STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Merrill Gardens at Burien, LLC
Merrill Gardens at Burien
15020 5th Ave SW
Burien, WA 98166

RE: Merrill Gardens at Burien License # 2406

Dear Administrator:

This letter addresses Compliance Determination(s) 43861 (Completion Date 07/09/2024) and 41389 (Completion Date 05/16/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/09/2024 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-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2484, WAC 388-78A-2483-1

The Department staff who did the on-site verification:
Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 05/16/2024, 05/16/2024, and 05/16/2024 of:

Merrill Gardens at Burien
15020 5th Ave SW
Burien, WA 98166

This document references the following SOD dated: 05/16/2024

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

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

05-21-2024
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.

Statement of Deficiencies	License #: 2406	Compliance Determination # 41389
Plan of Correction	Merrill Gardens at Burien	Completion Date
Page 2 of 4	Licensee: Merrill Gardens at Burien, LLC	05/16/2024

Administrator (or Representative) [signature] Date 5/31/24

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 interview and record review, the Assisted Living Facility failed to test 1 of 2 sampled staff (Staff N) for tuberculosis (TB) (an infectious disease.) This failure placed all the residents at risk of potential exposure to tuberculosis.

Finding included...

Record review of the Department's, "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/14/2024 for Staff C, Staff N, Staff U and Staff V. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 04/23/2024.

Review of the facility's undated policy titled, "In-House Tuberculosis Skin Testing", showed the facility followed the Washington Administrative Code (WAC) on TB screening and testing requirements. The policy showed the facility required all employees be screened and tested for TB within three days of employment.

STAFF N
Review of the facility's Employee Roster showed the facility hired Staff N, Caregiver, on 11/14/2023. Review of Staff N's employee records showed prior to working at this facility, Staff N completed a QuantiFERON test (blood test for TB) on 09/21/2022, with negative results. The QuantiFERON test was 53 days past the 12-month time frame allowed for no additional test requirement. There was no documentation showing Staff N completed a one step test for TB, within three days of employment.

During an interview on 05/16/2024 at 1:40 PM, Staff J, Business Office Manager, stated that Staff N worked the nightshift on 05/13/2024, 05/14/2024, and 05/15/2024. Staff J stated that since Staff N had a positive result in the past, Staff N required a QuantiFERON test. Staff J stated that the facility did not have Staff N complete a TB test.

Administrator (or Representative) Date

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(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 interview and record review, the Assisted Living Facility failed to test 1 of 2 sampled staff (Staff N) for tuberculosis (TB) (an infectious disease.) This failure placed all the residents at risk of potential exposure to tuberculosis.

Finding included...

Record review of the Department's, "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/14/2024 for Staff C, Staff N, Staff U and Staff V. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 04/23/2024.

Review of the facility's undated policy titled, “In-House Tuberculosis Skin Testing”, showed the facility followed the Washington Administrative Code (WAC) on TB screening and testing requirements. The policy showed the facility required all employees be screened and tested for TB within three days of employment.

STAFF N
Review of the facility's Employee Roster showed the facility hired Staff N, Caregiver, on 11/14/2023. Review of Staff N's employee records showed prior to working at this facility, Staff N completed a QuantiFERON test (blood test for TB) on 09/21/2022, with negative results. The QuantiFERON test was 53 days past the 12-month time frame allowed for no additional test requirement. There was no documentation showing Staff N completed a one step test for TB, within three days of employment.

During an interview on 05/16/2024 at 1:40 PM, Staff J, Business Office Manager, stated that Staff N worked the nightshift on 05/13/2024, 05/14/2024, and 05/15/2024. Staff J stated that since Staff N had a positive result in the past, Staff N required a QuantiFERON test. Staff J stated that the facility did not have Staff N complete a TB test.

Statement of Deficiencies	License #: 2406	Compliance Determination # 41389
Plan of Correction	Merrill Gardens at Burien	Completion Date
Page 3 of 4	Licensee: Merrill Gardens at Burien, LLC	05/16/2024

This is an uncorrected deficiency previously cited on 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, Merrill Gardens at Burien is or will be in compliance with this law and / or regulation on (Date) 5/31/24 .

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

Administrator (or Representative) — Date: 5/31/24

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to complete a tuberculosis (TB) test, (an infectious disease) for 1 of 1 sampled staff (Staff W) with a history of a negative QuantiFERON test (a blood test used to detect TB). This failure placed all the residents at risk of potential exposure to TB.

Finding included...

Record review of the Department's, "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/14/2024 for Staff A and Staff G. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 04/23/2024.

Review of the facility's undated policy titled, "In-House Tuberculosis Skin Testing", showed that the facility followed the Washington Administrative Code (WAC) on TB screening and testing requirements.

STAFF W
Review of the facility's Employee Roster showed that the facility hired Staff W, Caregiver, on 04/23/2024. Review of Staff W's records showed on 12/20/2023, Staff W completed a

This is an uncorrected deficiency previously cited on 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, Merrill Gardens at Burien 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-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to complete a tuberculosis (TB) test, (an infectious disease) for 1 of 1 sampled staff (Staff W) with a history of a negative QuantiFERON test (a blood test used to detect TB). This failure placed all the residents at risk of potential exposure to TB.

Finding included...

Record review of the Department's, "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/14/2024 for Staff A and Staff G. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 04/23/2024.

Review of the facility's undated policy titled, “In-House Tuberculosis Skin Testing”, showed that the facility followed the Washington Administrative Code (WAC) on TB screening and testing requirements.

STAFF W
Review of the facility's Employee Roster showed that the facility hired Staff W, Caregiver, on 04/23/2024. Review of Staff W’s records showed on 12/20/2023, Staff W completed a

Statement of Deficiencies	License #: 2406	Compliance Determination # 41389
Plan of Correction	Merrill Gardens at Burien	Completion Date
Page 4 of 4	Licensee: Merrill Gardens at Burien, LLC	05/16/2024

QuantiFERON blood test, with negative results. There was no documentation showing Staff W completed one test for TB within three days of hire.

During an interview on 05/16/2024 at 1:40 PM, Staff J, Business Office Manager, stated that they did not understand one TB test was required within three days of hire for staff with a history of negative TB test results. Staff J stated that they thought the QuantiFERON test dated 12/20/2023 was sufficient and no further TB tests were needed.

This is an uncorrected deficiency previously cited on 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, Merrill Gardens at Burien is or will be in compliance with this law and / or regulation on (Date) 5/31/24.

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

Administrator (or Representative) 5/31/24 Date

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This is an uncorrected deficiency previously cited on 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, Merrill Gardens at Burien 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 2406	Compliance Determination # 37527
Plan of Correction	Merrill Gardens at Burien	Completion Date
Page 1 of 14	Licensee: Merrill Gardens at Burien, 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 the unannounced on-site full inspection on 02/29/2024, 02/29/2024, 03/06/2024 and 03/06/2024 of:
Merrill Gardens at Burien
15020 5th Ave SW
Burien, WA 98166

The following sample was selected for review during the unannounced on-site visit: 7 of 42 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson — Residential Care Services

03/14/2024 — 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.

Administrator (or Representative)

3/20/2024
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 failed to ensure 3 of 3 sampled Staff (Staff E, Staff G and Staff H) completed the continuing education (CE) training as required. This failure placed all residents at risk for decreased quality of care provided by caregivers with incomplete training.

Findings included...

Review of the facility's undated policy, "Long Term Care Worker Continued Education", showed that the facility followed the Washington State Long Term Care Worker Continued Education requirements. The policy stated that each care staff was required to complete 12 hours of continuing education annually by the staff's birthday.

STAFF E
Review of the facility's Employee Schedules showed that Staff E, Caregiver, worked in February 2024 and March 2024. Review of the facility's Employee Roster showed that the facility hired Staff E on 12/22/2022. The roster showed Staff E's birth month was July. Review of Staff E's employee record showed that Staff E was certified as Nursing Assistant on 07/01/2021 and Staff E's Nursing Assistant Certification was in active status. The record showed between July 2022 and July 2023, Staff E completed a total of five CE hours of the Washington state Department of Social and Health Services (DSHS) approved Continuing Education for "Safety and Orientation". Staff E was short by seven hours from the required 12 CE hours.

STAFF G
Review of the facility's Employee Schedules showed that Staff G, Caregiver, worked in February 2024 and March 2024. Review of the facility's Employee Roster showed that the facility hired Staff G on 09/25/2017. The roster showed Staff G's birth month was January. Review of Staff G's employee record showed that Staff G was certified as Nursing Assistant on 09/24/2019 and Staff G's Nursing Assistant Certification was in active status. The record showed between January 2023 and January 2024, Staff G completed a total of 11.25 CE hours of the DSHS approved Continuing Education. Staff G was short by 0.75 hour from

Administrator (or Representative) Date

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

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Findings included...

Review of the facility's undated policy, "Long Term Care Worker Continued Education", showed that the facility followed the Washington State Long Term Care Worker Continued Education requirements. The policy stated that each care staff was required to complete 12 hours of continuing education annually by the staff's birthday.

STAFF E
Review of the facility's Employee Schedules showed that Staff E, Caregiver, worked in February 2024 and March 2024. Review of the facility's Employee Roster showed that the facility hired Staff E on 12/22/2022. The roster showed Staff E's birth month was July. Review of Staff E's employee record showed that Staff E was certified as Nursing Assistant on 07/01/2021 and Staff E's Nursing Assistant Certification was in active status. The record showed between July 2022 and July 2023, Staff E completed a total of five CE hours of the Washington state Department of Social and Health Services (DSHS) approved Continuing Education for "Safety and Orientation". Staff E was short by seven hours from the required 12 CE hours.

STAFF G
Review of the facility's Employee Schedules showed that Staff G, Caregiver, worked in February 2024 and March 2024. Review of the facility's Employee Roster showed that the facility hired Staff G on 09/25/2017. The roster showed Staff G's birth month was January. Review of Staff G's employee record showed that Staff G was certified as Nursing Assistant on 09/24/2019 and Staff G's Nursing Assistant Certification was in active status. The record showed between January 2023 and January 2024, Staff G completed a total of 11.25 CE hours of the DSHS approved Continuing Education. Staff G was short by 0.75 hour from

the required 12 CE hours.

STAFF H
Review of the facility's Employee Schedules showed that Staff H, Caregiver, worked in February 2024 and March 2024. Review of the facility's Employee Roster showed that the facility hired Staff H on 03/28/2017. The roster showed Staff H's birth month was November. Review of Staff H's employee record showed that Staff H was certified as Nursing Assistant on 11/01/2022 and Staff H's Nursing Assistant Certification was in active status. The record showed between November 2022 and November 2023, Staff H completed zero CE hours of the DSHS approved Continuing Education.

During an interview on 03/04/2024 at 11:00 AM, Staff J, Business Office Director, stated that they maintained the credential and training documents in the employee records. Staff J stated they were aware the CE requirements for Certified Nursing Assistant. Staff J stated that when Staff G submitted their CE certificates, Staff J was unaware Staff G's CE hours were short of the required 12 hours. Staff J stated that they reviewed the business office computer files, and they were unable to find any continuing education hours 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, Merrill Gardens at Burien is or will be in compliance with this law and / or regulation on (Date) 4|23|2024

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

3|20|2024

Administrator (or Representative)

4|23|2024 emor
Date

WAC 388-78A-2464 Background checks Process Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility failed to submit the Washington state name and date of birth background inquiry (BGI) for 2 of 2 sampled contracted staff (Staff L and Staff M). This failure placed all residents as risk for abuse and neglect from caregivers and staff persons with unknown background.

the required 12 CE hours.

STAFF H
Review of the facility's Employee Schedules showed that Staff H, Caregiver, worked in February 2024 and March 2024. Review of the facility's Employee Roster showed that the facility hired Staff H on 03/29/2017. The roster showed Staff H's birth month was November. Review of Staff H's employee record showed that Staff H was certified as Nursing Assistant on 11/01/2022 and Staff H's Nursing Assistant Certification was in active status. The record showed between November 2022 and November 2023, Staff H completed zero CE hours of the DSHS approved Continuing Education.

During an interview on 03/04/2024 at 11:00 AM, Staff J, Business Office Director, stated that they maintained the credential and training documents in the employee records. Staff J stated they were aware the CE requirements for Certified Nursing Assistant. Staff J stated that when Staff G submitted their CE certificates, Staff J was unaware Staff G's CE hours were short of the required 12 hours. Staff J stated that they reviewed the business office computer files, and they were unable to find any continuing education hours 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, Merrill Gardens at Burien 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

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(1) Require the person to complete a DSHS background authorization form; and

(2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility failed to submit the Washington state name and date of birth background inquiry (BGI) for 2 of 2 sampled contracted staff (Staff L and Staff M). This failure placed all residents as risk for abuse and neglect from caregivers and staff persons with unknown background.

Findings included...

Review of the facility's policy titled "Ancillary Services – Outside Providers" showed that the facility hired outside providers to provide services in the community. The policy showed that the facility conducted background checks for outside providers, as required by the state regulations.

STAFF L
Review of the facility's personnel record showed that the facility hired Staff L on 12/07/2017 as a Registered Nurse Delegator (RND). The record showed that Staff L provided clinical assessments, nursing care plan, and nurse delegation services to residents as a contractor in the community. There was no documentation that showed the facility submitted the background check within one day of Staff L starting work. The record showed that on 03/01/2024, the facility completed the Washington State name and date of birth BGI, 2266 days after Staff L started work.

STAFF M
Review of the facility's Employee Schedule showed that Staff M, Agency Caregiver, worked in the facility in February 2024 and March 2024. Review of the facility's personnel record showed that the facility hired Staff M as a contracted Agency Caregiver. There was no documentation that showed Staff M's employment start date in the facility. The record showed a Washington State Patrol (WSP) "Criminal History" report, dated 07/06/2023, with no record result. There was no documentation that showed the facility conducted the Washington state name and date of birth background check through the Department of Social and Health Services (DSHS) Background Check Central Unit (BCCU) as required.

During an interview on 03/01/2024 at 11:48 AM, Staff J, Business Office Director, confirmed that Staff L was hired as a RND and Staff M was hired as an Agency Caregiver. Staff J stated that they were unaware the facility was required to complete background checks for contracted staff persons. Staff J stated that there was no documentation that showed the employment dates of the contracted staff. Staff J stated that they did not complete the DSHS Washington state name and date of birth BGI when the facility hired Staff L and Staff M.

During an interview on 03/04/2024 at 9:50 AM, Staff I, Administrator/Resident Care Director, confirmed Staff L started in the RND position on 12/07/2017. Staff I stated that they did not know when the facility hired Staff M. Staff I stated that the facility hired Staff M when the facility was short staffed. Staff I stated that they were unaware of the background check requirements for contracted staff. Staff I stated that when Staff L and Staff M were hired, they did not complete the Washington state name and date of birth BGI.

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, Merrill Gardens at Burien is or will be in compliance with this law and / or regulation on (Date) 4/23/2024

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

James Simons
Administrator (or Representative)

3/20/2024
Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to complete a Washington State name and date of birth background check (BGI) every two years and maintain a valid BGI for 8 of 8 sampled staff (Staff A, Staff D, Staff F, Staff H, Staff K, Staff R, Staff S, and Staff T). This failure placed all residents at risk of abuse, neglect, or exploitation from caregivers and staff persons with unknown backgrounds.

Findings included...

STAFF A
Review of the facility's Employee Roster showed the facility hired Staff A, Caregiver, on 05/15/2023. Review of Staff A's employee records showed that on 12/15/2023, their previous Washington state name and date of birth BGI expired. The records showed that on 03/01/2024, the facility submitted and completed a new BGI, 77 days after the previous BGI expired.

STAFF D
Review of the facility's Employee Roster showed the facility hired Staff D, Maintenance Director, on 02/07/2022. Review of Staff D's employee records showed that on 01/26/2024, their previous Washington state name and date of birth BGI expired. The records showed that on 02/29/2024, the facility submitted and completed a new BGI, 34

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, Merrill Gardens at Burien 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-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to complete a Washington State name and date of birth background check (BGI) every two years and maintain a valid BGI for 8 of 8 sampled staff (Staff A, Staff D, Staff F, Staff H, Staff K, Staff R, Staff S, and Staff T). This failure placed all residents at risk of abuse, neglect, or exploitation from caregivers and staff persons with unknown backgrounds.

Findings included...

STAFF A
Review of the facility's Employee Roster showed the facility hired Staff A, Caregiver, on 05/15/2023. Review of Staff A's employee records showed that on 12/15/2023, their previous Washington state name and date of birth BGI expired. The records showed that on 03/01/2024, the facility submitted and completed a new BGI, 77 days after the previous BGI expired.

STAFF D
Review of the facility's Employee Roster showed the facility hired Staff D, Maintenance Director, on 02/07/2022. Review of Staff D's employee records showed that on 01/26/2024, their previous Washington state name and date of birth BGI expired. The records showed that on 02/29/2024, the facility submitted and completed a new BGI, 34

days after the previous BGI expired.

STAFF F
Review of the facility's Employee Roster showed the facility hired Staff F, Housekeeper, on 10/21/2020. Review of Staff F's employee records showed that on 10/12/2022, their previous Washington state name and date of birth BGI expired. The records showed that on 03/01/2024, the facility submitted and completed a new BGI, 506 days after the previous BGI expired.

STAFF H
Review of the facility's Employee Roster showed the facility hired Staff H, Caregiver, on 03/29/2017. Review of Staff H's employee records showed that on 03/29/2017, the facility completed Staff H's first Washington state name and date of birth BGI. The records showed that on 03/29/2019, the first BGI expired. The records showed that on 07/30/2019, the facility submitted and completed a second BGI, 122 days after the first BGI expired. On 07/30/2021, the second BGI expired. On 09/30/2021 the facility submitted and completed a third BGI, 61 days after the second BGI expired. On 09/30/2023, the third BGI expired. On 11/13/2023, the facility submitted and completed the fourth BGI, 43 days after the third BGI expired.

STAFF K
Review of the facility's Employee Roster showed the facility hired Staff K, Regional Health Services Director, on 02/28/2012. Review of Staff K's employee records showed that on 06/03/2018, their previous Washington state name and date of birth BGI expired. The records showed that on 03/01/2024, the facility submitted and completed a new BGI, 2098 days after the previous BGI expired.

STAFF R
Review of the facility's Employee Roster showed the facility hired Staff R, Active Living Assistant, on 07/23/2021. Review of Staff R's employee records showed on that 05/21/2023 their previous Washington state name and date of birth BGI expired. The record showed that as of 03/01/2024, there was no valid BGI for Staff R, 285 days after the previous BGI expired.

STAFF S
Review of the facility's Employee Roster showed the facility hired Staff S, Caregiver, on 10/16/2019. Review of Staff S's employee records showed that on 12/20/2023, their previous Washington state name and date of birth BGI expired. The records showed that on 01/16/2024, the facility submitted and completed a new BGI, 27 days after the previous BGI expired.

STAFF T
Review of the facility's Employee Roster showed the facility hired Staff T, Housekeeper, on 10/14/2019. Review of Staff T's employee records showed that on 10/04/2021, their previous Washington state name and date of birth BGI expired. The record showed that as of 03/01/2024, there was no valid BGI for Staff T, 879 days after the previous BGI expired.

During an interview on 03/04/2024 at 11:00 AM, Staff J, Business Office Director, stated that they were responsible for completing the staff background checks and maintaining a valid BGI in all employee records. Staff J stated that they were aware of the background check requirements. Staff J stated that they were unaware of the number of expired staff BGIs in the facility. Staff J stated that they did not complete a new BGI before the previous BGI expired. Staff J stated that they did not have a system in place to keep track of the BGI due dates for all staff.

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, Merrill Gardens at Burien is or will be in compliance with this law and / or regulation on (Date) 4/23/2024

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

Administrator (or Representative) — Date: 3/20/2024

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 interview and record review, the Assisted Living Facility failed to test 4 of 8 sampled staff (Staff C, Staff N, Staff U, and Staff V) for tuberculosis (TB), as required. This failure placed all the residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Review of the facility's undated policy titled, "In-House Tuberculosis Skin Testing", showed that the facility followed the Washington Administrative Code (WAC) on TB screening and testing requirements. The policy showed the facility required all employees be screened and tested for TB within three days of employment.

STAFF C

During an interview on 03/04/2024 at 11:00 AM, Staff J, Business Office Director, stated that they were responsible for completing the staff background checks and maintaining a valid BGI in all employee records. Staff J stated that they were aware of the background check requirements. Staff J stated that they were unaware of the number of expired staff BGIs in the facility. Staff J stated that they did not complete a new BGI before the previous BGI expired. Staff J stated that they did not have a system in place to keep track of the BGI due dates for all staff.

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, Merrill Gardens at Burien 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-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 interview and record review, the Assisted Living Facility failed to test 4 of 8 sampled staff (Staff C, Staff N, Staff U, and Staff V) for tuberculosis (TB), as required. This failure placed all the residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Review of the facility's undated policy titled, "In-House Tuberculosis Skin Testing", showed that the facility followed the Washington Administrative Code (WAC) on TB screening and testing requirements. The policy showed the facility required all employees be screened and tested for TB within three days of employment.

STAFF C

Review of the facility's Employee Roster showed that the facility hired Staff C, Caregiver, on 04/06/2023. Review of Staff C's employee records showed that Staff C completed a two-step TB skin test, step one on 04/14/2023 and step two on 04/28/2023. The tests results were negative. There was no documentation that showed Staff C was tested for TB within three days of employment. The records showed Staff C completed TB test eight days after date of employment.

STAFF N
Review of the facility's Employee Roster showed that the facility hired Staff N, Caregiver, on 11/14/2023. Review of Staff N's employee records showed that Staff N completed a QuantiFERON test (blood test for TB) on 09/21/2022, 53 days outside the 12-month time frame allowed. The results were negative. There was no documentation that showed Staff N was tested for TB within three days of employment.

STAFF U
Review of the facility's Employee Roster showed that the facility hired Staff U, Receptionist, on 11/04/2023. Review of Staff U's employee records showed that Staff U completed a two-step TB skin test, step one on 11/23/2023 and step two on 11/28/2023. The tests results were negative. There was no documentation that showed Staff U was tested for TB within three days of employment. The records showed Staff U completed TB test 19 days after date of employment.

STAFF V
Review of the facility's Employee Roster showed the facility hired Staff V, Caregiver, on 02/29/2024. Review of Staff V's employee records showed that as of 03/06/2024, six days after Staff V's date of employment, there was no documentation that showed Staff completed any test for TB.

During an interview on 03/04/2024 at 10:30 AM, Staff J stated that they were not aware Staff N was required to have a two-step TB test or another QuantiFERON test since the last QuantiFERON test was not done within 12 months of employment.

During a follow-up interview on 03/06/2024 at 11:30 AM, Staff J confirmed that Staff V's employment date was 02/29/2024. Staff J stated that Staff V was in training and was not "placed on the floor". Staff J stated that they did not complete any TB test for Staff V. Staff J stated they were unfamiliar with the TB testing requirements. Staff J stated they did not know that all employees were required to be screened and tested for TB within three days of employment. Staff J stated that they did not have a system to screen and test TB for each staff when they were hired.

Plan/Attestation Statement

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

Administrator (or Representative) — Date: 3/20/24

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to complete the required one tuberculosis (TB) test for 2 of 2 sampled staff (Staff A and Staff G) with a history of a negative test result from a previous two step skin test. This failure placed all the residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Review of the facility's undated policy titled, "In-House Tuberculosis Skin Testing", showed that the facility followed the Washington Administrative Code (WAC) on TB screening and testing requirements.

STAFF A
Review of the facility's Employee Roster showed that the facility hired Staff A, Caregiver, on 05/15/2023. Review of Staff A's employee records showed that Staff A completed a two-step TB skin test, step one on 04/27/2018 and step two on 05/04/2018. The tests results were negative. There was no documentation that showed Staff A completed a one-step test for TB when they were hired.

STAFF G
Review of the facility's Employee Roster showed that the facility hired Staff G, Caregiver, on 09/25/2017. Review of Staff G's employee records showed that Staff G completed a two-step TB skin test, step one on 09/05/2017 and step two on 09/14/2017. The tests results were negative. There was no documentation that showed Staff G completed a one-step test for TB when they were hired.

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, Merrill Gardens at Burien 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-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to complete the required one tuberculosis (TB) test for 2 of 2 sampled staff (Staff A and Staff G) with a history of a negative test result from a previous two step skin test. This failure placed all the residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Review of the facility's undated policy titled, "In-House Tuberculosis Skin Testing", showed that the facility followed the Washington Administrative Code (WAC) on TB screening and testing requirements.

STAFF A
Review of the facility's Employee Roster showed that the facility hired Staff A, Caregiver, on 05/15/2023. Review of Staff A's employee records showed that Staff A completed a two-step TB skin test, step one on 04/27/2018 and step two on 05/04/2018. The tests results were negative. There was no documentation that showed Staff A completed a one-step test for TB when they were hired.

STAFF G
Review of the facility's Employee Roster showed that the facility hired Staff G, Caregiver, on 09/25/2017. Review of Staff G's employee records showed that Staff G completed a two-step TB skin test, step one on 09/05/2017 and step two on 09/14/2017. The tests results were negative. There was no documentation that showed Staff G completed a one-step test for TB when they were hired.

Statement of Deficiencies	License #: 2486	Compliance Determination # 37527
Plan of Correction	Merrill Gardens at Burien	Completion Date
Page of 14	Licensee: Merrill Gardens at Burien, LLC	03/14/2024

During an interview on 03/01/2024 at 11:48 AM, Staff J, Business Office Director, stated that they rehired Staff A on 05/15/2023. Staff J stated that they thought a rehired staff did not require another TB test. Staff J stated they did not know that a staff with a history of negative two-step TB test required a one-step test for TB when hired or rehired.

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, Merrill Gardens at Burien is or will be in compliance with this law and / or regulation on (Date) 4/23/2024

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

Administrator (or Representative) — Date: 3/20/24

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(a) Chapter 18.79 RCW, Nursing care;

(b) Chapter 18.88A RCW, Nursing assistants;

(c) Chapter 246-840 WAC, Practical and registered nursing;

(d) Chapter 246-841 WAC, Nursing assistants; and

(e) Chapter 246-888 WAC, Medication assistance.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure 6 of 6 sampled staff (Staff A, Staff E, Staff G, Staff O, Staff P, and Staff Q) completed the required Nurse Delegation (ND) training and on-going oversight for 5 of 6 sampled residents (Resident 1, Resident 2, Resident 3, Resident 8, and Resident 10) who required medication administration. This failure placed Resident 1, Resident 2, Resident 3, Resident 8, and Resident 10 at risk of medication errors and potential decline in their health when unqualified staff provided care.

During an interview on 03/01/2024 at 11:48 AM, Staff J, Business Office Director, stated that they rehired Staff A on 05/15/2023. Staff J stated that they thought a rehired staff did not require another TB test. Staff J stated they did not know that a staff with a history of negative two-step TB test required a one-step test for TB when hired or rehired.

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, Merrill Gardens at Burien 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-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(a) Chapter 18.79 RCW, Nursing care;

(b) Chapter 18.88A RCW, Nursing assistants;

(c) Chapter 246-840 WAC, Practical and registered nursing;

(d) Chapter 246-841 WAC, Nursing assistants; and

(e) Chapter 246-888 WAC, Medication assistance.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure 6 of 6 sampled staff (Staff A, Staff E, Staff G, Staff O, Staff P, and Staff Q) completed the required Nurse Delegation (ND) training and on-going oversight for 5 of 6 sampled residents (Resident 1, Resident 2, Resident 3, Resident 8, and Resident 10) who required medication administration. This failure placed Resident 1, Resident 2, Resident 3, Resident 8, and Resident 10 at risk of medication errors and potential decline in their health when unqualified staff provided care.

Findings included...

Review of the facility's Disclosure of Services showed the facility provided intermittent nursing services that included administration of oral and topical medications and eye/ear/nose drops. The document showed that the facility's nursing assistants administered medications under the delegation of a registered nurse.

Review of the facility's "Nurse Delegation" policy showed that before a nursing task was delegated, the Registered Nurse Delegator (RND) was required to complete the resident consent, assess the resident, verify the staff's credential and training completion, and determine the competency of the staff to perform the task. The policy showed that the delegation process included teaching, observing, providing written instructions, and supervising the staff performance of the delegated task by the RND.

Review of the facility's RND binder showed the binder contained the Department of Social and Health Services (DSHS) ND: Consent for Delegation Process, Nursing Visit, and Credential and Training Verification forms. The binder showed there was one set of ND forms for Resident 1, Resident 2, Resident 3, Resident 8, and Resident 10. Review of the forms showed that the RND initiated nurse delegation for Resident 1 on 02/27/2024, Resident 2 on 07/21/2021, Resident 3 on 07/26/2023, Resident 8 on 07/26/2023, and Resident 10 on 09/26/2022. Review of the forms showed that Resident 1, Resident 2, Resident 3, Resident 8, and Resident 10's Consent for Delegation Process forms were not signed and dated by the resident or their representative. There was no documentation that showed Resident 1, Resident 2, Resident 3, Resident 8, and Resident 10 and their representative were informed and consented for nurse delegation services. The forms showed the RND delegated Staff A, Medication Technician [unlicensed staff who administered medications], and Staff O, Medication Technician, for medication administration for Resident 1, Resident 2, Resident 3, Resident 8, and Resident 10. The forms showed no documentation that the RND completed Staff A and Staff O's credential and training verification to be delegated. The forms showed Staff E, Medication Technician, Staff G, Medication Technician, Staff P, Medication Technician, and Staff Q, Medication Technician, were not listed as a delegated staff to administer medications for Resident 1, Resident 2, Resident 3, Resident 8, and Resident 10.

STAFF A and STAFF O
Review of the facility's personnel records showed that Staff A's Nursing Assistant Certification (NA-C) was in active status. There was no documentation that showed Staff A completed the Department of Social and Health Services (DSHS) ND Core Certification training, as required for delegation. The records showed that Staff O's Nursing Assistant Registration (NAR) was in active status. There was no documentation that showed Staff O completed the basic caregiver training. There was no documentation that showed Staff O was exempt from the basic caregiver training requirements. There was no documentation that showed Staff O completed the DSHS ND Core Certification training as required for delegation.

STAFF E, STAFF G, STAFF P, and STAFF Q
Review of the facility's personnel records showed that Staff E, Staff G, and Staff P's NA-C was in active status, and Staff Q's NAR was in active status. There was no documentation that showed Staff E, Staff G, Staff P, and Staff Q completed credential verification and the RND's training and supervision for medication administration. There was no documentation that showed Staff G, Staff P, and Staff Q completed the DSHS ND Core certification.

RESIDENT 1
Review of Resident 1's ND forms showed that between 02/27/2024 and 03/06/2024, Staff L delegated Staff A for the administration of Resident 1's oral, rectal, and Pro Re Nata [(PRN), as needed] medications.

Review of Resident 1's February 2024 and March 2024 electronic Medication Administration Records (eMAR) showed that Resident 1 received Senna-Plus (medication used to treat the problem of emptying the bowels), 8.6-50 milligram (mg), one tablet by mouth twice daily; Acetaminophen (medication used to reduce pain or fever) rectal suppository (placed in the rectum) 650 mg, insert one suppository rectally every four hours as needed for pain or fever; Lorazepam Intensol (medication used to treat anxiety) Oral Concentrate, take 0.5 mg, by mouth every two hours as needed for shortness of breath or agitation or seizures; and Morphine Sulfate (medication used to treat pain) Oral Solution, five mg by mouth or between the cheek and gum, every two hours as needed for pain or shortness of breath. The eMARs showed that between 02/01/2024 and 03/04/2024, Staff A administered and signed off Acetaminophen rectal suppository one time and Lorazepam three times; Staff E administered and signed off Lorazepam four times and Morphine one time; Staff P administered and signed off Senna-Plus one time, Lorazepam one time, and Morphine two times; and Staff Q administered and signed off Lorazepam two times and Morphine one time.

RESIDENT 2
Review of Resident 2's ND forms showed that between 10/31/2022 and 03/06/2024, Staff L delegated Medication Technicians for the administration of Resident 2's routine and PRN eye drops.

Review of Resident 2's January 2024 and February 2024 eMAR showed that Resident 2 received Latanoprost (medication used to treat eye diseases) Ophthalmic (eye) Solution 0.005 percent (%), instill one drop into each eye daily. The eMARs showed that between 01/01/2024 and 02/29/2024, Staff P administered and signed off Latanoprost 16 times.

RESIDENT 3
Review of Resident 3's ND forms showed that between 07/26/2023 and 03/06/2024, Staff L delegated Staff A and Staff O for the administration of Resident 3's the routine and PRN eye drops.

Review of Resident 3's December 2023, January 2024, and February 2024 and March 2024 eMAR showed that Resident 3 received Latanoprost Ophthalmic Solution 0.005 %, instill

one drop into each eye nightly at bedtime. The eMARs showed that between 12/01/2023 and 02/29/2024, Staff A administered and signed off Latanoprost 10 times; Staff G administered and signed of Lantanoprost three times; and Staff O administered and signed off Latanoprost 14 times.

RESIDENT 8
Review of Resident 8's ND forms showed that between 07/26/2023 and 03/06/2024, Staff L delegated Staff A and Staff O the routine and PRN administration of Resident 8's crushed oral medication, topicals, fleet enema, and hospice comfort kit.

Review of Resident 8's December 2023, January 2024, and February 2024 eMAR showed that Resident 8's crushed medications order started on 10/06/2023. The eMARs showed that Resident 8 received Famotidine (medication used to treat stomach ulcers) Oral Tablet 40 mg, one tablet by mouth daily (OK to crush); Senna-Plus Oral Tablet 8.6-50 mg, one tablet by mouth twice daily, hold for loose stool (OK to crush). The Senna-Plus medication order for twice a day was discontinued on 12/27/2023 and changed to one tablet by mouth every morning, hold for loose stool (may crush). The eMARs showed that between 12/01/2023 and 02/29/2024, Staff A administered and signed off Senna-Plus eight time and Lorazepam three times; Staff G administered and signed off Senna-Plus five times; Staff O administered and signed off Senna-Plus 13 time; and Staff P administered and signed off Famotidine 16 times.

RESIDENT 10
Review of the ND forms showed that between 09/26/2023 and 03/06/2024, Staff L delegated Staff A and Staff O the routine and PRN administration of Resident 10's oral medication, crush medication as needed, topicals, and eye drops.

Review of Resident 10's December 2023, January 2024, and February 2024 eMAR showed that Resident 10's medication crush order started on 06/30/2023. The eMARs showed that Resident 10 received Duloxetine Hydrochloride (medication used to treat mood disorders) Oral Capsule 30 mg, one capsule by mouth daily; Levothyroxine Sodium (medication used to replace the low level of thyroid hormone) Oral Tablet 75 Microgram (mcg), one tablet by mouth daily; Quetiapine Fumarate (medication used to treat mental health) Oral Tablet 25 mg, one tablet by mouth nightly at bedtime; and Senna-Plus Oral Tablet 8.6-50 mg, one tablet by mouth daily. The eMARs showed that between 12/01/2023 and 02/29/2024, Staff A administered and signed off Quetiapine nine times; Staff G administered and signed off Quetiapine four times; Staff O administered and signed off Quetiapine 14 times; and Staff P administered and signed off Duloxetine 15 times, Levothyroxine 15 times, and Senna-Plus 15 times.

During an interview on 03/04/2024 at 9:50 AM, Staff I, Administrator/Resident Care Director, confirmed that Resident 1, Resident 2, Resident 3, Resident 8, and Resident 10 received ND. Staff I stated that the facility hired Staff L, Registered Nurse Delegator, on 12/07/2017. Staff I stated that Staff L performed the nurse delegator duties and responsibilities that included resident consent, resident assessment, and delegation of medication administration to the medication technicians. Staff I stated that when a resident moved into the facility, they required each resident signed a disclosure of ND form. Staff I

stated that the disclosure form showed ND as an optional nursing service and the cost of the ND service. Staff I stated that they were unfamiliar with the ND process, and they did not know the disclosure form was not a consent for ND. Staff I stated that Staff L maintained the ND documentation and kept the documentation in the facility. Staff I stated that Resident 1, Resident 2, Resident 3, Resident 8, and Resident 10, or their representatives did not sign any consent for ND. Staff I stated that they did not know whether Staff L informed the residents or their representatives and obtained consent for ND before the residents received the delegated nursing tasks.

During an interview on 03/07/2024 at 8:16 AM, Staff L, RND, stated that the facility contracted with them to provide nurse delegation services. Staff L stated that as the RND, they followed the Washington State requirements for nurse delegation. Staff L stated that they were responsible for resident consent, resident assessment, and staff training. Staff L stated that they thought the facility obtained consent for nurse delegation from each resident who required nurse delegation. Staff L stated that before they initiated nurse delegation, they did not obtain Resident 1, Resident 2, Resident 3, Resident 4, Resident 8, and Resident 10's consent for delegation process. Staff L stated that when they initially delegated to the medication technicians, they verified each medication technician's credential and provided an individual training to each delegated medication technician. Staff L stated that when they delegated to Staff A and Staff O, they thought the facility already verified the staff's credential and training completion. Staff L stated that they were unaware Staff A and Staff O did not complete the DSHS Nurse Delegation Core training. Staff L stated that they did not verify Staff O's NAR credential and the completion of the basic training. Staff L confirmed that Staff E, Staff G, Staff P, and Staff Q did not complete the RND's individual training. Staff L stated that they did not delegate to Staff E, Staff G, Staff P, and Staff Q.

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, Merrill Gardens at Burien is or will be in compliance with this law and / or regulation on (Date) 4/28/2024

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

Administrator (or Representative) — Date 3/20/24

stated that the disclosure form showed ND as an optional nursing service and the cost of the ND service. Staff I stated that they were unfamiliar with the ND process, and they did not know the disclosure form was not a consent for ND. Staff I stated that Staff L maintained the ND documentation and kept the documentation in the facility. Staff I stated that Resident 1, Resident 2, Resident 3, Resident 8, and Resident 10, or their representatives did not sign any consent for ND. Staff I stated that they did not know whether Staff L informed the residents or their representatives and obtained consent for ND before the residents received the delegated nursing tasks.

During an interview on 03/07/2024 at 8:16 AM, Staff L, RND, stated that the facility contracted with them to provide nurse delegation services. Staff L stated that as the RND, they followed the Washington State requirements for nurse delegation. Staff L stated that they were responsible for resident consent, resident assessment, and staff training. Staff L stated that they thought the facility obtained consent for nurse delegation from each resident who required nurse delegation. Staff L stated that before they initiated nurse delegation, they did not obtain Resident 1, Resident 2, Resident 3, Resident 4, Resident 8, and Resident 10's consent for delegation process. Staff L stated that when they initially delegated to the medication technicians, they verified each medication technician's credential and provided an individual training to each delegated medication technician. Staff L stated that when they delegated to Staff A and Staff O, they thought the facility already verified the staff's credential and training completion. Staff L stated that they were unaware Staff A and Staff O did not complete the DSHS Nurse Delegation Core training. Staff L stated that they did not verify Staff O's NAR credential and the completion of the basic training. Staff L confirmed that Staff E, Staff G, Staff P, and Staff Q did not complete the RND's individual training. Staff L stated that they did not delegate to Staff E, Staff G, Staff P, and Staff Q.

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, Merrill Gardens at Burien 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

03/14/2024

Merrill Gardens at Burien, LLC
Merrill Gardens at Burien
15020 5th Ave SW
Burien, WA 98166

RE: Merrill Gardens at Burien # 2406

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 03/14/2024 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:

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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-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

The Assisted Living Facility failed to ensure that 1 of 11 sampled kitchen staff (Staff U) maintained a current food handlers' card. Review of staff records showed Staff U did not have a food a valid food handlers' card completed through a Washington state Public Health department. On 03/05/2024, Staff U completed the online food handler training through the Public Health department for Seattle and King County.

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(6) Be signed and dated by the resident and be kept in the resident record after signature.

The Assisted Living Facility failed to ensure 2 of 7 sampled residents (Resident 5 and Resident 7) signed and dated the facility's Medicaid policy and kept a copy in each resident's record. On 03/08/2024, during the inspection, the facility obtained the Residents' signed and dated Medicaid notice and placed the copy in each resident's records.

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 (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure