STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

HSP - Harbour Point LLC
Mukilteo Memory Care
4686 Pointes Dr
Mukilteo, WA 98275

RE: Mukilteo Memory Care License # 2426

Dear Administrator:

This letter addresses Compliance Determination(s) 32318 (Completion Date 11/29/2023) and 29480 (Completion Date 09/20/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/29/2023 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 off-site verification:
Hayley Pinkham, ALF Licensor

If you have any questions, please contact me at (425)670-6070.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Mukilteo Memory Care
Provider Type: Assisted Living Facility
License/Cert.#: 2426
Compliance Determination #: 29480
Intake ID: 96307
Investigator: Hayley Pinkham
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 09/14/2023 through 09/20/2023
Complainant Contact Date(s):

Allegation(s):
1) The Assisted Living Facility (ALF) has positive COVID cases.

Investigation Methods:

Sample:	Total residents: 59 Resident sample size: 2 Closed records sample size:
Observations:	Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff
Record Reviews:	Facility policies

Investigation Summary:
1) Observation, interview, and record review showed the ALF followed Covid guidelines for testing, reporting, and screening for residents and staff. The ALF notified the department and followed DOH guidance for identifying residents for possible need of quarantine. Interview and record review showed ALF caregivers were not fit tested for N95 respirators. The ALF did not implement the Respiratory Protection Program. Deficient practice identified.

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 #: 2426	Compliance Determination # 29480
Plan of Correction	Mukilteo Memory Care	Completion Date
Page 1 of 4	Licensee: HSP - Harbour Point LLC	09/20/2023

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 09/14/2023 and 09/14/2023 of:

Mukilteo Memory Care
4686 Pointes Dr
Mukilteo, WA 98275

This document references the following complaint number(s): 96307, 96731

The following sample was selected for review during the unannounced on-site visit: 2 of 59 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Hayley Pinkham, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Jamie Singer
Residential Care Services

9/25/2023
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 #: 2426	Compliance Determination # 29480
Plan of Correction	Mukilteo Memory Care	Completion Date
Page 2 of 4	Licensee: HSP - Harbour Point LLC	09/20/2023

Administrator (or Representative) 9/29/2023 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 follow a Respiratory Protection Program (RPP) by ensuring staff were fit-tested for the appropriate respirator masks annually. This failure placed 59 residents at risk for exposure to COVID -19 (is 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) and may have contributed to a COVID-19 outbreak in the facility.

Findings included...

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

NOTE: Review of a "Dear Administrator" letter, dated 04/30/2021, showed the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined by Department of Health as a "federal and state OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards." The ALF were required to provide initial fit-tests for each Health Care Worker (HCW) with the same model, style, and size respirator that the HCW would be required to wear for protection against COVID-19 and airborne hazards, and annually thereafter. The ALF were required to provide fit-tested respirators, such as N95, to all HCWs with the potential to have contact with residents with known or suspected COVID-19.

Record review of the ALF's policy, "Respiratory Protection Protocol" dated March 2021, showed the ALF's respiratory program administrator was Staff A (Executive Director). The policy showed the program administrator's duties were to oversee the development of the respiratory program and make sure it was carried out at the workplace. The policy showed the administrator would evaluate the program regularly to make sure procedures were followed, respirator use was monitored, and respirators continued to provide adequate

protection.

In interview, on 09/14/2023 at 12:17 PM, Staff A (Executive Director) stated 26 out of 59 residents had tested positive for COVID during a current outbreak in the facility.

Record review of the ALF's RPP documents showed the ALF had 33 HCW that provided direct care to residents. The RPP documents showed 25 of the 33 HCWs had not been fit testing for a respirator mask. The RPP documents showed eight HCW fit tests were conducted over a year ago and had expired.

In interview, on 09/14/2022 at 12:59 PM, Staff B (Medication Technician) stated she worked at the ALF for over a year. Staff B stated she not been fit tested for a respirator mask. Staff B stated many of the caregivers had not been fit-tested for respirator masks.

In interview, on 09/14/2022 at 1:08 PM, Staff C (Caregiver) stated she had been fit tested for a N95 respirator mask over a year ago at another facility. Staff C stated the ALF did not request proof of her certification for fit testing upon hire. Staff C stated she used a generic respirator mask while providing care to COVID positive residents. Staff C was not sure if the generic respirator mask fit her properly for adequate protection.

In interview, on 09/14/2022 at 1:13 PM, Staff D (Caregiver) stated she had worked at the ALF for 6 months. Staff D stated she had not been fit tested for a respirator mask.

In interview, on 09/14/2022 at 1:23 PM, Staff E (Resident Care Coordinator) stated she had been fit tested for a respirator mask, but it had been, "over a year." Staff E confirmed that some of the staff had not been fit tested for respirator mask use.

In interview, on 09/20/2023 at 11:34 AM, Staff A stated she was responsible for scheduling fit testing for the HCWs. Staff A confirmed that 25 of the 33 HCWs had not been fit testing for a respirator mask. Staff A stated, "I don't have reason for you."

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, Mukilteo Memory Care is or will be in compliance with this law and / or regulation on (Date) 10/20/2023 .

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

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[signature]	9/29/2023
Administrator (or Representative)	Date