STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

White House Inc
Whitehouse Inc
1534 N Cedar St
Spokane, WA 99201

RE: Whitehouse Inc License # 2431

Dear Administrator:

This letter addresses Compliance Determination(s) 45771 (Completion Date 08/15/2024) and 43351 (Completion Date 06/28/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/15/2024 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-b, WAC 388-78A-2484-2, WAC 388-78A-2484, WAC 388-78A-2484-1

The Department staff who did the on-site verification:
Carla Rose, NCI Community Licensor

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

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Statement of Deficiencies	License #: 2431	Compliance Determination # 43351
Plan of Correction	Whitehouse Inc	Completion Date
~~Page 1 of 4~~	~~Licensee: White House Inc~~	~~06/28/2024~~

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 the unannounced on-site full inspection on 06/27/2024 and 06/28/2024 of:
Whitehouse Inc
1534 N Cedar St
Spokane, WA 99201

The following sample was selected for review during the unannounced on-site visit: 5 of 23 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

~~Carla Rose, NCI Community Licensor~~

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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 — 07/03/2024 (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.

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Residential Care Services _____ Date _____

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Administrator (or Representative)

7/15/24
Date

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

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

(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 facility failed to ensure staff were medically cleared and fit tested for 5 of 5 sampled staff (Staff A, B, C, D, and E). This failure placed residents at risk for respiratory infection.

Findings Included...

Per WAC 296-842-14005, medical evaluations must be conducted before employees are fit tested.

Per WAC 296-842-15005, fit testing (test completed by specially trained personnel to ensure N95 masks seal effectively reducing chance of exposure to respiratory viruses) is an activity where the seal of a respirator is tested to determine if it's adequate. Fit testing must be conducted before employees are assigned duties that may require the use of respirators and completed at least every twelve months after initial testing.

Review of a Department of Social and Health Services provider letter, dated 09/14/2023, showed that employers in long term care settings were responsible to "follow regulations pertaining to respiratory protection" including respirator fit testing for long term care workers.

Review of Staff A's, Home Care Aide (HCA), undated personnel file showed it did not contain records for a medical evaluation or fit testing.

Review of Staff B's, Home Care Aide (HCA), undated personnel file showed it did not contain records for a medical evaluation or fit testing.

Review of Staff C's, Home Care Aide (HCA), undated personnel file showed it did not contain records for a medical evaluation or fit testing.

Administrator (or Representative) Date

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Review of a Department of Social and Health Services provider letter, dated 09/14/2023, showed that employers in long term care settings were responsible to “follow regulations pertaining to respiratory protection” including respirator fit testing for long term care workers.

Review of Staff A’s, Home Care Aide (HCA), undated personnel file showed it did not contain records for a medical evaluation or fit testing.

Review of Staff B’s, Home Care Aide (HCA), undated personnel file showed it did not contain records for a medical evaluation or fit testing.

Review of Staff C’s, Home Care Aide (HCA), undated personnel file showed it did not contain records for a medical evaluation or fit testing.

Review of Staff D's, Nurse Assistance Certified (NAC), undated personnel file showed it did not contain records for a medical evaluation or fit testing.

Review of Staff E's, Cook, undated personnel file showed it did not contain records for a medical evaluation or fit testing.

In an interview on 06/27/2024 at 9:15 AM, Staff F, Manager, stated that staff were not current with their fit testing and new staff did not have their medical evaluation clearance for respirator use. Staff F further stated that they no longer conducted medical evaluations or fit tests and were unaware that it was still a requirement.

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, Whitehouse Inc is or will be in ~~compliance with this law and / or regulation on~~ (Date) 8/10/24.

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

Administrator (or Representative) — Date: 7/15/24

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff were tested for tuberculosis within three days of employment and failed to ensure a second tuberculosis test was done within one to three weeks after the first test for 1 of 5 sampled staff (Staff A). This failure placed residents at risk of exposure to tuberculosis.

Findings included...:

Review of Staff A's, Home Care Aid (HCA), personnel file showed they were hired on

Review of Staff D's, Nurse Assistance Certified (NAC), undated personnel file showed it did not contain records for a medical evaluation or fit testing.

Review of Staff E's, Cook, undated personnel file showed it did not contain records for a medical evaluation or fit testing.

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(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff were tested for tuberculosis within three days of employment and failed to ensure a second tuberculosis test was done within one to three weeks after the first test for 1 of 5 sampled staff (Staff A). This failure placed residents at risk of exposure to tuberculosis.

Findings included…

Review of Staff A's, Home Care Aid (HCA), personnel file showed they were hired on

06/29/2023. Staff A's tuberculosis (TB, a communicable respiratory disease) record showed their first TB test was conducted on 07/17/2023, 18 days after they were hired. Further review showed their second TB test was conducted on 08/30/2023, six weeks after the first step.

In an interview on 06/27/2024 at 2:00 PM, Staff F, Manager, stated that they kept track of TB test dates for new staff, but Staff A's test had been overlooked.

This is a recurring deficiency previously cited on 03/29/2023.

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Administrator (or Representative) — Date 7/15/24

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