STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

NorthWest HC Columbia Heights (WA) Operator NT-HCI LLC
Avamere at Wenatchee
1550 CHERRY STREET
WENATCHEE, WA 98801

RE: Avamere at Wenatchee License # 2415

Dear Administrator:

This letter addresses Compliance Determination(s) 38031 (Completion Date 03/11/2024) and 35006 (Completion Date 01/23/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/11/2024 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-2730-1-a, WAC 388-78A-2730-1-b

The Department staff who did the on-site verification:
Brittney Shull, Community Complaint Investigator

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Gwin Kaercher

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Avamere at Wenatchee
Provider Type: Assisted Living Facility
License/Cert.#: 2415
Compliance Determination #: 35006
Intake ID: 109993
Investigator: Brittney Shull
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 01/10/2024 through 01/23/2024
Complainant Contact Date(s):

Allegation(s):
The named resident was diagnosed with [redacted].

Investigation Methods:

Sample:	Total residents: 76 Resident sample size: 7 Closed records sample size: 0
Observations:	Environment, Residents, Staff to resident interaction, Infection, Prevention and Control (IPC) practices, Availability of hand sanitizer, Personal Protective Equipment (PPE) Supply.
Interviews:	Residents, Staff, Collateral Contacts.
Record Reviews:	Characteristic Roster, COVID Line List, Incident Report and Investigation, Resident records, Facility Policies.

Investigation Summary:
Observations showed that there was an adequate supply of PPE. Staff were observed to be using appropriate IPC practices. Interview and record review showed that there was an outbreak of a reportable infectious disease. It also showed that respiratory fit testing had expired. Failed practice identified. Reference Statement of Deficiencies, WAC 388-78A-2730(1)(a)(b) dated 01/23/2024.

Conclusion / Action:

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

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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 01/10/2024 and 01/10/2024 of:

Avamere at Wenatchee
1550 CHERRY STREET
WENATCHEE, WA 98801

This document references the following complaint number(s): 109993

The following sample was selected for review during the unannounced on-site visit: 7 of 76 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Brittney Shull, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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.

Gwin Kaercher
Residential Care Services

01/30/2024
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)

2-9-24
Date

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(a) The operation of the assisted living facility;

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement Federal and State regulated standards of a Respiratory Protection Program (RPP) by respiratory mask fit testing for staff. This placed 76 of 76 residents, staff and visitors at risk for exposure to SARS-CoV-2, the virus responsible for COVID-19 (an infectious disease by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death.)

Findings included...

NOTE: Washington Administrative Code (WAC) 296-842-12005 states that all long-term care facilities are required to develop and maintain an RPP.

NOTE: Washington Administrative Code (WAC) 296-842-15005 states that respiratory fit is an activity where the seal of a respiratory is tested to determine if it's adequate. It also sates that fit testing should be provided before employees are assigned duties that may require the use of respirators and at least every twelve months after initial testing.

NOTE: In a "Dear Administrator," letter, dated 09/14/2023, the Department informed ALFs of their responsibility to identify respiratory hazards of the workplace and provide appropriate respiratory protection equipment by following regulations pertaining to respiratory protection (WAC 296-842 and OSHA 1910.134). It further stated that the Department of Health (DOH) would no longer be preforming fit testing. It lastly stated that it would provide training so that ALFs could conduct their own fit testing and these resources would be available through June 30th, 2024.

A record review of an undated Resident Characteristics Roster showed that the ALF was providing care and services to 76 residents.

A record review of a document titled, "Respiratory Protection Program for use by Healthcare Facilities," dated 08/2020 stated that the use of respirators at the ALF was used protect against transmission of the SARS-COV-2 virus. It further stated that every employee who must wear a respirator would be provided a medical evaluation and fit tested before they were allowed to use a respirator. It lastly stated that fit testing would be repeated with accordance to State and Federal guidance.

In an interview on 01/10/2024 at 11:26 AM, Staff A, Executive Director stated that 7 residents had tested positive for COVID-19 between the dates of 12/13/2023 and 12/21/2023. They further stated that fit testing had last been done in 2022. They lastly stated that they were unsure if they had appropriate credentials to preform fit testing, so they had not done it for staff. Staff A stated the Local Health Jurisdiction (LHJ) was unable to provide resources for fit testing.

In an interview on 01/10/2023 at 12:39 PM, Staff F, Caregiver stated they had been working at the ALF in December 2023 and had to don (put on) PPE including an N95 respirator to enter residents' rooms that were in COVID-19 isolation precautions (protective measures to prevent the spread of infection diseases). They further stated that they did not know what fit testing was, had never been fitted for to ensure the N95 respirator has a proper seal on their face, and that they did not know respirators could come in different sizes.

In an interview on 01/10/2023 at 12:39 PM, Staff G, Caregiver stated they had also been working at the ALF in December 2023 and had to don PPE including an N95 respirator to enter residents' rooms that were in COVID-19 isolation precautions. They stated that they had also never been fit tested.

A record review of an e-mail dated 01/19/2024 from Staff B, Director of Health Services, showed that they did not have the requested fit testing documents for Staff C, Medication Technician, Staff D, Caregiver, Staff E Business Office Manager, Staff F or Staff G.

In an interview on 01/23/2024 at 2:06 PM, Staff C stated they were working at the ALF in December of 2023 and had to don PPE including an N95 respirator to enter residents' rooms that were in COVID-19 isolation precautions. They further stated that they do not recall when they last had been fit tested for an N95.

A record review of an e-mail dated 01/23/2024 from Staff B showed that they also did not have records of medical evaluations for use of a respirators for Staff C, Staff D, Staff E, Staff F or Staff G.

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 Wenatchee is or will be in compliance with this law and / or regulation on (Date) 3-8-24 .

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

Gillen A Jatt — 2-9-24

Administrator (or Representative) — Date