STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

SSA VI, LLC
Memory Haven Sumner
5107 Parker Rd E
Sumner, WA 98390

RE: Memory Haven Sumner License # 2421

Dear Administrator:

This letter addresses Compliance Determination(s) 38956 (Completion Date 03/29/2024) and 31429 (Completion Date 12/20/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/29/2024 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-2610-1

The Department staff who did the on-site verification:
Nareet Bajwa, NCI-ALF Complaint Investigator

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Cory Cisneros
for
Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Memory Haven Sumner
Provider Type: Assisted Living Facility
License/Cert.#: 2421
Compliance Determination #: 31429
Intake ID: 101437
Investigator: Nareet Bajwa
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 10/20/2023 through 12/20/2023
Complainant Contact Date(s):

Allegation(s):
COVID positive

Investigation Methods:

Sample:	Total residents: 23 Resident sample size: Closed records sample size:
Observations:	General environment Residents in their rooms Staff-to-resident interactions Resident-to-resident interactions Resident behaviors Care equipment Infection prevention and control assessment
Interviews:	staff
Record Reviews:	Resident Characteristic Roster Facility P & P fit testing record

Investigation Summary:
Per interviews and record reviews, the Assisted Living Facility (ALF) failed to fit test for sampled staff annually or before employees are assigned duties to provide care to residents with Coronavirus 19. Failed facility practice identified. See Statement of Deficiency dated 12/20/2023.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2421	Compliance Determination # 31429
Plan of Correction	Memory Haven Sumner	Completion Date
Page 1 of 3	Licensee: SSA VI, LLC	12/20/2023

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 10/20/2023 and 10/20/2023 of:

Memory Haven Sumner
5107 Parker Rd E
Sumner, WA 98390

This document references the following complaint number(s): 101437

The following sample was selected for review during the unannounced on-site visit: 0 of 23 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Nareet Bajwa, NCI-ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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 — 12/21/2023 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 #: 2421	Compliance Determination # 31429
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Administrator (or Representative) 12/29/23 Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to fit test all 30 staff at least every 12 months after initial testing or before employees are assigned duties to provide care to residents with Coronavirus 19 (a highly communicable pathogen). This placed 23 of 23 residents as well as staff and visitors to the facility at risk of potential harm during a Coronavirus 19 outbreak.

Findings Included...

WAC 296-842-15005
Conduct fit testing.
(2) This section covers general requirements for fit testing. Specific fit testing procedures are covered in 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.

Record review of the facility's policy "Coronavirus/COVID-19 Preparedness and Response Plan" updated on 07/03/2022 stated "Fit testing of N95 respirators: If an N95 respirator is going to be used, CDC guidance and OSHA regulations normally require that it be fit tested. A fit test tests the seal between the respirator facepiece and wearer's face. This must be tested for each manufacturer, model and size of respirator and must be retested annually."

Record review of the facility's "Respirator Fit Test Record" showed that facility failed the annual retesting of the N95 respirator (a particulate-filtering facepiece respirator) fit test (test to check whether a respirator fits the face of someone who wears it) for all staff.

During an interview on 10/20/2023 at 2:52pm, Staff B, Medication Technician stated that N95 fit testing was not done.

During an interview on 10/20/2023 at 3:38pm, Staff A, Executive Director was asked if all

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staff N95 fit testing was done. Staff A stated that she was here since last year and it was not done. Staff A stated that she is scheduling N95 fit testing 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, Memory Haven Sumner is or will be in compliance with this law and / or regulation on (Date) 2/2/24.

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

Donna Wing
Administrator (or Representative)

12/26/23
Date

December 28, 2023

Manfay Chan, Field Manager
Residential Care Services
Region 3, Unit D
PO Box 99250
Lakewood, Wa 98496

Re: Citation dated December 21, 2023

WAC 296-842-15005 Medication services. Conduct Fit Testing. (2) This section covers general requirements for fit testing. Specific fit testing procedures are covered in 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.

- Executive Director, Business Office Manager, and Wellness Director will be trained to perform fit testing through the Department of Health.
- BOM or Wellness Director will provide fit testing when onboarding new employees before they perform assigned duties.
- BOM will control the fit testing date logs to ensure testing is done every 12 months.

Donna Wing

Donna Wing, Executive Director

12/29/23
Date