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

CRP/CSH Mercer Island LLC
ISLAND HOUSE
7810 SE 30th St
Mercer Island, WA 98040

RE: ISLAND HOUSE License # 2375

Dear Administrator:

This letter addresses Compliance Determination(s) 40093 (Completion Date 04/22/2024) and 38197 (Completion Date 03/14/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/22/2024 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, WAC 388-78A-2040-1, WAC 388-78A-2040

The Department staff who did the on-site verification:
Lisa Hauk, Complaint Investigator

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: ISLAND HOUSE
Provider Type: Assisted Living Facility
License/Cert.#: 2375
Compliance Determination #: 38197
Intake ID: 121062
Investigator: Lisa Hauk
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 03/12/2024 through 03/14/2024
Complainant Contact Date(s):

Allegation(s):
The Assisted Living Facility (ALF) failed their 2nd fire and life safety inspection and was issued a State Fire Marshal's Office Letter of Non-Compliance from Deputy State Fire Marshal.

Investigation Methods:

Sample:	Total residents: 58 Resident sample size: 58 Closed records sample size: 0
Observations:	Residents Staff to resident interactions Resident to resident interactions
Interviews:	Administration Maintenance staff Business office manager Nursing staff
Record Reviews:	Characteristics Roster Maintenance logs Admission agreements

Investigation Summary:
Record Review of the Washington State Patrol Fire Inspection Report dated 02/13/2024, showed the ALF had not corrected violations from a previous inspection dated 12/26/2023. In an interview, the Maintenance Director stated that he could get the out of compliance issues fixed within a week or two. See citation WAC 388-78A-2040.

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

Statement of Deficiencies	License #: 2375	Compliance Determination # 38197
Plan of Correction	ISLAND HOUSE	Completion Date
Page 1 of 4	Licensee: CRP/CSH Mercer Island LLC	03/14/2024

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 complaint investigation on 03/12/2024 and 03/12/2024 of:

ISLAND HOUSE
7810 SE 30th St
Mercer Island, WA 98040

This document references the following complaint number(s): 121062

The following sample was selected for review during the unannounced on-site visit: 58 of 58 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Lisa Hauk, Complaint Investigator

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

03/27/2024
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.

ZK UOMMA
Administrator (or Representative)

04/02/24
Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(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 compliance with the Washington State Patrol Office of State Fire Marshal (OSFM) when the ALF failed their Fire and Life Safety Inspections (LSI). This placed 57 residents, staff, and visitors' safety at risk in the event of a fire.

Findings included...

Review of the Department's Facility Management System, on 03/12/2024, showed the ALF was licensed for 55 beds. Review of a 'Care Levels' Roster showed the ALF was providing care and services for 57 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 12/26/2023. Records showed the ALF failed the LSI again on 02/13/2024. The LSI on 02/13/2024 showed the ALF failed to comply with the following International Fire Codes (IFC):
IFC 315.3.1 – 1st floor outside of gate blocked.
IFC 315.3.3 – 2nd floor electrical room , West
3rd floor mechanical room by 309, East
IFC 0405.5 – Facility cannot provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months.
IFC 607.3.3 – First semi-annual hood cleaning
Second semi-annual hood cleaning
IFC 701.6 – Facility will need to identify and establish a schedule for inspection of Fire-Rated construction.
IFC 705.2.4 – 3rd floor double doors will not latch, West
2nd floor storage room will not latch, West
3rd floor elevator fire door will not latch, East
2nd floor double doors will not latch by room 205, East
2nd floor double doors elevator will not latch, East
1st floor double doors in living room will not latch
Employee office door will not latch
Fire alarm door in garage will not latch

IFC 903.5 – 5-year internal pipe Testing (NFPA 25 14.2.1.1)
3-year Dry System Full flow trip test (NFPA 25.13.1.1.2)
Annual forward flow test (NFPA 25 13.7.2)
5-years Backflow internal pipe (IFC 901.6)
5-year FDC Hydro testing (IFC 912.7)
Quarterly inspections
Annual inspections
At the time of the inspection, the following was observed:
Kitchen has a blocked sprinkler head
Garage storage has 2 blocked sprinkler heads
Missing Escutcheon ring in dining room
Missing Escutcheon ring in living room
IFC 904.12.5.2 – First semi-annual servicing
Second semi-annual service

Annual replacement of fusible links/auto sprinkler heads (IFC 904.12.5.3)
NAFED certification (IFC 904.1.1/WAC 51-54A-0904)
IFC 906.2 – Monthly Inspection by Facility maintenance Log Not Provided (NFPA 10.7.2)
IFC 907.8) – Annual report not provided
Sensitivity Testing not provided (IFC 907.8.3)
Nuisance Log (IFC 907.8.3)
Monthly single and multiple station alarms test (IFC 907.8)
NICET or ES/NTS Certification (IFC 907.10.1/WAC 51.54A-0907)
IFC 0915.1 – Carbon Monoxide Alarms and Detectors will need to be tested, maintained and documented on a monthly schedule.
Needed on the 4th floor mechanical room, West
Needed on the 3rd floor mechanical room, West
Needed on the 3rd floor mechanical room, East
Needed on the 3rd floor library, East
Needed on the 1st floor dining room
IFC 1010.1.4.3 – Sliding accordion or folding doors would not work at time of inspection
Annual report not provided
IFC 1031.10.1 – 30-second monthly activation test not provided (IFC 1031.10.1)
IFC 1031.10.2 – Annual 90 minute power test not provided (IFC 1031.10.2)
IFC 1203.4 – Annual service paperwork was not provided
Log of weekly inspections was not provided
Monthly 30-minute full load test or an Annual 4 hour load test was not provided
Fire/smoke damper 4-year inspection will need to be performed and documented
NFPA 80 Fire Door Inspection and testing – Facility will need to identify and establish a schedule for inspection of Fire Doors. Annual inspection of fire doors will need to be performed and completed.

In interview, on 03/12/2024 at 1:33 PM, Staff B (Director of Environmental Services) stated that he could get the out of compliance issues fixed within a week or two.

This is a recurring citation previously cited on 03/14/2023 and 02/23/2022.

Statement of Deficiencies	License #: 2375	Compliance Determination # 38197
Plan of Correction	ISLAND HOUSE	Completion Date
Page 4 of 4	Licensee: CRP/CSH Mercer Island LLC	03/14/2024

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, ISLAND HOUSE is or will be in compliance with this law and / or regulation on (Date) 04/08/2024 .

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

[signature] 03/29/24

Administrator (or Representative) Date