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

Aegis Senior Communities LLC
Aegis of Queen Anne on Galer
223 W Galer St
Seattle, WA 98119

RE: Aegis of Queen Anne on Galer License # 2339

Dear Administrator:

This letter addresses Compliance Determination(s) 25549 (Completion Date 06/21/2023) and 22821 (Completion Date 04/24/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/21/2023 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-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2150-1, WAC 388-78A-2150-2, WAC 388-78A-2305-2, WAC 388-78A-2305-3-a, WAC 388-78A-2305-3-b, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2484, WAC 388-78A-2620-2-a, WAC 388-78A-2620-2-b

The Department staff who did the on-site verification:
Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

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

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

Statement of Deficiencies	License #: 2339	Compliance Determination # 22821
Plan of Correction	Aegis of Queen Anne on Galer	Completion Date
Page 1 of 7	Licensee: Aegis Senior Communities LLC	04/24/2023

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 04/17/2023 and 04/19/2023 of:
Aegis of Queen Anne on Galer
223 W Galer St
Seattle, WA 98119

The following sample was selected for review during the unannounced on-site visit: 8 of 43 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

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

5/1/2023
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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From:
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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.

Administrator (or Representative) May 1, 2023 Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Negotiated Service Agreement (NSA) identified interventions for catheter care for 1 of 1 sampled resident (Resident 7). This failure placed Resident 7 at risk for harm and increased health issues.

Findings included...

Review of a Face sheet showed the ALF admitted Resident 7 on [redacted]/2022. Review of an Individual Service Assessment, dated 01/11/2023, stated staff managed all aspects of Resident 7's catheter (a flexible tube inserted through a narrow opening into a body cavity for removing fluid) and coordinated with home health.

Review of an undated Individual Service Agreement (ISP) (equivalent to an NSA) showed staff would empty and clean catheter, record urine output and report to the medication technician. However, the ISP did not include information to identify that Resident 7 received services for catheter changes and management from a home health agency. The ISP did not identify who to contact in case of issues with Resident 7's catheter.

During an interview, on 04/19/2023 at 10:55 AM, when asked who provided management of Resident 7's catheter, Staff J (Care Manager) was unable to identify the service provider.

During an interview, on 04/19/2023 at 11:15 AM, Staff I (Wellness Nurse) confirmed Assured Home Health manages Resident 7's catheter. Staff I stated the ISP did not include

Administrator (or Representative) Date

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During an interview, on 04/19/2023 at 10:55 AM, when asked who provided management of Resident 7's catheter, Staff J (Care Manager) was unable to identify the service provider.

During an interview, on 04/19/2023 at 11:15 AM, Staff I (Wellness Nurse) confirmed Assured Home Health manages Resident 7's catheter. Staff I stated the ISP did not include

documentation to show the home health provider for Resident 7.

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 Queen Anne on Galer is or will be in compliance with this law and / or regulation on (Date) June 5, 2023

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

Administrator (or Representative) — May 1, 2023 Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record reviews, the Assisted Living Facility (ALF) failed to ensure the residents' or their representatives signed the Negotiated Service Agreement (NSA) at least annually for 6 of 8 sampled residents (Residents 1, 2, 3, 5, 6, 7). This placed Residents 1, 2, 3, 5, 6 and 7 at risk for receiving or not receiving care and services that had been agreed upon.

Findings included...

Review of a Face Sheet showed the ALF admitted Resident 1 on [redacted]/2022 with multiple diagnoses. Review of Resident 1's undated Individual Service Plan (ISP – equivalent to a Negotiated Service Agreement) showed no signature from the resident or the resident representative.

Review of a Face sheet showed the ALF admitted Resident 2 on [redacted]/2022 with multiple diagnoses. Review of Resident 2's undated ISP showed no signature from the resident or the resident representative.

Review of a Face sheet showed the ALF admitted Resident 3 on [redacted]/2021 with multiple

documentation to show the home health provider for Resident 7.

Plan/Attestation Statement

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Based on interview and record reviews, the Assisted Living Facility (ALF) failed to ensure the residents' or their representatives signed the Negotiated Service Agreement (NSA) at least annually for 6 of 8 sampled residents (Residents 1, 2, 3, 5, 6, 7). This placed Residents 1, 2, 3, 5, 6 and 7 at risk for receiving or not receiving care and services that had been agreed upon.

Findings included…

Review of a Face Sheet showed the ALF admitted Resident 1 on [redacted]/2022 with multiple diagnoses. Review of Resident 1's undated Individual Service Plan (ISP – equivalent to a Negotiated Service Agreement) showed no signature from the resident or the resident representative.

Review of a Face sheet showed the ALF admitted Resident 2 on [redacted]/2022 with multiple diagnoses. Review of Resident 2's undated ISP showed no signature from the resident or the resident representative.

Review of a Face sheet showed the ALF admitted Resident 3 on [redacted]/2021 with multiple

diagnoses. Review of Resident 3's undated ISP showed no signature from the resident or the resident representative.

Review of a Face sheet showed the ALF admitted Resident 5 on [redacted]/2023 with multiple diagnoses. Review of Resident 5's undated ISP showed no signature from the resident or the resident representative.

Review of a Face sheet showed the ALF admitted Resident 6 on [redacted]/2023 with multiple diagnoses. Review of Resident 6's undated ISP showed no signature from the resident or the resident representative.

Review of a Face sheet showed the ALF admitted Resident 7 on [redacted]/2022 with multiple diagnoses. Review of Resident 7's undated ISP showed no signature from the resident or the resident representative.

In an interview, on 04/17/2023 at 1:00 PM, Staff I (Wellness Nurse) stated ISP's are now signed electronically and there had been some issues in the transition. Staff I stated she is starting to obtain signatures. Staff I was unable to provide ISP signature pages completed within the last year for 6 of the 8 sampled residents.

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 Queen Anne on Galer is or will be in compliance with this law and / or regulation on (Date) June 5, 2023

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

Administrator (or Representative) — May 1, 2023 Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

(3) Ensure a resident obtains a food worker card according to chapter 246-217 WAC whenever:

(a) The resident is routinely or regularly involved in the preparation of food to be served to other residents;

(b) The resident is paid for helping to prepare food; or

This requirement was not met as evidenced by:

diagnoses. Review of Resident 3's undated ISP showed no signature from the resident or the resident representative.

Review of a Face sheet showed the ALF admitted Resident 5 on [redacted]/2023 with multiple diagnoses. Review of Resident 5's undated ISP showed no signature from the resident or the resident representative.

Review of a Face sheet showed the ALF admitted Resident 6 on [redacted]/2023 with multiple diagnoses. Review of Resident 6's undated ISP showed no signature from the resident or the resident representative.

Review of a Face sheet showed the ALF admitted Resident 7 on [redacted]/2022 with multiple diagnoses. Review of Resident 7's undated ISP showed no signature from the resident or the resident representative.

In an interview, on 04/17/2023 at 1:00 PM, Staff I (Wellness Nurse) stated ISP's are now signed electronically and there had been some issues in the transition. Staff I stated she is starting to obtain signatures. Staff I was unable to provide ISP signature pages completed within the last year for 6 of the 8 sampled residents.

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Administrator (or Representative) Date

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This requirement was not met as evidenced by:

Statement of Deficiencies	License #: 2339	Compliance Determination # 22821
Plan of Correction	Aegis of Queen Anne on Galer	Completion Date
Page 5 of 7	Licensee: Aegis Senior Communities LLC	04/24/2023

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 8 kitchen staff (Staff H) had a valid food handler's permit (FHP) from the jurisdictional health department. This placed 43 residents at risk for foodborne illness from improper food handling by an unqualified food service worker.

Findings included...

NOTE. Washington Administrative Code (WAC) 246-217-015 – Applicability - (1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment. WAC 246-217-035 - Validity and form of food worker cards - (5) The card shall be approximately three inches by five inches in size and contain the following information: (b) The identity of the jurisdictional health department issuing the card.

Review of staff records showed the ALF hired Staff H on 08/21/2021 as a cook. Staff H did not have a valid FHP on file. Review of the staff schedule, from 04/02/2023 through 04/18/2023, showed Staff H worked 11 shifts.

In an interview, on 04/19/2023 at 1:30 PM, with Staff A (General Manager) stated they could not produce an FHP for Staff H.

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 Queen Anne on Galer is or will be in compliance with this law and / or regulation on (Date) June 5, 2023.

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

Administrator (or Representative) — May 5, 2023 Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 8 kitchen staff (Staff H) had a valid food handler's permit (FHP) from the jurisdictional health department. This placed 43 residents at risk for foodborne illness from improper food handling by an unqualified food service worker.

Findings included…

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Statement of Deficiencies	License #: 2339	Compliance Determination # 22821
Plan of Correction	Aegis of Queen Anne on Galer	Completion Date
Page 6 of 7	Licensee: Aegis Senior Communities LLC	04/24/2023

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 6 staff members (Staff B, C and D) completed the required two-step tuberculin skin test (TST). This placed 43 residents at risk of exposure to a communicable disease.

Findings included...

Review of records showed the ALF hired Staff B (Care Manager) on 04/03/2023. Record review showed Staff B did not have the two-step TST completed.

Review of records showed the ALF hired Staff C (Care Manager) on 01/24/2023. Record review showed Staff C did not have the two-step TST completed.

Review of records showed the ALF hired Staff D (Medication Technician) on 04/04/2023. Record review showed Staff D did not have the two-step TST completed.

In interview, on 04/18/2023 at 1:10 PM, Staff G (Business Office Manager) confirmed Staff B, C and D did not complete the first or second TST. Staff G stated tuberculosis testing is completed on site by the health services department on the day of hire and did not know why Staff B, C or D had not been tested.

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 Queen Anne on Galer is or will be in compliance with this law and / or regulation on (Date) June 5, 2023.

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

Administrator (or Representative) — May 5, 2023 Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 6 staff members (Staff B, C and D) completed the required two-step tuberculin skin test (TST). This placed 43 residents at risk of exposure to a communicable disease.

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Statement of Deficiencies	License #: 2339	Compliance Determination # 22821
Plan of Correction	Aegis of Queen Anne on Galer	Completion Date
Page 7 of 7	Licensee: Aegis Senior Communities LLC	04/24/2023

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to ensure 4 of 4 pets (Pets 1, 2, 3, 4) living in the ALF had up-to-date immunizations and were certified to be free of disease by a licensed veterinarian. This failure placed 43 residents at risk of diseases transmitted by animals to humans.

Findings included...

Record review of the ALF's policy dated 06/30/2017 and titled, "Resident Pet Policy", stated pets must have all the necessary licenses and vaccinations. The resident shall provide vaccine history and a veterinarian attestation form to show the pet is free of diseases transmittable to humans.

Observation during the environmental tour with Staff E (Maintenance Director), on 04/17/2023 at 11:35 AM, showed signage on apartment doors to indicate a pet lived on the premises.

Record review of the ALF's provided pet documentation showed 4 pets living in the ALF. Of the 4 pets listed, all required routine rabies vaccines, as appropriate for the species. Record review of the provided pet documentation showed Pet 1 had no current rabies vaccination records. There was no documentation regarding current vaccination records or veterinarian certification to show Pets 2, 3 or 4 to be free of diseases transmittable to humans.

In an interview, on 04/19/2023 at 12:50 PM, Staff G (Business Office Manager) stated she maintained resident pet records. Staff G acknowledged the ALF's pet records on file were incomplete and stated she would follow up.

This deficiency was previously cited on 07/15/2021.

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 Queen Anne on Galer is or will be in compliance with this law and / or regulation on (Date) June 5, 2023.

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Administrator (or Representative) — May 1, 2023 Date

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

05/01/2023

Aegis Senior Communities LLC
Aegis of Queen Anne on Galer
223 W Galer St
Seattle, WA 98119

RE: Aegis of Queen Anne on Galer # 2339

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 04/24/2023 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:

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

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

05/01/2023

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Aegis of Queen Anne on Galer
223 W Galer St
Seattle, WA 98119

RE: Aegis of Queen Anne on Galer # 2339

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  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.

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

WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.

(6) If the resident requests the assisted living facility to conduct audio or video monitoring of his or her apartment or sleeping area, before any electronic monitoring occurs, the assisted living facility must ensure:

(a) That the electronic monitoring does not violate chapter 9.73 RCW;

(7) The assisted living facility must:

(a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing, signed and dated by the resident.

(8) For the purpose of consenting to video electronic monitoring without an audio component, the term "resident" includes the resident's representative.

The Assisted Living Facility failed to ensure a resident who had a camera in their apartment had an initial evaluation and signed consent as required by regulation. This placed the resident at risk of violation of privacy rights.

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

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

The Assisted Living Facility (ALF) failed to ensure the results of the previous full inspection conducted by the Department were accessible and available for residents and visitors to review. Without accessibility to review these documents caused residents and visitors to be unaware of the ALF's previous regulatory findings.

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.

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.

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

WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.

(6) If the resident requests the assisted living facility to conduct audio or video monitoring of his or her apartment or sleeping area, before any electronic monitoring occurs, the assisted living facility must ensure:

(a) That the electronic monitoring does not violate chapter 9.73 RCW;

(7) The assisted living facility must:

(a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing, signed and dated by the resident.

(9) For the purpose of consenting to video electronic monitoring without an audio component, the term "resident" includes the resident's representative.

The Assisted Living Facility failed to ensure a resident who had a camera in their apartment had an initial evaluation and signed consent as required by regulation. This placed the resident at risk of violation of privacy rights.

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

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

The Assisted Living Facility (ALF) failed to ensure the results of the previous full inspection conducted by the Department were accessible and available for residents and visitors to review. Without accessibility to review these documents caused residents and visitors to be unaware of the ALF's previous regulatory findings.

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 (425)670-6070.

Sincerely,

Jamie Singer

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

Enclosure

You May:

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

In Addition, You May:

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If You Have Any Questions:

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Sincerely,

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

Enclosure