



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

NorthWest HC Seaport Landing (WA) Operator NT-HCI LLC
Avamere at Port Townsend
1201 Hancock St
Port Townsend, WA 98368

RE: Avamere at Port Townsend License # 2408

Dear Administrator:

This letter addresses Compliance Determination(s) 34735 (Completion Date 01/03/2024) and 28430 (Completion Date 08/21/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/03/2024 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-3090-1-a

The Department staff who did the on-site verification:
Phan Pham, Nurse Surveyor

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services



Residential Care Services Investigation Summary Report

Provider/Facility: Avamere at Port Townsend **Provider Type:** Assisted Living Facility

License/Cert. #: 2408

Intake ID: 92939

Compliance Determination #: 28430

Region/Unit #: RCS Region 3 / Unit E

Investigator: Phan Pham

Investigation Date(s): 08/21/2023 through 08/21/2023

Complainant Contact Date(s):

Allegation(s):

- 1) Physical environment - Named resident's room allegedly smell of urine.
- 2) Other services - Named resident had stored spoiled food in the refrigerator.
- 3) Quality of care - Named resident did not purchase incontinent products and colostomy supplies.

Investigation Methods:

Sample:	Total residents: 56 Resident sample size: 3 Closed records sample size: 0
Observations:	Named resident, residents, environment, staff interactions with residents, staff members providing care and services, infection control practice, and safety measures.
Interviews:	Named resident, residents, and interdisciplinary team members.
Record Reviews:	Sampled residents and incident reports.

Investigation Summary:

An on-site investigation was conducted, and the concerns related to 1) physical environment, 2) dietary services, and 3) quality of care and treatments were reviewed. The facility failed to ensure staff members maintained the residents' quarters in a sanitary condition and/or free of urine odor. Failed practice identified. Additional residents reviewed for care, services and physical environment had no concerns.

Conclusion / Action:

- ☒ 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 #: 2408	Compliance Determination # 28430
Plan of Correction	Avamere at Port Townsend	Completion Date
Page 1 of 3	Licensee: NorthWest HC Seaport Landing (WA) Operator NT-HCI LLC	08/21/2023

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 08/21/2023, 08/21/2023 and 08/21/2023 of:

Avamere at Port Townsend
1201 Hancock St
Port Townsend, WA 98368

This document references the following complaint number(s): 92939

The following sample was selected for review during the unannounced on-site visit: 3 of 56 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Phan Pham, Nurse Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

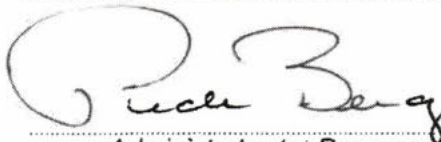
As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Cory Cisneros
Residential Care Services

08/28/2023
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.

Statement of Deficiencies	License #: 2408	Compliance Determination # 28430
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Administrator (or Representative)

9/4/23
Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure staff members maintained the residents' quarters in a sanitary condition and/or free of urine odor for two of three sampled residents (Resident 1 and Resident 2) reviewed. This failure exposed Resident 1 to an unsanitary environment and placed the residents at risk for decrease quality of life.

Findings included...

Resident 1 (R1)

Review of Resident 1's face sheet showed the resident admitted to the facility on [REDACTED]/2019 with diagnoses including [REDACTED] and [REDACTED]

Review of R1's resident service plan, printed date 08/21/2023, documented R1 was alert, oriented and able to communicate her needs. R1 was incontinent of bladder and requested weekly housekeeping service.

Review of the Department's record showed on 08/07/2023 at 3:47 PM, Staff B, Wellness Director, reported the smell in R1's room was quite strong, even to the point of being able to smell it out in the hall. Staff B had concerns for R1's health and well-being, for the staff that go into her room, and the neighboring rooms that live with the smell. On 08/08/2023 at 12:19 PM, Staff B stated R1's room was hazardous.

On 08/21/2023 at 9:30 AM, R1 was observed in her wheelchair and the resident's room had a very strong urine odor. During an interview, R1 said her room smelled of urine and staff members were supposed to assist with weekly housekeeping. R1 stated the last time her room received housekeeping service was in May 2023 and she had paid for her room to be cleaned weekly. R1 said staff had not attempted to remove the urine odor. R1 stated she turned on a fan and opened her windows to help remove the odor.

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On 08/21/2023 at 10:31 AM, Staff E, Dietary Aide, was asked to observe Resident 1's room. Staff E said R1's room had "pretty strong" smell of urine. Staff E stated she was able to smell the urine odor as soon as the resident's door was opened.

On 08/21/2023 at 10:39 AM, Staff C, Resident Care Coordinator and Staff D, Caregiver, were asked to observe R1's room. Staff D entered R1's room and said the resident's room had a "very, very strong" ammonia (chemical) and urine smell. Staff D said R1's room had the urine odor since she started working at the assisted living facility. Staff D stated she had worked at the assisted living facility for three years. Staff C and Staff D said housekeeping staff members were supposed to clean R1's room weekly.

At 11:14 AM, Staff A, Executive Director, stated he had been in R1's room numerous times. Staff A said it did have a smell and he did not know what it was.

Resident 2 (R2)

Review of R2's face sheet showed the resident admitted to the facility on [REDACTED]/2023 with diagnoses including [REDACTED].

Review of R2's resident service plan, dated 07/10/2023, documented R2 requested staff assistance with weekly housekeeping service.

In an interview and observation on 08/21/2023 at 10:18 AM, R2 was observed in her room and neatly groomed. R2's bedroom carpet had dark colored stains. R2 stated it had been weeks since the last time a staff member had cleaned her room. R2 stated staff did not clean her room weekly, her carpet in her bedroom was dirty, and she had to mop the kitchen floor herself.

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, Avamere at Port Townsend is or will be in compliance with this law and / or regulation on (Date) 10/5/23

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

Rebecca Benz

Administrator (or Representative)

9/6/23

Date