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) 41450 (Completion Date 05/17/2024) and 39584 (Completion Date 04/10/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/17/2024 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-2040-1

The Department staff who did the on-site verification:
Paul Aube, ALF NCI

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

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

Statement of Deficiencies	License #: 2408	Compliance Determination # 39584
Plan of Correction	Avamere at Port Townsend	Completion Date
Page 1 of 3	Licensee: NorthWest HC Seaport Landing (WA) Operator NT-HCI LLC	04/10/2024

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

The department completed data collection for an unannounced on-site follow-up on 04/10/2024 and 04/10/2024 of:
Avamere at Port Townsend
1201 Hancock St
Port Townsend, WA 98368

This document references the following SOD dated: 04/10/2024

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

The department staff that inspected the Assisted Living Facility:

Paul Aube, ALF NCI

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

04/16/2024
Date

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

Reder Berg
Administrator (or Representative)

4/24/24
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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure all staff were medically cleared for fit testing of an N-95 respirator before use for 3 of 3 sampled staff, (Staff B, Staff C, and Staff D). This failure placed all the residents and staff in the ALF at risk of infection and spreading a communicable disease.

Findings included...

WAC 296-842-14005: Provide medical evaluations.
"Step 6: Obtain a written recommendation from the LHCP (Licensed Health Care Professional) that contains only the following medical information:
(a) Whether or not the employee is medically able to use the respirator;
(b) Any limitations of respirator use for the employee;
(c) What future medical evaluations, if any, are needed;
(d) A statement that the employee has been provided a copy of the written recommendation."

WAC 296-842-12010, Keep respirator program records.
"(4) Keep written recommendations from the LHCP."

Review of the Dear Provider (DP) Letter ALF# 2023-022, dated 09/14/2023, titled, "Provider Responsibilities for Provision of Personal Protective Equipment (PPE), Respiratory Protection Program (RPP) and Changes to the Department of Health RPP Resources", it stated, "Employers are responsible to identify hazards in the workplace, provide appropriate respiratory protection equipment, and follow regulations pertaining to respiratory protection."

In an undated facility policy titled "Respiratory Protection Program for COVID-19 Prevention", it stated, "Every employee of this company who must wear an N95 or other filtering facepiece respirator will be provided with a medical evaluation, at no cost to them, before they are allowed to use the respirator... Copies of written recommendations (but not the completed questionnaires) will be kept at the following location for recordkeeping and access purposes: Medical File - for individual Employee and kept in secured location."

Review of a facility staff list showed Staff B, a Caregiver, with a hire date of 02/06/2024. Review of Respiratory Protection Program Binder on 04/10/2024 showed a Respirator Fit Test Record for Staff B, dated 02/07/2024, with a result of pass. There was no Medical Clearance/Evaluation for this staff person in the binder.

Review of a facility staff list showed Staff C, a Caregiver, with a hire date of 02/20/2024. Review of Respiratory Protection Program Binder on 04/10/2024 showed there was no Fit Test Record or Medical Clearance/Evaluation for Staff C.

Review of a facility staff list showed Staff D, a Caregiver, with a hire date of 12/16/2023. Review of Respiratory Protection Program Binder on 04/10/2024 showed there was no Fit Test Record or Medical Clearance/Evaluation for Staff D.

During an interview with Staff A, the Executive Director, on 04/10/2024 at 1:19PM, Staff A was asked when employees were fit tested for an N95 respirator. Staff A stated, "Our onboarding process now includes the Medical Clearance. I was doing fit testing right away, but now I wait for the Medical Clearance before doing so." Staff A was asked if all staff received a Medical Clearance, and if the Respiratory Protection Binder was complete and up to date. Staff A stated, "No. It is not all there. Not all are done yet."

This was an uncorrected and recurring deficiency previously cited on 02/26/2024, 01/05/2024, and 10/06/2023.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Avamere at Port Townsend is or will be in compliance with this law and / or regulation on (Date) 5\15\24 .

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

Reden Berg — Administrator (or Representative)

4/24/24 — Date

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

Statement of Deficiencies	License #: 2408	Compliance Determination # 37314
Plan of Correction	Avamere at Port Townsend	Completion Date
Page 1 of 4	Licensee: NorthWest HC Seaport Landing (WA) Operator NT-HCI LLC	02/26/2024

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

The department completed data collection for an unannounced on-site follow-up on 02/26/2024 and 02/26/2024 of:
Avamere at Port Townsend
1201 Hancock St
Port Townsend, WA 98368

This document references the following SOD dated: 02/26/2024

The following sample was selected for review during the unannounced on-site visit: 0 of 57 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anissa Bearden, Licensor
Phan Pham, Nurse Surveyor
Paul Aube, ALF NCI

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

03/07/2024
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.

Peder Berg

Administrator (or Representative)

3/18/24

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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure all staff were medically cleared for fit testing of an N-95 respirator before use for 3 of 3 sampled staff, (Staff B, Staff C, and Staff D). This failure placed all 57 of 57 residents, staff, and visitors in the ALF at risk of being infected and spreading a communicable disease.

Findings included...

WAC 296-842-14005: Provide medical evaluations.
"Step 6: Obtain a written recommendation from the LHCP (Licensed Health Care Professional) that contains only the following medical information:
(a) Whether or not the employee is medically able to use the respirator;
(b) Any limitations of respirator use for the employee;
(c) What future medical evaluations, if any, are needed;
(d) A statement that the employee has been provided a copy of the written recommendation."

WAC 296-842-12010. Keep respirator program records.
"(4) Keep written recommendations from the LHCP."

Review of the Dear Provider (DP) Letter ALF# 2023-022, dated 09/14/2023, titled, "Provider Responsibilities for Provision of Personal Protective Equipment (PPE), Respiratory Protection Program (RPP) and Changes to the Department of Health RPP Resources", it stated, "Employers are responsible to identify hazards in the workplace, provide appropriate respiratory protection equipment, and follow regulations pertaining to respiratory protection."

In an undated facility policy titled "Respiratory Protection Program for COVID-19 Prevention", it stated, "Every employee of this company who must wear an N95 or other filtering facepiece respirator will be provided with a medical evaluation, at no cost to them, before they are allowed to use the respirator... Copies of written recommendations (but not the completed questionnaires) will be kept at the following location for recordkeeping and

access purposes: Medical File - for individual Employee and kept in secured location."

During an interview with Staff A, the Executive Director, on 02/26/2024 at 12:21PM, Staff A was asked when employees were fit tested for an N95 respirator. Staff A stated, "Fit testing is done during orientation."

Review of a facility staff list, dated 02/26/2024, showed Staff B, a Medication Technician, with a hire date of 03/10/2021.

In an interview with Staff B on 02/26/2024 at 11:51AM, Staff B was asked if they were fit-tested for an N95 respirator at the facility. Staff B stated that they were fit tested.

Review of Respirator Fit Test Record for Staff B showed that Staff B was fit tested on 10/30/2023, with a result of pass. There was no Medical Clearance/Evaluation for Staff B in the binder or provided for review.

Review of a facility staff list, dated 02/26/2024, showed Staff C, a Caregiver, with a hire date of 02/01/2018.

In an interview with Staff C on 02/26/2024 at 11:58AM, Staff C was asked if they were fit-tested for an N95 respirator at the facility. Staff C stated that they were fit tested.

Review of Respirator Fit Test Record for Staff C showed that Staff C was fit tested on 10/17/2023, with a result of pass. There was no Medical Clearance/Evaluation for Staff C in in the binder or provided for review.

Review of a facility staff, dated 02/26/2024, list showed Staff D, a Caregiver, with a hire date of 02/06/2024.

During an interview with Staff D on 02/26/2024 at 11:51AM, Staff D was asked if they were fit-tested for an N95 respirator at the facility. Staff D stated that they were fit tested.

Review of Respirator Fit Test Record for Staff D showed that Staff D was fit tested on 02/07/2023, with a result of pass. There was no Medical Clearance/Evaluation for Staff D in in the binder or provided for review.

In an interview with Staff A on 02/26/2024 at 1:05PM, Staff A was asked to provide Medical Clearances/Evaluations for Department review. Staff A stated that there were no Medical Clearances. Staff A stated that the facility was in the process of changing to an electronic system. The facility was not able to locate or provide any Medical Clearances for

all staff reviewed.

This was an uncorrected and recurring deficiency previously cited on 01/05/2024 and10/06/2023.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Avamere at Port Townsend is or will be in compliance with this law and / or regulation on (Date) 4/2/24 .

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

Reeder Berry — Administrator (or Representative)

3/17/24 — Date

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

Statement of Deficiencies	License #: 2408	Compliance Determination # 34752
Plan of Correction	Avamere at Port Townsend	Completion Date
Page 1 of 3	Licensee: NorthWest HC Seaport Landing (WA) Operator NT-HCI LLC	01/05/2024

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

The department completed data collection for an unannounced on-site follow-up on 01/03/2024, 01/03/2024, and 01/03/2024 of:
Avamere at Port Townsend
1201 Hancock St
Port Townsend, WA 98368

This document references the following SOD dated: 01/05/2024

The following sample was selected for review during the unannounced on-site visit: 3 of 58 current residents and 0 former residents.

The department staff that inspected 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

01/18/2024
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

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

The department completed data collection for an unannounced on-site follow-up on 01/03/2024, 01/03/2024, and 01/03/2024 of:

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

This document references the following SOD dated: 01/05/2024

The following sample was selected for review during the unannounced on-site visit: 3 of 58 current residents and 0 former residents.

The department staff that inspected 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.

Residential Care Services

Date

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

Administrator (or Representative) 1/26/24 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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure all staff were fit tested for an N-95 respirator for 1 of 4 sampled staff (Staff D). This failure placed all the residents and staff in the ALF at risk of being infected and spreading a communicable diseases.

Findings included...

WAC 296-842-22010:
"(1) Provide, at no cost to the employee, fit tests for ALL tight-fitting respirators on the following schedule;
(a) Before employees are assigned duties that may require the use of respirators;
(b) At least every twelve months after initial testing;
(c) Whenever any of the following occurs:
(i) A different respirator facepiece is chosen such as a different type, model, style, or size;
(ii) You become aware of a physical change in an employee that could affect respirator fit. For example, you may observe, or be told about, facial scarring, dental changes, cosmetic surgery, or obvious weight changes;"

Review of the Centers of Disease Control and Prevention (CDC) document, titled, "Strategies for Optimizing the Supply of N95 Respirators," updated 09/16/2021, showed under the section titled, "Just-in-time fit testing", it was essential to have Healthcare professionals trained and fit tested prior to receiving or taking care of positive COVID-19 (Corona Virus Disease 2019 - a communicable disease) residents.

Review of the Dear Provider (DP) Letter ALF# 2021-024, dated 04/30/2021, titled, "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment (PPE)", directed LTCF's (Long Term Care Facilities) under WAC 296-842-12005 to develop and maintain a respirator program which included initial fit testing and providing staff with their fit tested respirator.

On 01/03/2024 at 11:26 AM, Staff D, Dietary Manager, was observed taking food orders from residents in the dining room. In an interview Staff D said he started employment at

Administrator (or Representative) 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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure all staff were fit tested for an N-95 respirator for 1 of 4 sampled staff (Staff D). This failure placed all the residents and staff in the ALF at risk of being infected and spreading a communicable diseases.

Findings included…

WAC 296-842-22010:
"(1) Provide, at no cost to the employee, fit tests for ALL tight-fitting respirators on the following schedule:
(a) Before employees are assigned duties that may require the use of respirators;
(b) At least every twelve months after initial testing;
(c) Whenever any of the following occurs:
(i) A different respirator facepiece is chosen such as a different type, model, style, or size;
(ii) You become aware of a physical change in an employee that could affect respirator fit. For example, you may observe, or be told about, facial scarring, dental changes, cosmetic surgery, or obvious weight changes;"

Review of the Centers of Disease Control and Prevention (CDC) document, titled, “Strategies for Optimizing the Supply of N95 Respirators,” updated 09/16/2021, showed under the section titled, "Just-in-time fit testing", it was essential to have Healthcare professionals trained and fit tested prior to receiving or taking care of positive COVID-19 (Corona Virus Disease 2019 - a communicable disease) residents.

Review of the Dear Provider (DP) Letter ALF# 2021-024, dated 04/30/2021, titled, "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment (PPE)", directed LTCF's (Long Term Care Facilities) under WAC 296-842-12005 to develop and maintain a respirator program which included initial fit testing and providing staff with their fit tested respirator.

On 01/03/2024 at 11:26 AM, Staff D, Dietary Manager, was observed taking food orders from residents in the dining room. In an interview Staff D said he started employment at

the ALF on 12/08/2023 and had not been fit tested for an N-95 respirator.

In an interview on 01/03/2024 at 11:32 AM, Staff A, Executive Director, said all the staff members at the ALF had been fit tested for an N-95 respirator.

Review of the ALF's plan of correction for the deficiency cited on 10/06/2023 showed all staff were to be fit tested to ensure compliance by 12/01/2023 and Staff A was responsible for ensuring all fit testing was completed.

During an interview with Staff A, on 01/04/2024 at 2:30PM, Staff A stated they follow what the Department of Health (DOH) website says to do for fit testing staff. Record review with Staff A of the DOH website, titled, "Respiratory Protection Program for Long Term Care Facilities", stated, "Respirator fit testing is done initially (upon hire or transfer), and then every year (within 12- months of the date of the last fit test). Staff A was asked if Staff D was considered hired, Staff A stated, "Yeah, Okay. I am on the same page as you."

This was an uncorrected deficiency previously cited on 10/06/2023.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Avamere at Port Townsend is or will be in compliance with this law and / or regulation on (Date) 2/8/24

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

Administrator (or Representative) — Date: 1/26/24

the ALF on 12/06/2023 and had not been fit tested for an N-95 respirator.

In an interview on 01/03/2024 at 11:32 AM, Staff A, Executive Director, said all the staff members at the ALF had been fit tested for an N-95 respirator.

Review of the ALF's plan of correction for the deficiency cited on 10/06/2023 showed all staff were to be fit tested to ensure compliance by 12/01/2023 and Staff A was responsible for ensuring all fit testing was completed.

During an interview with Staff A, on 01/04/2024 at 2:30PM, Staff A stated they follow what the Department of Health (DOH) website says to do for fit testing staff. Record review with Staff A of the DOH website, titled, "Respiratory Protection Program for Long Term Care Facilities", stated, "Respirator fit testing is done initially (upon hire or transfer), and then every year (within 12- months of the date of the last fit test). Staff A was asked if Staff D was considered hired, Staff A stated, "Yeah, Okay. I am on the same page as you."

This was an uncorrected deficiency previously cited on 10/06/2023.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Avamere at Port Townsend 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

Residential Care Services
Investigation Summary Report

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

License/Cert.#: 2408
Intake ID: 100468
Compliance Determination #: 30535
Region/Unit #: RCS Region 3 / Unit E
Investigator: Phan Pham
Investigation Date(s): 10/02/2023 through 10/06/2023
Complainant Contact Date(s): 10/02/2023

Allegation(s):
Infection control - Named resident was sent to the hospital and was diagnosed with [redacted].

Investigation Methods:

Sample:	Total residents: 58 Resident sample size: 5 Closed records sample size: 0
Observations:	Residents, environment, staff interactions with residents, staff members providing care and services, infection control practice, and safety measures.
Interviews:	Residents, staff members, administrative and member not associated with the facility.
Record Reviews:	Sampled residents and incident reports.

Investigation Summary:
An on-site investigation was conducted, and the concerns related to resident to infection control and quality of care and treatments were reviewed. The Assisted Living Facility failed to ensure all staff were fit tested for an N-95 respirator and failed to report a COVID-19 positive case to the local health jurisdiction. Failed Practice Identified.

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
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 2408	Compliance Determination # 30535
Plan of Correction	Avamere at Port Townsend	Completion Date
Page 1 of 5	Licensee: NorthWest HC Seaport Landing (WA) Operator NT-HCI LLC	10/06/2023

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

The department completed data collection for an unannounced on-site complaint investigation on 10/02/2023, 10/02/2023, 10/03/2023 and 10/03/2023 of:

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

This document references the following complaint number(s): 99649, 99845, 100468

The following sample was selected for review during the unannounced on-site visit: 5 of 58 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

10/18/2023
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

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

The department completed data collection for an unannounced on-site complaint investigation on 10/02/2023, 10/02/2023, 10/03/2023 and 10/03/2023 of:

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

This document references the following complaint number(s): 99649, 99845, 100468

The following sample was selected for review during the unannounced on-site visit: 5 of 58 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.

Residential Care Services

Date

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

Peder Berg
Administrator (or Representative)

10/28/23
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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure all staff were fit tested for an N-95 respirator for 6 of 6 sampled staff (Staff C, D, E, F, G, and H). This failure placed all the residents and staff in the ALF at risk of being infected and spreading a communicable disease.

Findings included...

WAC 296-842-22010,
"(1) Provide, at no cost to the employee, fit tests for ALL tight fitting respirators on the following schedule:
(a) Before employees are assigned duties that may require the use of respirators;
(b) At least every twelve months after initial testing;
(c) Whenever any of the following occurs:
(i) A different respirator facepiece is chosen such as a different type, model, style, or size;
(ii) You become aware of a physical change in an employee that could affect respirator fit. For example, you may observe, or be told about, facial scarring, dental changes, cosmetic surgery, or obvious weight changes;"

Review of the Centers of Disease Control and Prevention (CDC) document, titled, "Strategies for Optimizing the Supply of N95 Respirators," updated 09/16/2021, showed under the section titled, "Just-in-time fit testing", it was essential to have Healthcare professionals trained and fit tested prior to receiving or taking care of positive COVID-19 (Corona Virus Disease 2019 - a communicable disease) residents.

Review of the Dear Provider (DP) Letter ALF# 2021-024, dated 04/30/2021, titled, "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment (PPE)", directed LTCF's (Long Term Care Facilities) under WAC 296-842-12005 to develop and maintain a respirator program which included initial fit testing and providing staff with their fit tested respirator.

During an interview on 10/02/2023 at 11:45 AM, Staff A, Executive Director, said the ALF had one resident who went to the hospital and the hospital tested the resident for COVID-

Administrator (or Representative) 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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure all staff were fit tested for an N-95 respirator for 6 of 6 sampled staff (Staff C, D, E, F, G, and H). This failure placed all the residents and staff in the ALF at risk of being infected and spreading a communicable disease.

Findings included…

WAC 296-842-22010.
"(1) Provide, at no cost to the employee, fit tests for ALL tight fitting respirators on the following schedule:
(a) Before employees are assigned duties that may require the use of respirators;
(b) At least every twelve months after initial testing;
(c) Whenever any of the following occurs:
(i) A different respirator facepiece is chosen such as a different type, model, style, or size;
(ii) You become aware of a physical change in an employee that could affect respirator fit. For example, you may observe, or be told about, facial scarring, dental changes, cosmetic surgery, or obvious weight changes;"

Review of the Centers of Disease Control and Prevention (CDC) document, titled, “Strategies for Optimizing the Supply of N95 Respirators,” updated 09/16/2021, showed under the section titled, "Just-in-time fit testing", it was essential to have Healthcare professionals trained and fit tested prior to receiving or taking care of positive COVID-19 (Corona Virus Disease 2019 - a communicable disease) residents.

Review of the Dear Provider (DP) Letter ALF# 2021-024, dated 04/30/2021, titled, "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment (PPE)", directed LTCF's (Long Term Care Facilities) under WAC 296-842-12005 to develop and maintain a respirator program which included initial fit testing and providing staff with their fit tested respirator.

During an interview on 10/02/2023 at 11:45 AM, Staff A, Executive Director, said the ALF had one resident who went to the hospital and the hospital tested the resident for COVID-

19. Staff A stated the resident was diagnosed with [redacted] and he was still at the hospital.

Review of Resident 1's face sheet showed the resident admitted to the facility on [redacted]/2022 with diagnoses including [redacted]. Review of Resident 1's progress notes, dated [redacted]/2023 at 5:46 PM, documented the resident had pain and weakness. Resident 1's private caregiver opted to call 911. Resident was tested for COVID-19 at the hospital on [redacted]/2023 and admitted.

In an interview on 10/03/2023 at 11:00 AM, Staff A stated all staff members had been fit tested for N-95 respirators.

During an interview on 10/03/2023 at 11:04 AM, Staff B, Wellness Director, stated Resident 1 went to the hospital on [redacted]/2023. Staff B said the hospital staff tested the resident for COVID-19 on [redacted]/2023 and informed the assisted living facility that the resident had COVID-19. Staff B stated all staff members had been fit tested for N-95 respirators.

During an interview on 10/03/2023 at 11:10 AM, Staff C, Medication Tech, said it had been over one year since she was fit tested for N-95 respirator.

In an interview on 10/03/2023 at 11:15 AM, Staff D, Caregiver, stated she was fit tested for N-95 respirator in July or August 2023.

In an interview on 10/03/2023 at 11:35 AM, Staff E, Housekeeper, said she had worked at the ALF for a month and had not been fit tested for N-95 respirator.

In an interview on 10/03/2023 at 11:39 AM, Staff F, Caregiver, stated she was fit tested for N-95 respirator a couple months ago.

In an interview on 10/03/2023 at 11:40 AM, Staff G, Server, was observed taking food orders from residents in the dining room. Staff G stated she had been working at the ALF for three months and had not been fit tested for N-95 respirator.

In an interview on 10/03/2023 at 11:42 AM, Staff H, Dietary Aide, was observed taking food orders from residents in the dining room. Staff G said she started working at the ALF on 08/01/2023 and had not been fit tested for N-95 respirator.

Review of the ALF's respirator fit test records showed Staff C, D, E, F, and G had not been fit tested for an N-95 respirator. The last respirator fit test completed by the ALF for all the ALF's staff was January 2022.

19. Staff A stated the resident was diagnosed with [redacted] and he was still at the hospital.

Review of Resident 1's face sheet showed the resident admitted to the facility on [redacted]/2022 with diagnoses including [redacted]. Review of Resident 1's progress notes, dated [redacted]/2023 at 5:46 PM, documented the resident had pain and weakness. Resident 1's private caregiver opted to call 911. Resident was tested for COVID-19 at the hospital on [redacted]/2023 and admitted.

In an interview on 10/03/2023 at 11:00 AM, Staff A stated all staff members had been fit tested for N-95 respirators.

During an interview on 10/03/2023 at 11:04 AM, Staff B, Wellness Director, stated Resident 1 went to the hospital on [redacted]/2023. Staff B said the hospital staff tested the resident for COVID-19 on [redacted]/2023 and informed the assisted living facility that the resident had COVID-19. Staff B stated all staff members had been fit tested for N-95 respirators.

During an interview on 10/03/2023 at 11:10 AM, Staff C, Medication Tech, said it had been over one year since she was fit tested for N-95 respirator.

In an interview on 10/03/2023 at 11:15 AM, Staff D, Caregiver, stated she was fit tested for N-95 respirator in July or August 2023.

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Review of the ALF's respirator fit test records showed Staff C, D, E, F, and G had not been fit tested for an N-95 respirator. The last respirator fit test completed by the ALF for all the ALF's staff was January 2022.

In an interview on 10/03/2023 at 12:08 PM, Staff B said staff members had not been fit tested for N-95 respirator. Staff B stated staff members should have been fit tested for an N-95 respirator when they started orientation and annually. Staff B said it was her and/or the resident care coordinator's responsibility to ensure staff members were fit tested for N-95 respirators. Staff B stated the ALF did not have the equipment to fit test staff members.

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) 11/19/23

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

Administrator (or Representative) — Date: 10/28/23

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 facility failed to report a COVID-19 (Corona Virus Disease 2019- a respiratory illness) outbreak to the Local Health Jurisdiction in accordance with requirements in chapter 246-100 WAC for one of one sampled resident (Resident 1) reviewed. This failure placed the residents at risk for contracting and spreading the disease and unidentified infections.

Findings included...

WAC 246-101-101 Notifiable conditions—Health care providers and health care facilities.. (2) The conditions identified in Table HC-1 are notifiable to public health authorities under this table and chapter. Table HC-1 showed that COVID 19 infections required notification the Local Health Jurisdiction (LHJ).

Review of Resident 1's face sheet showed the resident admitted to the facility on [redacted]/2022 with diagnoses including [redacted]. Review of Resident 1's progress notes, dated [redacted]/2023 at 5:46 PM, documented the resident had pain and

In an interview on 10/03/2023 at 12:08 PM, Staff B said staff members had not been fit tested for N-95 respirator. Staff B stated staff members should have been fit tested for an N-95 respirator when they started orientation and annually. Staff B said it was her and/or the resident care coordinator's responsibility to ensure staff members were fit tested for N-95 respirators. Staff B stated the ALF did not have the equipment to fit test staff members.

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Administrator (or Representative) Date

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Findings included…

WAC 246-101-101 Notifiable conditions—Health care providers and health care facilities…(2) The conditions identified in Table HC-1 are notifiable to public health authorities under this table and chapter. Table HC-1 showed that COVID 19 infections required notification the Local Health Jurisdiction (LHJ).

Review of Resident 1's face sheet showed the resident admitted to the facility on [redacted]/2022 with diagnoses including [redacted]. Review of Resident 1's progress notes, dated [redacted]/2023 at 5:46 PM, documented the resident had pain and

weakness. Resident 1's private caregiver opted to call 911 and Resident 1 was transported to the hospital. Resident 1 was tested for COVID-19 at the hospital on [redacted]/2023 and the resident was positive.

Review of the Department's reporting record showed on [redacted]/2023 Resident 1 was transported to the hospital. The Assisted Living Facility was informed the resident tested positive for COVID-19 and was being admitted to the hospital

In an interview on 10/02/2023 at 11:45 AM, Staff A, Executive Director, said Resident 1 was sent to the hospital and the hospital tested the resident for COVID-19. Staff A stated the resident was diagnosed with [redacted] and was still at the hospital.

In an interview on 10/03/2023 at 11:04 AM, Staff B, Wellness Director, stated Resident 1 went to the hospital on [redacted]/2023. Staff B said the hospital staff tested the resident for COVID-19 on [redacted]/2023 and informed the assisted living facility that the resident had COVID-19.

In an interview on 10/03/2023 at 12:08 PM, Staff B stated the resident was not tested for COVID-19 prior to being transported to the hospital. When asked if the Local Health Jurisdiction had been notified, Staff B said it was her understanding that the assisted living facility was not required to report positive COVID-19 to the Local Health Jurisdiction.

In an interview on 10/05/2023 at 10:28 AM, Collateral Contact 1, Public Health Nurse, stated the assisted living facility was required to report the COVID-19 positive case to the local health jurisdiction and the assisted living facility had not reported.

Plan/Attestation Statement

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Review of the Department's reporting record showed on [redacted]/2023 Resident 1 was transported to the hospital. The Assisted Living Facility was informed the resident tested positive for COVID-19 and was being admitted to the hospital.

In an interview on 10/02/2023 at 11:45 AM, Staff A, Executive Director, said Resident 1 was sent to the hospital and the hospital tested the resident for COVID-19. Staff A stated the resident was diagnosed with [redacted] and was still at the hospital.

In an interview on 10/03/2023 at 11:04 AM, Staff B, Wellness Director, stated Resident 1 went to the hospital on [redacted]/2023. Staff B said the hospital staff tested the resident for COVID-19 on [redacted]/2023 and informed the assisted living facility that the resident had COVID-19.

In an interview on 10/03/2023 at 12:08 PM, Staff B stated the resident was not tested for COVID-19 prior to being transported to the hospital. When asked if the Local Health Jurisdiction had been notified, Staff B said it was her understanding that the assisted living facility was not required to report positive COVID-19 to the Local Health Jurisdiction.

In an interview on 10/05/2023 at 10:28 AM, Collateral Contact 1, Public Health Nurse, stated the assisted living facility was required to report the COVID-19 positive case to the local health jurisdiction and the assisted living facility had not reported.

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