mountlake Terrace, WA 98043

RE: Vineyard Park at Mountlake Terrace License # 2335

Dear Administrator:

This letter addresses Compliance Determination(s) 38921 (Completion Date 03/28/2024) and 35494 (Completion Date 02/05/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/28/2024 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-2480-1, WAC 388-78A-2260-1, WAC 388-78A-2260-2-a, WAC 388-78A-2260-2-b, WAC 388-78A-2260-2-d, WAC 388-78A-2260-2-e, WAC 388-78A-2730-1-a, WAC 388-78A-2730-1-b, WAC 388-78A-2474-2-e, WAC 388-78A-2420-4

The Department staff who did the on-site verification:
Scottie Sindora, ALF Licensor
Faith Le, NCI
Sunny Kent, Licensor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Vineyard Park at Mountlake Terrace
Provider Type: Assisted Living Facility
License/Cert.#: 2335
Intake ID: 115711
Compliance Determination #: 35494
Region/Unit #: RCS Region 2 / Unit J
Investigator: Sunny Kent
Investigation Date(s): 01/22/2024 through 02/05/2024
Complainant Contact Date(s):

Allegation(s):
Resident tested positive for Covid.

Investigation Methods:

Sample:	Total residents: 77 Resident sample size: 10 Closed records sample size: 1
Observations:	Identified resident Residents Activities Dining Resident rooms Resident to resident interactions Medication administration
Interviews:	Administrator Identified resident Nursing staff Residents Family members Housekeeping staff
Record Reviews:	Medical records Facility policies Respiratory Protection Program MTSW/CLIA documentation

Investigation Summary:
Investigation showed Identified Resident (IR) tested positive for Covid in the facility's Memory Care Unit (MCU). Interview with Administrator confirmed positive result and that two additional residents tested positive. Observation showed signage at the entrance to MCU, all staff had N95 masks, frequently washed hands, attempted to socially distance, IR was in her room sleeping, Personal Protective Equipment was in a cart outside her apartment door with signage to suit up prior to assisting with care. Interview with MCU Director revealed the unit was to be closed to outside visitors. IR's

doctor and family were notified, IR's care plan updated. Review of the ALF's Respiratory Protection Program showed several MCU care staff and med techs were not current with a medical clearance and/or mask fit testing. The ALF did not have a current MTSW/CLIA waiver to cover implementation of COVID-19 tests for residents. Failed practice identified.

Conclusion / Action:

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

02/06/2024

Licensee: Mountlake Terrace Assisted Living Community LLC
Vineyard Park at Mountlake Terrace
23008 56th Ave W
Mountlake Terrace, WA 98043

RE: Vineyard Park at Mountlake Terrace License # 2335

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 02/05/2024 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

02/06/2024

Licensee: Mountlake Terrace Assisted Living Community LLC
Vineyard Park at Mountlake Terrace
23008 56th Ave W
Mountlake Terrace, WA 98043

RE: Vineyard Park at Mountlake Terrace License # 2335

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 02/05/2024 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

• Wrote the enclosed Statement of Deficiencies (SOD) report; and
• May take licensing enforcement action based on any deficiency listed on the enclosed report; and
• May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  o Mail the Plan/Attestation Statement and report with original signatures to:

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

- 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.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

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 (425)670-6070.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Enclosure

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• 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.

You May:

• Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

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 (425)670-6070.

Sincerely,

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Enclosure

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 and complaint investigation on 01/22/2024 and 01/24/2024 of:
Vineyard Park at Mountlake Terrace
23008 56th Ave W
Mountlake Terrace, WA 98043

This document references the following complaint numbers: 113013, 115711.

The following sample was selected for review during the unannounced on-site visit: 10 of 77 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Scottie Sindora, ALF Licensor
Sunny Kent, Licensor
Cristina Gonzalez, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Jamie Singer
Residential Care Services

2/6/2024
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.

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 and complaint investigation on 01/22/2024 and 01/24/2024 of:
Vineyard Park at Mountlake Terrace
23008 56th Ave W
Mountlake Terrace, WA 98043

This document references the following complaint numbers: 113013, 115711.

The following sample was selected for review during the unannounced on-site visit: 10 of 77 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Scottie Sindora, ALF Licensor
Sunny Kent, Licensor
Cristina Gonzalez, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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 _____ 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.

Else Robinson
Administrator (or Representative)

2-12-2024
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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to screen 1 of 5 sample staff (Staff C) for Tuberculosis (TB) within three days of hire. This failure placed 77 residents at risk for infection and increased health issues.

Findings included...

Record review of Staff C's (Caregiver) personnel file showed the ALF hired him on 08/15/2023 as a full-time caregiver. Record review of Staff C's TB record, undated, showed the Staff C received a chest X-ray in 2017, and another chest x-ray on 3/24/2018. There was no indication Staff C had been screened for TB since that time.

In an interview, on 01/23/2024 at 08:15 AM, Staff W (Business Office Manager) stated that she thought there might be more information and she would look further in Staff C's file. In an interview, on 01/24/2024 at 12:45 PM, Staff A (Executive Director) stated that she would see if she could find paperwork regarding this matter. No additional records were sent.

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, Vineyard Park at Mountlake Terrace is or will be in compliance with this law and / or regulation on (Date) 3-18-24

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

Else Robinson
Administrator (or Representative)

2/12/2024
Date

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(1) The assisted living facility must secure medications for residents who are not capable of safely storing their own medications.

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to screen 1 of 5 sample staff (Staff C) for Tuberculosis (TB) within three days of hire. This failure placed 77 residents at risk for infection and increased health issues.

Findings included…

Record review of Staff C's (Caregiver) personnel file showed the ALF hired him on 08/15/2023 as a full-time caregiver. Record review of Staff C's TB record, undated, showed the Staff C received a chest X-ray in 2017, and another chest x-ray on 3/24/2018. There was no indication Staff C had been screened for TB since that time.

In an interview, on 01/23/2024 at 08:15 AM, Staff W (Business Office Manager) stated that she thought there might be more information and she would look further in Staff C's file. In an interview, on 01/24/2024 at 12:45 PM, Staff A (Executive Director) stated that she would see if she could find paperwork regarding this matter. No additional records were sent.

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, Vineyard Park at Mountlake Terrace 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-2260 Storing, securing, and accounting for medications.

(1) The assisted living facility must secure medications for residents who are not capable of safely storing their own medications.

(2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:

(a) In containers with pharmacist-prepared label or original manufacturer's label;

(b) Together for each resident and physically separated from other residents' medications;

(d) In a locked compartment that is accessible only to designated responsible staff persons; and

(e) In environments recommended on the medication label.

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure medications were secured and inaccessible to residents. This placed 50 of 50 ALF residents at risk for exposure to medications not prescribed by their primary care provider (PCP).

Findings included...

Record Review of two undated Resident Characteristic Rosters showed the ALF provided care and services to 77 residents. 27 residents resided on a locked Memory Care Unit (MCU). 50 residents resided in other AL apartments.

Review of the undated job description for a Medication Aide (Medication Technician) showed the ALF's expectations for staff who passed medications included, "Responsible for assisting residents with taking their medications utilizing appropriate procedures...in compliance with the State of Washington WACs." WAC is the Washington Administrative Code.

Review of the ALF's undated "Medication Services Policy" showed under the Medication Service Procedure, item #8, that "an RN or LPN may pre-fill cups for immediate delivery" and, "These cups will be properly labeled with the resident and medication identifying information".

The environmental tour began at 10:40 AM on 01/22/2024 with Staff G (Maintenance Supervisor).

Department licensors and Staff G arrived on the third floor of the ALF at 10:55 AM. Observation of a seating area, adjacent to Apartment 313, showed two chairs with a small nightstand-style table positioned between the chairs. The table's design included an unlocked drawer. Observation of the drawer contents showed two small medication dose cups. Each cup contained a small dose of an unidentified ointment or cream. The substances observed in each cup did not come from the same original container. One substance appeared to be clearer than the other.

(2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:

(a) In containers with pharmacist-prepared label or original manufacturer's label;

(b) Together for each resident and physically separated from other residents' medications;

(d) In a locked compartment that is accessible only to designated responsible staff persons; and

(e) In environments recommended on the medication label.

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure medications were secured and inaccessible to residents. This placed 50 of 50 ALF residents at risk for exposure to medications not prescribed by their primary care provider (PCP).

Findings included…

Record Review of two undated Resident Characteristic Rosters showed the ALF provided care and services to 77 residents. 27 residents resided on a locked Memory Care Unit (MCU). 50 residents resided in other AL apartments.

Review of the undated job description for a Medication Aide (Medication Technician) showed the ALF's expectations for staff who passed medications included, "Responsible for assisting residents with taking their medications utilizing appropriate procedures…in compliance with the State of Washington WACs." WAC is the Washington Administrative Code.

Review of the ALF's undated "Medication Services Policy" showed under the Medication Service Procedure, item #8, that "an RN or LPN may pre-fill cups for immediate delivery" and, "These cups will be properly labeled with the resident and medication identifying information".

The environmental tour began at 10:40 AM on 01/22/2024 with Staff G (Maintenance Supervisor).

Department licensors and Staff G arrived on the third floor of the ALF at 10:55 AM. Observation of a seating area, adjacent to Apartment 313, showed two chairs with a small nightstand-style table positioned between the chairs. The table's design included an unlocked drawer. Observation of the drawer contents showed two small medication dose cups. Each cup contained a small dose of an unidentified ointment or cream. The substances observed in each cup did not come from the same original container. One substance appeared to be clearer than the other.

Observation also showed the medication dose cups were not labeled with any identifiers such as the medication name, resident name and apartment number, or the prescribed time of administration.

During an interview, on 01/22/2024 at 11:00 AM, Staff H (Medication Technician) who was passing medications to residents on the third floor, stated that they could not identify the substances inside the medication dose cups.

During an interview, on 01/22/2024 at 11:20 AM, Staff I (Director of Nursing) stated that they observed the medication dose cups and the substances inside. Staff I paused and identified one of the substances as petroleum jelly, and the second substance as a topical cortisone cream. Staff I also stated the substances resembled medications prescribed for a resident that resided on the fourth floor. Staff I was unsure how the substances ended up on the third floor.

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, Vineyard Park at Mountlake Terrace is or will be in compliance with this law and / or regulation on (Date) 3-18-24 .

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

Elre Robinson — Administrator (or Representative)

2-12-24 — Date

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(a) The operation of the assisted living facility;

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to maintain a Medical Testing Site Waiver/Clinical Laboratory Improvement Amendments (MTSW/CLIA) waiver certificate and implement their written Respiratory Protection Program (RPP) when 10 of 18 sampled staff (Staff C, Staff E, Staff F, Staff J, Staff L, Staff M, Staff N, Staff Q, Staff T and Staff U) did not have an up-to-date medical evaluation clearing them wear an N-95 respirator, and 16 of 18 sampled staff (Staff A, Staff B, Staff C, Staff E, Staff F, Staff J, Staff K, Staff L, Staff M, Staff N, Staff P, Staff Q, Staff R, Staff S, Staff T and Staff U) did not complete the required annual respiratory mask fit-testing. This placed 77 of 77

Observation also showed the medication dose cups were not labeled with any identifiers such as the medication name, resident name and apartment number, or the prescribed time of administration.

During an interview, on 01/22/2024 at 11:00 AM, Staff H (Medication Technician) who was passing medications to residents on the third floor, stated that they could not identify the substances inside the medication dose cups.

During an interview, on 01/22/2024 at 11:20 AM, Staff I (Director of Nursing) stated that they observed the medication dose cups and the substances inside. Staff I paused and identified one of the substances as petroleum jelly, and the second substance as a topical cortisone cream. Staff I also stated the substances resembled medications prescribed for a resident that resided on the fourth floor. Staff I was unsure how the substances ended up on the third floor.

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, Vineyard Park at Mountlake Terrace 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-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(a) The operation of the assisted living facility;

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to maintain a Medical Testing Site Waiver/Clinical Laboratory Improvement Amendments (MTSW/CLIA) waiver certificate and implement their written Respiratory Protection Program (RPP) when 10 of 18 sampled staff (Staff C, Staff E, Staff F, Staff J, Staff L, Staff M, Staff N, Staff Q, Staff T and Staff U) did not have an up-to-date medical evaluation clearing them wear an N-95 respirator, and 16 of 18 sampled staff (Staff A, Staff B, Staff C, Staff E, Staff F, Staff J, Staff K, Staff L, Staff M, Staff N, Staff P, Staff Q, Staff R, Staff S, Staff T and Staff U) did not complete the required annual respiratory mask fit-testing. This placed 77 of 77

residents at risk for receiving waived tests, such as in-house COVID-19 tests, without the ALF having obtained the proper certificate and at risk for contracting respiratory illnesses from potentially unprotected staff.

Findings included...

Record Review of two undated Resident Characteristic Rosters showed the ALF provided care and services to 77 residents. 27 residents resided on a locked Memory Care Unit (MCU).

Note: A "Dear Assisted Facility Administrator" letter, issued by the Department on 08/03/2022, showed that ALFs were informed about state and federal regulations related to COVID-19 (an infectious disease which can result in illness with symptoms including cough, fever, malaise, headache, 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 medical tests done on site. A MTSW certificate is required in Washington state to conduct these tests. The MTSW meets both federal and state requirements, and includes a federally- issued CLIA number.

MTSW/CLIA CERTIFICATION

Observation during the environmental tour, on 01/22/2024 at 10:40 AM, did not show a MTSW/CLIA certificate posted anywhere in the ALF.

During an interview, on 01/22/2024 at 9:45 AM, with Staff A (Executive Director), the Department Representative requested evidence of the MTSW/CLIA waiver. Staff A provided a document showing the ALF was a "satellite test site" under a MTSW/CLIA waiver registered to a non-profit community health organization (CHO).

Review of the "Testing Site Agreement", signed on 02/18/2022, showed the ALF agreed to abide by the conditions of the CHO's CLIA waiver. There was no MTSW/CLIA certificate included with the Testing Site Agreement.

The Department Representative emailed the CHO, on 01/25/2024, and requested a copy of the MTSW/CLIA certificate. As of 01/31/2024, the CHO did not respond to the request.

An internet search of the Department of Health's MTSW tracking site showed the CHO's MTSW expired on 06/30/2023. A search of the Center for Disease Control's CLIA number tracking site showed no CLIA number for the CHO. The ALF did not have a current MTSW/CLIA certificate.

residents at risk for receiving waived tests, such as in-house COVID-19 tests, without the ALF having obtained the proper certificate and at risk for contracting respiratory illnesses from potentially unprotected staff.

Findings included…

Record Review of two undated Resident Characteristic Rosters showed the ALF provided care and services to 77 residents. 27 residents resided on a locked Memory Care Unit (MCU).

Note: A "Dear Assisted Facility Administrator" letter, issued by the Department on 08/03/2022, showed that ALFs were informed about state and federal regulations related to COVID-19 (an infectious disease which can result in illness with symptoms including cough, fever, malaise, headache, 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 medical tests done on site. A MTSW certificate is required in Washington state to conduct these tests. The MTSW meets both federal and state requirements, and includes a federally- issued CLIA number.

MTSW/CLIA CERTIFICATION

Observation during the environmental tour, on 01/22/2024 at 10:40 AM, did not show a MTSW/CLIA certificate posted anywhere in the ALF.

During an interview, on 01/22/2024 at 9:45 AM, with Staff A (Executive Director), the Department Representative requested evidence of the MTSW/CLIA waiver. Staff A provided a document showing the ALF was a “satellite test site” under a MTSW/CLIA waiver registered to a non-profit community health organization (CHO).

Review of the “Testing Site Agreement”, signed on 02/18/2022, showed the ALF agreed to abide by the conditions of the CHO’s CLIA waiver. There was no MTSW/CLIA certificate included with the Testing Site Agreement.

The Department Representative emailed the CHO, on 01/25/2024, and requested a copy of the MTSW/CLIA certificate. As of 01/31/2024, the CHO did not respond to the request.

An internet search of the Department of Health’s MTSW tracking site showed the CHO’s MTSW expired on 06/30/2023. A search of the Center for Disease Control’s CLIA number tracking site showed no CLIA number for the CHO. The ALF did not have a current MTSW/CLIA certificate.

RESPIRATORY PROTECTION PROGRAM

Note: Review of a "Dear Administrator" letter, dated 04/30/2021, showed the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined by the Washington State Department of Health (DOH) as a "federal and state OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards." The ALFs were required to provide initial and annual fit-tests for each Health Care Worker (HCW) with the same model, style, and size respirator that the HCW would be required to wear for protection against COVID-19 and airborne hazards. The ALF were required to provide fit-tested respirators, such as N95, to all HCWs with the potential to have contact with residents with known or suspected COVID-19. The ALF were required to provide gowns, gloves, and eye protection to staff who were providing care to residents.

Note: Washington Administrative Code 296-842-12005 is a Washington State Department of Labor and Industries (L&I) rule that requires employers to develop a written RPP to safeguard employees from airborne hazards.

During an entrance interview, on 01/22/2024 at 9:45 AM, Staff A (Executive Director) stated that Resident 9, who lived on the ALF's MCU, tested positive for COVID-19. Staff could not put a mask on or isolate Resident 9 from the other residents. Two additional residents in the MCU tested positive for the virus during the Department visit.

An observation and interview, on 01/23/2024 at 1:20 PM, showed the dining room in the MCU. Residents were sitting at various tables, all staff were wearing N-95 masks including the MCU Director (Staff V), all caregivers and the housekeeper. Staff V stated that when a resident tested positive for COVID-19, all staff were required to wear N-95 masks when at work.

Record review of the ALF's RPP medical evaluation records, dated 01/07/2023 through 12/28/2023, showed no up-to date medical evaluations for Staff C (Caregiver), Staff E (Medication Technician), Staff F (Caregiver), Staff J (Caregiver), Staff L (Caregiver), Staff M (Medication Technician), Staff N (Caregiver/Medication Technician), Staff Q (Caregiver), Staff T (Caregiver), and Staff U (Caregiver).

Record review of the ALF's RPP mask fit testing records, dated 01/17/2023 through 01/30/2024, showed no up-to-date mask fit testing records for Staff A, Staff B (Caregiver), Staff C, Staff E, Staff F, Staff J, Staff K (Caregiver), Staff L, Staff M, Staff N, Staff P (Caregiver), Staff Q (Caregiver), Staff R (Medication Technician), Staff S (Caregiver), Staff T (Caregiver), and Staff U (Caregiver). Staff K completed a mask fit test on 01/26/2024, and Staff S completed a mask fit test on 01/30/2024. Both were completed after the Department exited the ALF on 01/24/2024.

Record review of a MCU staff schedule for the 4th week of January, covering from 01/21/2024 through 01/27/2024, showed that Staff B, Staff J, Staff K, Staff L, Staff M, Staff

RESPIRATORY PROTECTION PROGRAM

Note: Review of a "Dear Administrator" letter, dated 04/30/2021, showed the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined by the Washington State Department of Health (DOH) as a "federal and state OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards." The ALFs were required to provide initial and annual fit-tests for each Health Care Worker (HCW) with the same model, style, and size respirator that the HCW would be required to wear for protection against COVID-19 and airborne hazards. The ALF were required to provide fit-tested respirators, such as N95, to all HCWs with the potential to have contact with residents with known or suspected COVID-19. The ALF were required to provide gowns, gloves, and eye protection to staff who were providing care to residents.

Note: Washington Administrative Code 296-842-12005 is a Washington State Department of Labor and Industries (L&I) rule that requires employers to develop a written RPP to safeguard employees from airborne hazards.

During an entrance interview, on 01/22/2024 at 9:45 AM, Staff A (Executive Director) stated that Resident 9, who lived on the ALF's MCU, tested positive for COVID-19. Staff could not put a mask on or isolate Resident 9 from the other residents. Two additional residents in the MCU tested positive for the virus during the Department visit.

An observation and interview, on 01/23/2024 at 1:20 PM, showed the dining room in the MCU. Residents were sitting at various tables, all staff were wearing N-95 masks including the MCU Director (Staff V), all caregivers and the housekeeper. Staff V stated that when a resident tested positive for COVID-19, all staff were required to wear N-95 masks when at work.

Record review of the ALF's RPP medical evaluation records, dated 01/07/2023 through 12/28/2023, showed no up-to date medical evaluations for Staff C (Caregiver), Staff E (Medication Technician), Staff F (Caregiver), Staff J (Caregiver), Staff L (Caregiver), Staff M (Medication Technician), Staff N (Caregiver/Medication Technician), Staff Q (Caregiver), Staff T (Caregiver), and Staff U (Caregiver).

Record review of the ALF's RPP mask fit testing records, dated 01/17/2023 through 01/30/2024, showed no up-to-date mask fit testing records for Staff A, Staff B (Caregiver), Staff C, Staff E, Staff F, Staff J, Staff K (Caregiver), Staff L, Staff M, Staff N, Staff P (Caregiver), Staff Q (Caregiver), Staff R (Medication Technician), Staff S (Caregiver), Staff T (Caregiver), and Staff U (Caregiver). Staff K completed a mask fit test on 01/26/2024, and Staff S completed a mask fit test on 01/30/2024. Both were completed after the Department exited the ALF on 01/24/2024.

Record review of a MCU staff schedule for the 4th week of January, covering from 01/21/2024 through 01/27/2024, showed that Staff B, Staff J, Staff K, Staff L, Staff M, Staff

N, Staff P, Staff Q, Staff R, Staff S, Staff T, and Staff U were scheduled to work on the MCU from 01/21/2024 (Sunday) through 01/24/2024 (Wednesday), the last day of the onsite visit. These 12 staff worked on the MCU without a medical evaluation to wear a respirator, without an up-to date mask fit test, or without both, placing staff at risk for exposure to COVID-19 or other respiratory viruses.

During an interview, on 01/24/2024 at 2:27 PM, the Department Representative asked Staff A how the ALF protects staff not cleared through medical evaluation, or fit tested with an appropriate N-95 mask. Staff A stated that they now had access to mask fit testing equipment, and they would begin the fit tests "this week". The Department Representative then asked Staff A why the ALF did not implement the fit testing section of their RPP. Staff A stated that the fit testing equipment was not available to them when they needed it, and the medical evaluations took time to complete.

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, Vineyard Park at Mountlake Terrace is or will be in compliance with this law and / or regulation on (Date) 3-18-24 .

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

Elve Rabenau — Administrator (or Representative)

2-12-24 — 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:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff F) completed twelve hours of continuing education (CE) per year. This failure put 77 residents at risk of receiving care and services from care staff without required training.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed? (1) The continuing

N, Staff P, Staff Q, Staff R, Staff S, Staff T, and Staff U were scheduled to work on the MCU from 01/21/2024 (Sunday) through 01/24/2024 (Wednesday), the last day of the onsite visit. These 12 staff worked on the MCU without a medical evaluation to wear a respirator, without an up-to date mask fit test, or without both, placing staff at risk for exposure to COVID-19 or other respiratory viruses.

During an interview, on 01/24/2024 at 2:27 PM, the Department Representative asked Staff A how the ALF protects staff not cleared through medical evaluation, or fit tested with an appropriate N-95 mask. Staff A stated that they now had access to mask fit testing equipment, and they would begin the fit tests “this week”. The Department Representative then asked Staff A why the ALF did not implement the fit testing section of their RPP. Staff A stated that the fit testing equipment was not available to them when they needed it, and the medical evaluations took time to complete.

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, Vineyard Park at Mountlake Terrace 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:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff F) completed twelve hours of continuing education (CE) per year. This failure put 77 residents at risk of receiving care and services from care staff without required training.

Findings included…

NOTE: Washington Administrative Code (WAC) 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed? (1) The continuing

education training requirements that apply to certain individuals working in assisted living facilities are described below. (a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year: (iii) A certified nursing assistant

Review of the ALF's staff files showed Staff F (Caregiver) was hired on 03/03/2020. Staff F's file showed that no CE certificates were completed after the year 2021.

In an interview, on 01/24/2024 1:00 PM, Staff W (Business Office Manager) stated that Staff F had not completed their CE for the past two years.

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, Vineyard Park at Mountlake Terrace is or will be in compliance with this law and / or regulation on (Date) 3-18-24.

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

Elne Nelson — Administrator (or Representative)

2-12-24 — Date

WAC 388-78A-2420 Record retention.

(4) All active, inactive, and closed resident records must be available for review by department staff and other authorized persons.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure required documentation on 90-day return visits by the delegating nurse was kept on-site for 4 of 4 residents (Resident 1, 4, 5, and 7) who required nurse delegation services. This failure resulted in Residents 1, 4, 5, and 7 receiving tasks from caregiving staff without up-to-date information and placed them at risk for compromised care.

Findings included...

Resident 1

Record review showed the ALF admitted Resident 1 on [redacted] 2021 with multiple diagnoses including [redacted] Review of an Assessment, dated 10/03/2024, showed Resident 1 required medication administration and nurse delegation (ND).

education training requirements that apply to certain individuals working in assisted living facilities are described below. (a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year: (iii) A certified nursing assistant

Review of the ALF's staff files showed Staff F (Caregiver) was hired on 03/03/2020. Staff F's file showed that no CE certificates were completed after the year 2021.

In an interview, on 01/24/2024 1:00 PM, Staff W (Business Office Manager) stated that Staff F had not completed their CE for the past two years.

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, Vineyard Park at Mountlake Terrace 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-2420 Record retention.

(4) All active, inactive, and closed resident records must be available for review by department staff and other authorized persons.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure required documentation on 90-day return visits by the delegating nurse was kept on-site for 4 of 4 residents (Resident 1, 4, 5, and 7) who required nurse delegation services. This failure resulted in Residents 1, 4, 5, and 7 receiving tasks from caregiving staff without up-to-date information and placed them at risk for compromised care.

Findings included…

Resident 1

Record review showed the ALF admitted Resident 1 on [redacted]2021 with multiple diagnoses including [redacted]. Review of an Assessment, dated 10/03/2024, showed Resident 1 required medication administration and nurse delegation (ND).

Review of the ND binder showed Resident 1 received weekly blood glucose monitoring through ND oversight. The binder showed Resident 1 had a 90-day return visit form completed by the delegating nurse on 09/01/2023. No further nurse delegation visit sheets were able to be provided on-site.

Resident 4

Record review showed the ALF admitted Resident 4 on [redacted] 2015 with multiple medical diagnoses including [redacted] and [redacted]. Review of an Assessment, dated 07/26/2023, showed Resident 4 required medication administration and ND.

Review of an electronic Medication Administration Record, dated 01/22/2024, showed that Resident 4 was prescribed a scopolamine patch (a medicated patch that is placed behind the ear to increase saliva production) on 02/06/2023.

Review of the ND binder showed Resident 4 received a scopolamine patch through ND oversight. No 90-day return visit forms were able to be located on-site for Resident 4.

Resident 5

Record review showed the ALF admitted Resident 5 on [redacted] 2018 with multiple diagnoses including [redacted]. Review of an Assessment, dated 09/27/2023, showed Resident 5 required medication administration and ND.

Review of the ND binder showed Resident 5 received blood glucose monitoring, a topical treatment administered, and an oral inhaler through ND oversight. The binder showed Resident 5 had a 90-day return visit form completed by the delegating nurse on 09/01/2023. No further 90-day return visit forms were able to be located on-site for Resident 5.

Resident 7

Record review showed the ALF admitted Resident 7 on [redacted] 2021 with multiple diagnoses including [redacted]. Review of an Assessment, dated 12/29/2023, showed Resident 7 required medication administration and ND.

Review of the ND binder showed Resident 7 received medication administration and a topical patch for pain relief through ND oversight. The binder showed Resident 7 had a 90-

Review of the ND binder showed Resident 1 received weekly blood glucose monitoring through ND oversight. The binder showed Resident 1 had a 90-day return visit form completed by the delegating nurse on 09/01/2023. No further nurse delegation visit sheets were able to be provided on-site.

Resident 4

Record review showed the ALF admitted Resident 4 on [redacted]2015 with multiple medical diagnoses including dementia [redacted] and [redacted]. Review of an Assessment, dated 07/26/2023, showed Resident 4 required medication administration and ND.

Review of an electronic Medication Administration Record, dated 01/22/2024, showed that Resident 4 was prescribed a scopolamine patch (a medicated patch that is placed behind the ear to increase saliva production) on 02/06/2023.

Review of the ND binder showed Resident 4 received a scopolamine patch through ND oversight. No 90-day return visit forms were able to be located on-site for Resident 4.

Resident 5

Record review showed the ALF admitted Resident 5 on [redacted]2018 with multiple diagnoses including [redacted]. Review of an Assessment, dated 09/27/2023, showed Resident 5 required medication administration and ND.

Review of the ND binder showed Resident 5 received blood glucose monitoring, a topical treatment administered, and an oral inhaler through ND oversight. The binder showed Resident 5 had a 90-day return visit form completed by the delegating nurse on 09/01/2023. No further 90-day return visit forms were able to be located on-site for Resident 5.

Resident 7

Record review showed the ALF admitted Resident 7 on [redacted]2021 with multiple diagnoses including [redacted]. Review of an Assessment, dated 12/29/2023, showed Resident 7 required medication administration and ND.

Review of the ND binder showed Resident 7 received medication administration and a topical patch for pain relief through ND oversight. The binder showed Resident 7 had a 90-

day return visit form completed by the delegating nurse on 09/01/2023. No further 90-day return visits were able to be located on-site for Resident 7.

In an interview, on 01/24/2024 at 1:31 PM, Staff A (Executive Director) stated the nursing visits had been completed, but the documentation was not available for the Department to review. Staff A stated they would have to email their delegation nurse to get the updated return visit forms for Residents 1, 4, 5, and 7. As of 01/25/2024, the Department had not received those forms to review.

In an interview, on 01/25/2024 at 2:55 PM, Staff X (Registered Nurse Delegator) stated that although the ALF was unable to locate several quarters of the ND documentation, the nursing visits for ND were up to date.

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, Vineyard Park at Mountlake Terrace is or will be in compliance with this law and / or regulation on (Date) 3-18-24 .

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

Elre Rabenau — Administrator (or Representative)

2-12-24 — Date

day return visit form completed by the delegating nurse on 09/01/2023. No further 90-day return visits were able to be located on-site for Resident 7.

In an interview, on 01/24/2024 at 1:31 PM, Staff A (Executive Director) stated the nursing visits had been completed, but the documentation was not available for the Department to review. Staff A stated they would have to email their delegation nurse to get the updated return visit forms for Residents 1, 4, 5, and 7. As of 01/25/2024, the Department had not received those forms to review.

In an interview, on 01/25/2024 at 2:55 PM, Staff X (Registered Nurse Delegator) stated that although the ALF was unable to locate several quarters of the ND documentation, the nursing visits for ND were up to date.

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, Vineyard Park at Mountlake Terrace 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

February 12 ,2024

Jamie Singer, Field Manger

RCS District 2, unit J

20311 52 Nd Ave W, Suite100

Lynnwood, WA 98038

RE: Vineyard Park at Mountlake Terrace- BH 2335 Plan of Correction from Survey completed 2/5/2024.

Dear Ms. Singer,

Please find the plan of correction for the licensing Survey results completed 2/5/2024.

WAC 388-78A-2480 Tuberculosis testing Required.

- Date of Correction 3/18/2024
- Responsible person- Executive Director and Director of Nursing
- Before starting on the floor all new staff will have proof of first TB test or proof of a positive reading with x-ray.

WAC 388-78A-2260 Storing and securing and accounting for medications.

- Date of Correction3/18/2024
- Responsible person Director of Nursing
- All care staff will ensure all medications under facility control are in locked compartments and accessible only by designated staff.
- Medications are locked in the medication room or medication cart.
- Safely store and secured medications keep resident from accidental ingestion or injection or medications.

WAC 388-78A-2730 Licensees responsibilities.

- Date of Correction3/18/2024
- Responsible person Executive Director and Director of Nursing
- Clia waiver has been filled out and paid awaiting certificate.
- Medical evaluations will be done by corporate RN going forward.
- Will have all current staff fit tested by correction date.
- All new hires will have fit testing before starting on the floor working.

WAC 388-78A-2474 Training and home care aids certification requirements.

- Date of Correction 3/18/2024
- Responsible persons Executive Director and Business Office Manager.
  - Will place a notice in staff mailboxes showing staff what they need before renewing license. If not completed in the time frame, staff will be taken off schedule until complete.

WA388-78A-2420 Records Retention

- Date of correction 3/18/2024
- Responsible persons, RN Delegator and Executive Director.
- Nurse delegator RN will email any updates to facility to place in the binder
- Nurse delegator will be on site every 90 days or less
- 90 day return visits to be done prior to 90 days
- All delegating paperwork will be on site with changes,90 day updates and new move in's delegating nurse can e-mail documents to facility and Director of Nursing or Executive Director will place paper work into binders.
- RN Delegator will ensure all new residents are delegated before starting care and medications.