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

08/09/2024

CSH Harbour Pointe Lessee LLC
Harbour Pointe Retirement & Assisted Living Center
10200 HARBOUR PLACE
MUKILTEO, WA 98275

RE: Harbour Pointe Retirement & Assisted Living Center License # 2362

Dear Administrator:

This letter addresses Compliance Determination(s) 44554 (Completion Date 08/07/2024) and 42144 (Completion Date 06/12/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/07/2024 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-2040-2

The Department staff who did the on-site verification:
Wesler Dumecquias, Community Complaint Investigator

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 follow-up on 06/03/2024 and 06/03/2024 of:

Harbour Pointe Retirement & Assisted Living Center
10200 HARBOUR PLACE
MUKILTEO, WA 98275

This document references the following SOD dated: 06/12/2024

The following sample was selected for review during the unannounced on-site visit: 0 of 74 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Wesler Dumecquias, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Kim Ripley
Residential Care Services

06/21/2024
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.

This document was prepared by Residential Care Services for the Locator website.

Administrator (or Representative) Date

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure they were in compliance with the Washington State Fire Marshal requirements when they failed 3 of 3 consecutive Fire and Life Safety inspections (06/20/2023, 07/24/2023 and 09/28/2023). This failure resulted in the ALF being out of compliance with the Washington State Fire Marshal and placed all 74 residents at risk of harm in the event of a fire.

Findings included...

Review of the Department of Social and Health Services' (DSHS) Secure Tracking and Reporting System (STARS) showed that on 10/25/2023, the ALF received an initial citation for this regulation. The ALF signed an attestation statement that showed the ALF would have a system in place and the deficiency corrected by 12/05/2023. On 01/17/2024, the ALF received an uncorrected citation for this regulation. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 03/02/2024. On 04/03/2024, the ALF received another uncorrected citation for this regulation. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 04/29/2024.

Review of the Washington State Patrol Fire Protection Bureau report on their third visit dated 09/28/2023 showed the ALF had failed to comply with the International Fire Codes (IFC) for 7 items. During the Fire Marshal's Third visit on 09/28/2023, the following items had not been corrected:

1. IFC 0405.5 2018. Record Keeping. “Facility cannot provide documentation for the completion of twelve planned unannounced fire drills in the previous 12 months.”
2. IFC 701.6 2018 WAC 51-54A. Owner’s Responsibility. “Facility is unable to provide documentation that the annual fire wall inspection has been completed.”
3. IFC 706.1 2018. Duct and Air Transfer Openings- Maintaining Protection. “Facility is unable to provide documentation for the 4-year fire and smoke damper inspection. NFPA 80 (2016).
a. 19.5.1.1 Each damper shall be tested and inspected 1 year after acceptance testing.
b. 19.5.1.2 The test and inspection frequency shall then be every 4 years, except in buildings containing a hospital, where the frequency shall be 6 years”.
4. IFC 903.5 2009, 2012, 2015, 2018. Testing and Maintenance. “Facility was unable to

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provide documentation that the Fire Department Connection has been hydrostatically tested in accordance with NFPA 25. NFA 25 (2017)- 13.8.5 The piping from the fire department connection to the fire department check valve shall be hydrostatically tested at 150 psi (10) for 2 hours at least once every 5 years".
5. IFC 907.8. Inspection, Testing and Maintenance. "Facility is unable to provide documentation for the monthly single station smoke alarm testing. Facility is unable to provide documentation for the required smoke detector sensitivity testing".
6. IFC 1203.4 2018. Maintenance. "Facility is unable to provide documentation for the annual servicing of the emergency generator".
7. WAC 212-12-035. Special Requirements. "Facility is unable to provide documentation for the annual 90-minute power test for the emergency lights. South stairwell on second floor the (sic) light is out needs to be fixed for proper egress illumination."

On 06/03/2024 at 3:03 PM, Staff B, Maintenance Director, stated that for the items:
• IFC 0405.5 2018. Recordkeeping: They had not completed an April and May 2024 annual drill. Staff B stated their records showed their last fire drill was last March 2024.
• IFC 701.6 2018 WAC 51-54A. Owner's Responsibility: They have not yet done the annual firewall inspection. Staff B stated that it was not on their list as completed or done.
• IFC 706.1 2018. Duct and Air Transfer Openings- Maintaining Protection: Their third-party contractor, had already completed the testing for the dampers and was currently working on the dampers' repairs.
• IFC 907.8. Inspection, Testing, and Maintenance: They had not yet completed the monthly single-station smoke alarm testing.
• WAC 212-12-035. Special Requirements: On the annual 90-minute power test for the emergency lights, they were still fixing it because they did not have the size of the fluorescent bulb. Staff B stated they ordered the parts.

On 06/10/2024 at 2:10 PM, Staff A, Executive Director, stated that they had completed and complied with the testing for the dampers but found out that repairs needed to be made for the dampers.

On 06/12/2024 at 8:46 AM, Collateral Contact 1 (CC1), Fire Marshal, stated they had yet to return to the ALF for their 2023 annual inspection after a follow-up on 09/28/2023 where they found the ALF was not in compliance. CC1 stated that any incomplete items from their 2023 inspection of the ALF had not been complied with for almost a year.

On 06/03/2024 at 3:10 PM, the first and second-floor south stairwell lights were observed not working.

This is an uncorrected and recurring deficiency previously cited on 10/25/2023, 01/17/2024, 04/03/2024.

Plan/Attestation Statement

This document was prepared by Residential Care Services for the Locator website.

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, Harbour Pointe Retirement & Assisted Living Center 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

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 2362	Compliance Determination # 38738
Plan of Correction	Harbour Pointe Retirement & Assisted Living Center	Completion Date
Page 1 of 3	Licensee: CSH Harbour Pointe Lessee LLC	04/03/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site follow-up on 03/22/2024 and 03/22/2024 of:

Harbour Pointe Retirement & Assisted Living Center
10200 HARBOUR PLACE
MUKILTEO, WA 98275

This document references the following SOD dated: 04/03/2024

The following sample was selected for review during the unannounced on-site visit: 0 of 74 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jayne Hill
Residential Care Services

4/16/2024
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 follow-up on 03/22/2024 and 03/22/2024 of:

Harbour Pointe Retirement & Assisted Living Center
10200 HARBOUR PLACE
MUKILTEO, WA 98275

This document references the following SOD dated: 04/03/2024

The following sample was selected for review during the unannounced on-site visit: 0 of 74 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

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.

This document was prepared by Residential Care Services for the Locator website.

Administrator (or Representative) Date

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure they were in compliance with the Washington State Fire Marshal requirements when they failed 3 of 3 consecutive Fire and Life Safety inspections (06/20/2023, 07/24/2023 and 09/28/2023). This failure resulted in the ALF being out of compliance with the Washington State Fire Marshal and placed all 74 residents at risk of harm in the event of a fire.

Findings included...

Review of the Department of Social and Health Services' (DSHS) Secure Tracking and Reporting System (STARS) showed that on 10/11/2023, the ALF received an initial citation for this regulation. The ALF signed an attestation statement that showed the ALF would have a system in place and the deficiency corrected by 12/05/2023. On 01/17/2023, the ALF received an uncorrected citation for this regulation. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 03/02/2024.

Review of the Washington State Patrol Fire Protection Bureau report dated 09/28/2023 showed the ALF had failed to comply with the International Fire Codes (IFC) for 7 items. During the Fire Marshal's Third visit on 09/28/2023, the following items had not been corrected:

1. IFC 0405.5 2018. Record Keeping. “Facility cannot provide documentation for the completion of twelve planned unannounced fire drills in the previous 12 months.”

2. IFC 701.6 2018 WAC 51-54A. Owner’s Responsibility. “Facility is unable to provide documentation that the annual fire wall inspection has been completed.”

3. IFC 706.1 2018. Duct and Air Transfer Openings- Maintaining Protection. “Facility is unable to provide documentation for the 4-year fire and smoke damper inspection. NFPA 80 (2016).

This document was prepared by Residential Care Services for the Locator website.

a. 19.5.1.1 Each damper shall be tested and inspected 1 year after acceptance testing.
b. 19.5.1.2 The test and inspection frequency shall then be every 4 years, except in buildings containing a hospital, where the frequency shall be 6 years".

4. IFC 903.5 2009, 2012, 2015, 2018. Testing and Maintenance. "Facility was unable to provide documentation that the Fire Department Connection has been hydrostatically tested in accordance with NFPA 25. NFA 25 (2017)- 13.8.5 The piping from the fire department connection to the fire department check valve shall be hydrostatically tested at 150 psi (10 bar) for 2 hours at least once every 5 years".

5. IFC 907.8. Inspection, Testing and Maintenance. "Facility is unable to provide documentation for the monthly single station smoke alarm testing. Facility is unable to provide documentation for the required smoke detector sensitivity testing".

6. IFC 1203.4 2018. Maintenance. "Facility is unable to provide documentation for the annual servicing of the emergency generator".

7. WAC 212-12-035. Special Requirements. "Facility is unable to provide documentation for the annual 90-minute power test for the emergency lights. South stairwell on second floor the light is out needs to be fixed for proper egress illumination."

On 03/28/2024 at 4:48 PM, Staff A, Executive Director, stated that they were unable to provide all documentation showing compliance with the State Fire Marshal requirements as they were unable to find evidence a smoke damper inspection was conducted. Staff A stated that they were currently working with a company to get an inspection scheduled.

This is an uncorrected deficiency previously cited on 01/17/2024 and recurring on 10/25/2023.

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, Harbour Pointe Retirement & Assisted Living Center 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

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 follow-up on 01/10/2024 and 01/10/2024 of:

Harbour Pointe Retirement & Assisted Living Center
10200 HARBOUR PLACE
MUKILTEO, WA 98275

This document references the following SOD dated: 01/17/2024

The following sample was selected for review during the unannounced on-site visit: 0 of 77 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Allison Nunn, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Kim Ripley — Residential Care Services

01/25/2024 — 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.

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 follow-up on 01/10/2024 and 01/10/2024 of:

Harbour Pointe Retirement & Assisted Living Center
10200 HARBOUR PLACE
MUKILTEO, WA 98275

This document references the following SOD dated: 01/17/2024

The following sample was selected for review during the unannounced on-site visit: 0 of 77 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Allison Nunn, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

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.

This document was prepared by Residential Care Services for the Locator website.

Administrator (or Representative) Date

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure they were in compliance with the Washington State Fire Marshal requirements when they failed 3 of 3 consecutive Fire and Life Safety inspections (6/20/23, 7/24/23 and 9/28/23). This failure resulted in the ALF being out of compliance with the Washington State Fire Marshal and placed 77 of 77 residents at risk of harm in the event of a fire.

Findings included...

On 10/25/2023 the department cited the ALF for not being in compliance with the Washington State Fire Marshal. On 12/14/2023 the department received a plan of correction from the ALF for WAC 388-78A-2040(2), which showed they would be in compliance on 12/05/2023.

Review of the Washington State Patrol Fire Protection Bureau report dated 09/28/2023 showed the ALF had failed to comply with the International Fire Codes (IFC) for 7 items. During the Fire Marshal's Third visit on 09/28/2023, the following items had not been corrected:

1. IFC 0405.5 2018. Record Keeping. “Facility cannot provide documentation for the completion of twelve planned unannounced fire drills in the previous 12 months.”

2. IFC 701.6 2018 WAC 51-54A. Owner’s Responsibility. “Facility is unable to provide documentation that the annual fire wall inspection has been completed.”

3. IFC 706.1 2018. Duct and Air Transfer Openings- Maintaining Protection. “Facility is unable to provide documentation for the 4-year fire and smoke damper inspection. NFPA 80 (2016).
a. 19.5.1.1 Each damper shall be tested and inspected 1 year after acceptance testing.
b. 19.5.1.2 The test and inspection frequency shall then be every 4 years, except in buildings containing a hospital, where the frequency shall be 6 years”.

4. IFC 903.5 2009, 2012, 2015, 2018. Testing and Maintenance. “Facility was unable to provide documentation that the Fire Department Connection has been hydrostatically

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tested in accordance with NFPA 25. NFA 25 (2017)- 13.8.5 The piping from the fire department connection to the fire department check valve shall be hydrostatically tested at 150 psi (10) for 2 hours at least once every 5 years".

5. IFC 907.8. Inspection, Testing and Maintenance. "Facility is unable to provide documentation for the monthly single station smoke alarm testing. Facility is unable to provide documentation for the required smoke detector sensitivity testing".

6. IFC 1203.4 2018. Maintenance. "Facility is unable to provide documentation for the annual servicing of the emergency generator".

7. WAC 212-12-035. Special Requirements. "Facility is unable to provide documentation for the annual 90-minute power test for the emergency lights. South stairwell on second floor the (sic) light is out needs to be fixed for proper egress illumination."

An email on 01/10/2024 at 8:20am, Collateral Contact 1 (CC1), Fire Marshal, stated that the facility was not back in compliance.

In an interview on 01/10/2024 at 10:35am, Staff A, Executive Director, stated that all of the items listed on the Fire Marshal report had not been fixed.

In a telephone interview on 01/16/2024 at 3:04pm, CC1, stated that it was the owner or owner representatives' responsibility to ensure the facility was in compliance with the fire code at all times.

In an interview on 01/17/2024 at 12:39pm, Staff A, stated that all but one of the fire marshal IFC code violations were corrected. Staff A stated they had not communicated with the FM to confirm compliance. The annual servicing of the generator had not been completed because they were waiting to get on the schedule of the company who is going to do the work.

This is an uncorrected deficiency previously cited on 10/25/2023.

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, Harbour Pointe Retirement & Assisted Living Center 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.

This document was prepared by Residential Care Services for the Locator website.

Administrator (or Representative) Date

This document was prepared by Residential Care Services for the Locator website.

Residential Care Services
Investigation Summary Report

Provider/Facility: Harbour Pointe Retirement & Assisted Living Center
Provider Type: Assisted Living Facility
License/Cert.#: 2362
Intake ID: 101794
Compliance Determination #: 31537
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 10/24/2023 through 10/25/2023
Complainant Contact Date(s): 10/24/2023

Allegation(s):
The Assisted Living Facility (ALF) failed the third Fire Marshalls inspection.

Investigation Methods:

Sample:	Total residents: 81 Resident sample size: 0 Closed records sample size: 0
Observations:	Facility
Interviews:	Executive director Fire Marshall
Record Reviews:	State Fire Marshal Reports and email.

Investigation Summary:
The Assisted Living Facility (ALF) failed the third fire and life safety inspection. Failed practice was identified. A citation was issued for WAC 388-78A-2040(2) Other requirements.

Conclusion / Action:

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

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 2362	Compliance Determination # 31537
Plan of Correction	Harbour Pointe Retirement & Assisted Living Center	Completion Date
Page 1 of 3	Licensee: CSH Harbour Pointe Lessee LLC	10/25/2023

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 10/24/2023 and 10/24/2023 of:

Harbour Pointe Retirement & Assisted Living Center
10200 HARBOUR PLACE
MUKILTEO, WA 98275

This document references the following complaint number(s): 101794

The following sample was selected for review during the unannounced on-site visit: 0 of 81 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Wesler Dumecquias, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Kim Ripley
Residential Care Services

10/26/2023
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.

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 10/24/2023 and 10/24/2023 of:

Harbour Pointe Retirement & Assisted Living Center
10200 HARBOUR PLACE
MUKILTEO, WA 98275

This document references the following complaint number(s): 101794

The following sample was selected for review during the unannounced on-site visit: 0 of 81 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Wesler Dumecquias, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

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.

This document was prepared by Residential Care Services for the Locator website.

Administrator (or Representative) Date

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure the violations for 3 of 3 Fire and Life Safety annual inspections (6/20/23, 7/24/23 and 9/28/23) were corrected. This failure resulted in the ALF being out of compliance with the Washington State Fire Marsal and placed 81 of 81 residents at risk of harm in the event of a fire.

Findings included...

Review of the Washington State Patrol Fire Protection Bureau report dated 09/28/2023 showed the ALF had failed to comply with the International Fire Codes (IFC) for 7 items. During the Fire Marshal's Third visit on 09/28/2023, the following items had not been corrected:

1. IFC 0405.5 2018. Record Keeping. “Facility cannot provide documentation for the completion of twelve planned unannounced fire drills in the previous 12 months.”

2. IFC 701.6 2018 WAC 51-54A. Owner’s Responsibility. “Facility is unable to provide documentation that the annual fire wall inspection has been completed.”

3. IFC 706.1 2018. Duct and Air Transfer Openings- Maintaining Protection. “Facility is unable to provide documentation for the 4-year fire and smoke damper inspection. NFPA 80 (2016).
a. 19.5.1.1 Each damper shall be tested and inspected 1 year after acceptance testing.

b. 19.5.1.2 The test and inspection frequency shall then be every 4 years, except in buildings containing a hospital, where the frequency shall be 6 years”.

4. IFC 903.5 2009, 2012, 2015, 2018. Testing and Maintenance. “Facility was unable to provide documentation that the Fire Department Connection has been hydrostatically tested in accordance with NFPA 25. NFA 25 (2017)- 13.8.5 The piping from the fire department connection to the fire department check valve shall be hydrostatically tested at 150 psi (10) for 2 hours at least once every 5 years”.

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5. IFC 907.8. Inspection, Testing and Maintenance. “Facility is unable to provide documentation for the monthly single station smoke alarm testing. Facility is unable to provide documentation for the required smoke detector sensitivity testing”.

6. IFC 1203.4 2018. Maintenance. “Facility is unable to provide documentation for the annual servicing of the emergency generator”.

7. WAC 212-12-035. Special Requirements. “Facility is unable to provide documentation for the annual 90-minute power test for the emergency lights. South stairwell on second floor the (sic) light is out needs to be fixed for proper egress illumination.”

In an email on 10/25/2023 at 9:53 AM, Collateral Contact 1, Fire Marshal, stated that the ALF was not able to make any corrections on all the above areas identified in the report of 09/28/2023.

On 10/24/2023 at 2:30 PM, Staff A, Executive Director stated that they have started doing their plan of correction in their binder but does not know why it was not done prior to her joining the ALF. The ALF was not back in compliance with the IFC violations.

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, Harbour Pointe Retirement & Assisted Living Center 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

This document was prepared by Residential Care Services for the Locator website.