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

02/20/2025

Santé Shoreline ALF Op Co LLC
Laurel Cove Community
17201 15th Ave NE
Shoreline, WA 98155

RE: Laurel Cove Community # 2389

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 55117 (Completion Date 02/20/2025) and 51666 (Completion Date 12/23/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/20/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

The Department staff who did the On Site verification:
Michelle Mcglon, Nursing Consultant Institutional

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: Laurel Cove Community
Provider Type: Assisted Living Facility

License/Cert.#: 2389
Intake ID: 158929
Compliance Determination #: 51666
Region/Unit #: RCS Region 2 / Unit J
Investigator: Michelle Mcglon
Investigation Date(s): 12/12/2024 through 12/23/2024
Complainant Contact Date(s):

Allegation(s):

1. The Assisted Living Facility (ALF) failed to notify the local health jurisdiction, when residents and staff had diarrhea, nausea and vomiting.

Investigation Methods:

Sample:	Total residents: 75 Resident sample size: 22 Closed records sample size:
Observations:	Identified resident Residents Staff to resident interactions
Interviews:	Residents Nursing staff Family members Executive Director
Record Reviews:	State reporting log Facility policies Resident Records Facility Records

Investigation Summary:

1. Interview and record review showed the ALF did not notify the local health jurisdiction, when 22 residents developed gastrointestinal illness. Record review showed the ALF continued to have residents with symptoms after the unannounced onsite visit. Failed practice identified. See Statement of Deficiency WAC 388-78A-2610.

Conclusion / Action:

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

☐ N/A

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Statement of Deficiencies	License #: 2389	Compliance Determination # 51666
Plan of Correction	Laurel Cove Community	Completion Date
Page 1 of 3	Licensee: Santé Shoreline ALF Op Co LLC	12/23/2024

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 12/12/2024, 12/10/2024 and 12/12/2024 of:

Laurel Cove Community
17201 15th Ave NE
Shoreline, WA 98155

This document references the following complaint number(s): 158929

The following sample was selected for review during the unannounced on-site visit: 22 of 75 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Michelle Mcglon, 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.

Jennie Singer
Residential Care Services

12/24/2024
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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Residential Care Services

Date

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Administrator (or Representative)

12/30/2024
Date

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to notify the King County Communicable Disease Department (local health jurisdiction) of a communicable disease outbreak when 22 sampled residents (Resident 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, and 22) developed signs and symptoms of gastrointestinal illness. This failure placed 75 of 75 residents at risk for continued spread of a communicable disease.

Findings included...

NOTE: Washington Administrative Code 246-100-021-Responsibilities and duties—Health care providers. Every health care provider, as defined in chapter 246-100 WAC, shall: (a) Circumstances of a case or suspected case of a notifiable condition or other communicable disease; and (b) An outbreak or suspected outbreak of illness. (3) Comply with requirements in WAC 246-100-206, 246-100-211, and chapter 246-101 WAC.

Review of a Resident Characteristics Roster showed the ALF provided care and services to 75 residents.

In an interview, on 12/10/2024 at 1:30 PM, Staff A (Executive Director) stated that there were only four residents that had the gastrointestinal illness. Staff A stated that there were three residents in memory care and one resident in assisted living. Staff A stated that she had not notified the local health jurisdiction (LHJ) regarding the gastrointestinal illness outbreak. Staff A stated that she spoke to Staff B (Regional Registered Nurse) and followed her guidance.

Record review of the ALF's November 2024 Alert Charting Log showed 22 residents (not four) that had developed signs and/or symptoms of a gastrointestinal illness from 11/22/2024 through 12/11/2024: Resident 1 developed vomiting and upset stomach on 11/22/2024; Resident 2 developed nausea and vomiting on 11/29/2024; Resident 3 developed diarrhea on 12/03/2024; Resident 4 developed diarrhea on 12/03/2024; Resident 5 developed nausea and vomiting on 12/07/2024; Resident 6 developed diarrhea and nausea on 12/10/2024; Resident 7 developed nausea on 12/06/2024; Resident 8 developed nausea on 12/07/2024; Resident 9 developed nausea and vomiting on 12/09/2024; Resident 10 developed diarrhea on 12/04/2024; Resident 11

Administrator (or Representative) Date

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developed diarrhea on 12/05/2024; Resident 12 developed nausea and weakness on 12/05/2024; Resident 13 developed diarrhea, nausea and vomiting on 12/06/2024; Resident 14 developed nausea and vomiting on 12/06/2024; Resident 15 developed nausea and vomiting on 12/06/2024; Resident 16 developed on diarrhea 12/01/2024; Resident 17 developed dizziness, nausea, and vomiting on 12/04/2024; Resident 18 developed diarrhea on 12/11/2024; Resident 19 developed nausea on 12/05/2024; Resident 20 developed nausea and vomiting on 12/06/2024; Resident 21 developed diarrhea, nausea and vomiting on 12/06/2024, and Resident 22 developed nausea and vomiting on 12/03/2024.

In an interview, on 12/10/2024 at 3:30 PM, Resident 6 stated that they were sick with diarrhea, nausea and vomiting that started couple of days ago. Resident 6 stated that everyone in the ALF had it (the gastrointestinal illness).

In an interview, on 12/10/2024 at 3:40 PM, Staff A changed her response from the previous interview and stated that she had notified the LHJ regarding the gastrointestinal illness outbreak with a raised her voice stating, "You didn't ask me that." Staff A could not provide a date or documentation of notifying the LHJ.

In an interview, on 12/11/2024 at 9:34 AM, Collateral Contact 1 (CC1- LHJ Representative) stated that when two or more residents have symptoms such as diarrhea, nausea, and vomiting the ALF was experiencing an outbreak. CC1 stated that the ALF had not notified the LHJ's Communicable Disease Department, until 12/10/2024 (after the Department's unannounced visit).

This was 18 days after the initial onset of the outbreak.

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, Laurel Cove Community is or will be in compliance with this law and / or regulation on (Date) 1/30/2025 .

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

Administrator (or Representative) — Date: 12/30/2024

developed diarrhea on 12/05/2024; Resident 12 developed nausea and weakness on 12/05/2024; Resident 13 developed diarrhea, nausea and vomiting on 12/06/2024; Resident 14 developed nausea and vomiting on 12/06/2024; Resident 15 developed nausea and vomiting on 12/06/2024; Resident 16 developed on diarrhea 12/01/2024; Resident 17 developed dizziness, nausea, and vomiting on 12/04/2024; Resident 18 developed diarrhea on 12/11/2024; Resident 19 developed nausea on 12/05/2024; Resident 20 developed nausea and vomiting on 12/06/2024; Resident 21 developed diarrhea, nausea and vomiting on 12/06/2024, and Resident 22 developed nausea and vomiting on 12/03/2024.

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