STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

HIGH POINT VILLAGE INC
High Point Village
2020 A St SE Suite 101
Auburn, WA 98002

RE: High Point Village License # 2432

Dear Administrator:

This letter addresses Compliance Determination(s) 61721 (Completion Date 06/26/2025) and 58673 (Completion Date 05/05/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/26/2025 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-2270-1, WAC 388-78A-2485-1, WAC 388-78A-2485-3

The Department staff who did the on-site verification:
Kathy Young, Licensor

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 04/28/2025 of:
High Point Village
1777 Highpoint St
Enumclaw, WA 98022

This document references the following SOD dated: 05/05/2025

The following sample was selected for review during the unannounced on-site visit: 0 of 68 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jane Hermano, NCI
Kathy Young, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 2432	Compliance Determination # 58673
Plan of Correction	High Point Village	Completion Date
Page 2 of 6	Licensee: HIGH POINT VILLAGE INC	05/05/2025

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.

Laurie Anderson — Residential Care Services

05/12/2025 — 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.

Laura Lester RSJ — Administrator (or Representative)

5/27/25 — Date

WAC 388-78A-2270 Resident controlled medications.

(1) The assisted living facility must ensure all medications are stored in a manner that prevents each resident from gaining access to another resident's medications.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 4 of 4 residents (Resident 1, Resident 10, Resident 11, and Resident 12) kept all their resident-controlled medications in a locked location. This failure placed all 47 assisted living residents at risk of compromised health if they accessed and ingested medications prescribed for other residents.

Findings included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/10/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 04/24/2025.

Review of the facility's standard operating procedure titled, "Medication Management Program", dated 02/10/2023, showed the facility ensured all medications were safely and securely stored.

RESIDENT 1
Review of Resident 1's record showed the facility admitted Resident 1 in [redacted] 2024. Review of Resident 1's Medication Assessment, dated 09/05/2024, showed Resident 1 agreed to keep their apartment door locked and agreed to keep all medications in the locked drawer. Resident 1's Negotiated Service Agreement (NSA), dated 08/20/2024,

showed the facility approved Resident 1 for independent medication administration.

Observation of Resident 1's apartment on 04/28/2025 at 11:57 AM, showed Resident 1 kept eight prescription bottles and one nonprescription pain killer unlocked, on the kitchen counter located next to the front door.

During an interview on 04/28/2025 at 11:57 AM, Resident 1 stated that they were independent with their medications. Resident 1 stated that they were unaware their medications were required to be locked up.

RESIDENT 10
Review of Resident 10's record showed the facility admitted Resident 10 in [redacted] 2025.

Review of Resident 10's Medication Assessment, dated 04/24/2025, showed Resident 10 agreed to keep their apartment door locked and agreed to keep all medications in the locked drawer. Resident 10's NSA, dated 04/21/2025, showed the facility approved Resident 10 for independent medication administration.

Observation of Resident 10's apartment on 04/28/2025 at 12:03 PM, showed Resident 10 kept prescription medication bottles on a table next to the front door.

During an interview on 04/28/2025 at 12:03 AM, Resident 10 stated that they were independent with their medications. Resident 10 stated that the facility had not provided lockable storage for their medications.

RESIDENT 11
Review of Resident 11's Medication Assessment, dated 03/23/2025, showed Resident 11 agreed to keep their apartment door locked and agreed to keep all medications in the locked drawer. Resident 11's NSA, dated 02/20/2025, showed the facility approved Resident 11 for independent medication administration.

Observation of Resident 11's apartment on 04/28/2025 at 12:13 PM, showed Resident 11 kept their door unlocked. Observation showed Resident 11 stored their medications on the kitchen counter located next to the front door.

During an interview on 04/28/2025 at 12:13 PM, Resident 11 stated that they always kept their apartment door unlocked. Resident 11 stated that the facility had not provided lockable storage for their medications.

RESIDENT 12
Review of Resident 12's records showed the facility admitted Resident 12 and their spouse in [redacted] 2025.

Review of the Resident Characteristic Roster, dated 04/28/2025, showed Resident 12 and Resident 13 lived in the same apartment. The roster showed Resident 12's spouse was diagnosed with [redacted].

Review of Resident 12's Medication Assessment, dated 02/24/2025, showed Resident 12 agreed to keep their apartment door locked and agreed to keep all medications in the locked drawer. Resident 12's NSA, dated 02/05/2025, showed the facility approved Resident 12 for independent medication administration.

Observation of Resident 12 and Resident 13's apartment on 04/28/2025 at 12:20 PM, showed Resident 12 and Resident 13 inside their apartment, with the front door wide open.

During an interview on 04/28/2025 at 12:20 PM, Resident 12 stated that they stored their medications in the unlocked medicine cabinet located in the apartment's bathroom. Resident 12 stated that that the facility had not provided lockable storage for their medications. Resident 12 stated the facility had not informed them that they needed to keep their medications locked. Resident 12 stated that other than when they were in bed, the apartment door remained unlocked.

During an interview on 03/04/2025 at 12:39 PM, Staff B, Corporate Director of Wellness, stated that when assessments were completed, residents were evaluated for their ability to keep their medications locked up. Staff B stated that they were unaware there were residents who did not lock up their medications.

This is an uncorrected deficiency previously cited on 03/10/2025 for subsection 1.

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, High Point Village is or will be in compliance with this law and / or regulation on (Date) 06/19/2025 .

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

Angie Howells
Administrator (or Representative)

5/12/2025
Date

WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

(1) Ensure that the staff person has a chest X-ray within seven days;

(3) Follow the recommendation of the resident or staff person's health care provider.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 1 staff (Staff C) who tested positive for Tuberculosis (TB), obtained and followed the recommendation of their health care provider. This failure placed all 68 residents at risk of contracting a contagious illness.

Findings included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/10/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 04/24/2025.

Review of the facility's Standard Operating Procedure titled, "Tuberculosis Testing", dated 05/01/2020, showed all employees would complete screening for TB in accordance with State regulations.

Review of the facility's employee roster showed the facility hired Staff C, Caregiver, on 11/15/2023 to provide direct care and services to the residents.

Review of Staff C's employee file showed on 11/16/2023, step one of the TB skin tests was read with the results noted as "concerning". No induration (a raised hardened skin reaction measured in millimeters) was noted. The records showed Staff C received a chest X-ray on 12/07/2023, 21 days after the one-step TB test was read. There was no documentation that showed Staff C obtained and followed the recommendation of their health care provider.

During an interview on 04/28/2025 at 1:44 PM, Staff Q, Administrative Assistant, stated that there was no record Staff C obtained a recommendation from their healthcare provider.

During an interview on 02/28/2025 at 11:47 AM, Staff B, Corporate Director of Wellness, stated that staff were confused by state TB regulations and did not understand when the TB tests needed to be administered. Staff B stated that there was no documentation that showed Staff C obtained and followed the recommendation of their health care provider.

Statement of Deficiencies	License #: 2432	Compliance Determination # 58673
Plan of Correction	High Point Village	Completion Date
Page 6 of 6	Licensee: HIGH POINT VILLAGE INC	05/05/2025

This is an uncorrected deficiency previously cited on 03/10/2025 for subsection (1) and (3).

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, High Point Village is or will be in compliance with this law and / or regulation on (Date) 06-19-2025.

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

Angie Howells

Administrator (or Representative) Date 5-12-2025

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 02/27/2025 and 03/04/2025 of:

High Point Village
1777 Highpoint St
Enumclaw, WA 98022

The following sample was selected for review during the unannounced on-site visit: 7 of 67 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jane Hermano, NCI
Kathy Young, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 2432	Compliance Determination # 55465
Plan of Correction	High Point Village	Completion Date
Page 2 of 15	Licensee HIGH POINT VILLAGE INC	03/10/2025

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.

Laurie Anderson
Residential Care Services

03/13/2025
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.

Angie Howell
Administrator (or Representative)

3/17/2025
Date

WAC 388-78A-2270 Resident controlled medications.

(1) The assisted living facility must ensure all medications are stored in a manner that prevents each resident from gaining access to another resident's medications.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 1 of 2 residents (Resident 1) kept all their resident-controlled medications in a locked location. This failure placed all 49 assisted living residents at risk of compromised health if they accessed and ingested medications prescribed for other residents.

Findings included...

Review of the facility's standard operating procedure titled, "Medication Management Program", dated 02/10/2023, showed the facility ensured all medications were safely and securely stored.

Review of Resident 1's record showed the facility admitted Resident 1 in [redacted] 2024. Review of Resident 1's Medication Assessment, dated 08/20/2024 and 08/05/2024, showed Resident 1 agreed to keep their apartment door locked and agreed to keep all medications in the locked drawer. Resident 1's Negotiated Service Agreement, dated 08/20/2024, showed the facility approved Resident 1 for independent medication administration.

Observation on 03/03/2025 at 9:15 AM, showed Resident 1's front door was unlocked.

During an interview on 03/03/2025 at 9:15 AM, Resident 1 stated that they were

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.

Laurie Anderson
Residential Care Services

03/13/2025
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)

Date

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(1) The assisted living facility must ensure all medications are stored in a manner that prevents each resident from gaining access to another resident's medications.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 1 of 2 residents (Resident 1) kept all their resident-controlled medications in a locked location. This failure placed all 49 assisted living residents at risk of compromised health if they accessed and ingested medications prescribed for other residents.

Findings included...

Review of the facility's standard operating procedure titled, "Medication Management Program", dated 02/10/2023, showed the facility ensured all medications were safely and securely stored.

Review of Resident 1's record showed the facility admitted Resident 1 in [redacted] 2024. Review of Resident 1's Medication Assessment, dated 08/20/2024 and 09/05/2024, showed Resident 1 agreed to keep their apartment door locked and agreed to keep all medications in the locked drawer. Resident 1's Negotiated Service Agreement, dated 08/20/2024, showed the facility approved Resident 1 for independent medication administration.

Observation on 03/03/2025 at 9:15 AM, showed Resident 1's front door was unlocked.

During an interview on 03/03/2025 at 9:15 AM, Resident 1 stated that they were

independent with their medications. Resident 1 stated that there was a problem with their front door lock, so they typically left the door unlocked. Resident 1 stated that although they had locked storage within the apartment, they did not use it.

During an interview on 03/04/2025 at 12:39 PM, Staff B, Corporate Director of Wellness, stated that residents were evaluated during their assessment for whether they would keep their medications locked.

During an interview on 03/04/2025 at 12:57 PM, Staff A, Senior Executive Director, stated that when Resident 1 was unable to gain entry in their apartment with their key, Staff H, Maintenance Director, attempted to assist Resident 1 multiple times. Staff A stated that maintenance was unable to find anything wrong with the lock.

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, High Point Village is or will be in compliance with this law and / or regulation on (Date) 4/24/2025.

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

Angie Howell — Administrator (or Representative)

3/17/2025 — Date

WAC 246-215-02410 Hair restraints Effectiveness (FDA Food Code 2-402.11).

(1) Except as provided in subsection (2) of this section, food employees shall wear short hair or use hair restraints such as hats, hair coverings or nets, rubber bands, or hair clips to keep their hair off the face and behind their shoulders, and clothing that covers body hair to protect exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 1 of 1 staff (Staff J) in the memory care unit restrained their hair as they plated resident food. This failure placed all 67 residents at risk for food contamination and a lowered quality of life.

independent with their medications. Resident 1 stated that there was a problem with their front door lock, so they typically left the door unlocked. Resident 1 stated that although they had locked storage within the apartment, they did not use it.

During an interview on 03/04/2025 at 12:39 PM, Staff B, Corporate Director of Wellness, stated that residents were evaluated during their assessment for whether they would keep their medications locked.

During an interview on 03/04/2025 at 12:57 PM, Staff A, Senior Executive Director, stated that when Resident 1 was unable to gain entry in their apartment with their key, Staff H, Maintenance Director, attempted to assist Resident 1 multiple times. Staff A stated that maintenance was unable to find anything wrong with the lock.

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, High Point Village 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

WAC 246-215-02410 Hair restraints Effectiveness (FDA Food Code 2-402.11).

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WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 1 of 1 staff (Staff J) in the memory care unit restrained their hair as they plated resident food. This failure placed all 67 residents at risk for food contamination and a lowered quality of life.

Findings included...

Review of the facility's Standard Operating Procedure titled, "Dining Services Dress Code", dated 03/10/2015, showed staff must have "appropriate hair restraint".

Observations on 03/03/2025 between 12:12 PM and 12:25 PM, showed Staff J, Med Tech, in the memory care kitchen. Observation showed Staff J plated the residents' meals from the hot holding bins. Staff J's long hair was unrestrained, hung a few inches below their shoulders, and fell forward as they looked down to scoop food onto each resident's plate.

During an interview on 03/30/2025 at 12:25 PM, Staff B, Corporate Director of Wellness, stated that they observed Staff J with their hair down. Staff B stated that the facility's practice was for staff to only handle food with restrained hair.

During an interview on 03/30/2025 at 12:50 PM, Staff K, Dining Supervisor, stated that the facility required staff who worked with food wear a hair net or have their hair pulled back.

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, High Point Village is or will be in compliance with this law and / or regulation on (Date) 4/24/2025

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

Angie Howell
Administrator (or Representative)

3/17/2025
Date

WAC 388-112A-0105 Who is required to obtain home care aide certification and by when? Unless exempt under WAC 246-980-025 , the following individuals must be certified by the department of health as a home care aide within the required time frames:

(1) All long-term care workers, within two hundred days of the date of hire;

WAC 388-78A-2474 Training and home care aide certification requirements.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Findings included...

Review of the facility's Standard Operating Procedure titled, "Dining Services Dress Code", dated 03/10/2015, showed staff must have "appropriate hair restraint".

Observations on 03/03/2025 between 12:12 PM and 12:25 PM, showed Staff J, Med Tech, in the memory care kitchen. Observation showed Staff J plated the residents' meals from the hot holding bins. Staff J's long hair was unrestrained, hung a few inches below their shoulders, and fell forward as they looked down to scoop food onto each resident's plate.

During an interview on 03/30/2025 at 12:25 PM, Staff B, Corporate Director of Wellness, stated that they observed Staff J with their hair down. Staff B stated that the facility's practice was for staff to only handle food with restrained hair.

During an interview on 03/30/2025 at 12:50 PM, Staff K, Dining Supervisor, stated that the facility required staff who worked with food wear a hair net or have their hair pulled back.

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

_____ _____

Administrator (or Representative) Date

WAC 388-112A-0105 Who is required to obtain home care aide certification and by when? Unless exempt under WAC 246-980-025 , the following individuals must be certified by the department of health as a home care aide within the required time frames:

(1) All long-term care workers, within two hundred days of the date of hire;

WAC 388-78A-2474 Training and home care aide certification requirements.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Statement of Deficiencies	License #: 2432	Compliance Determination # 55465
Plan of Correction	High Point Village	Completion Date
Page 6 of 15	Licensee: HIGH POINT VILLAGE INC	03/10/2025

Based on interview and record review, the facility failed to ensure 1 of 1 Caregivers (Staff E), hired without home care aide (HCA) certification, completed their certification within 200 days of hire. This failure placed all 67 residents at risk of receiving care from an untrained caregiver.

Findings included...

Review of the Caregiver Job Description, dated 12/22/2008, showed caregivers were responsible for providing daily care to residents while supporting the highest functional level of each resident.

Review of the facility's employee roster showed the facility hired Staff E, Caregiver, on 02/05/2024 to provide direct care and services to the residents.

Review of Staff E's employee file showed no documentation Staff E completed their HCA certification.

Review of the facility's care schedules from December 2024 through February 2025, showed Staff E worked five shifts per week as a caregiver.

During an interview on 02/28/2025 at 11:47 AM, Staff B, Corporate Director of Wellness, stated that they were previously unaware Staff E had not completed their HCA certification due in August 2024. Staff B stated that they were recently informed that Staff E canceled their HCA testing three times and never took the exam.

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, High Point Village is or will be in compliance with this law and / or regulation on (Date) 4/24/2025 .

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

Angie Howell — Administrator (or Representative)

3/17/2025 — Date

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:

Based on interview and record review, the facility failed to ensure 1 of 1 Caregivers (Staff E), hired without home care aide (HCA) certification, completed their certification within 200 days of hire. This failure placed all 67 residents at risk of receiving care from an untrained caregiver.

Findings included...

Review of the Caregiver Job Description, dated 12/22/2008, showed caregivers were responsible for providing daily care to residents while supporting the highest functional level of each resident.

Review of the facility's employee roster showed the facility hired Staff E, Caregiver, on 02/05/2024 to provide direct care and services to the residents.

Review of Staff E's employee file showed no documentation Staff E completed their HCA certification.

Review of the facility's care schedules from December 2024 through February 2025, showed Staff E worked five shifts per week as a caregiver.

During an interview on 02/28/2025 at 11:47 AM, Staff B, Corporate Director of Wellness, stated that they were previously unaware Staff E had not completed their HCA certification due in August 2024. Staff B stated that they were recently informed that Staff E canceled their HCA testing three times and never took the exam.

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

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 1 of 3 care staff (Staff E) completed the two-step Tuberculosis (TB) testing within the required time frame. This failure placed all 67 residents at risk of contracting Tuberculosis, an infectious respiratory illness.

Findings included...

Review of the facility's Standard Operating Procedure titled, "Tuberculosis Testing", dated 05/01/2020, showed staff were administered a TB skin test within three days of starting work.

Review of the facility's employee roster showed the facility hired Staff E, Caregiver, on 02/05/2024 to provide direct care and services to the residents.

Review of Staff E's employee file showed Staff E's one step TB skin test was administered on 01/31/2024, five days prior to hire. The records showed the second TB step skin test was administered on 02/26/2024, seven days past the required three-week time allowed.

During an interview on 02/28/2025, Staff B, Corporate Director of Wellness, stated that the state TB regulations were confusing for staff to understand when the TB tests needed to be administered.

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, High Point Village is or will be in compliance with this law and / or regulation on (Date) 4/24/2025

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

Angie Howells
Administrator (or Representative)

3/17/2025
Date

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(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 1 of 3 care staff (Staff E) completed the two-step Tuberculosis (TB) testing within the required time frame. This failure placed all 67 residents at risk of contracting Tuberculosis, an infectious respiratory illness.

Findings included...

Review of the facility's Standard Operating Procedure titled, "Tuberculosis Testing", dated 05/01/2020, showed staff were administered a TB skin test within three days of starting work.

Review of the facility's employee roster showed the facility hired Staff E, Caregiver, on 02/05/2024 to provide direct care and services to the residents.

Review of Staff E's employee file showed Staff E's one step TB skin test was administered on 01/31/2024, five days prior to hire. The records showed the second TB step skin test was administered on 02/28/2024, seven days past the required three-week time allowed.

During an interview on 02/28/2025, Staff B, Corporate Director of Wellness, stated that the state TB regulations were confusing for staff to understand when the TB tests needed to be administered.

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

WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

(1) Ensure that the staff person has a chest X-ray within seven days;

(3) Follow the recommendation of the resident or staff person's health care provider.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure 1 of 1 staff (Staff C) who tested positive for Tuberculosis (TB), received a chest X-ray within seven days, and obtained and followed the recommendation of their health care provider. This failure placed all 67 residents at risk for contracting a contagious illness.

Findings included...

Review of the facility's Standard Operating Procedure titled, "Tuberculosis Testing", dated 05/01/2020, showed all employees would complete screening for TB in accordance with State regulations.

Review of the facility's employee roster showed the facility hired Staff C, Caregiver, on 11/15/2023 to provide direct care and services to the residents.

Review of Staff C's employee file showed on 11/16/2023, step one of the TB skin tests was read with the results noted as "concerning". No induration (a raised hardened skin reaction measured in millimeters) was noted. The records showed Staff C received a chest X-ray on 12/07/2023, 21 days after the one-step TB test was read. Staff C's "Tuberculosis Testing-Screening" form showed a medical doctor (MD) statement or proof of therapy was required. Staff C's file contained no documentation Staff C obtained and followed the recommendation of their health care provider.

Observation on 02/28/2025 at 8:38 AM, showed Staff C passed medications to assisted living residents. Observation on 03/04/2025 at 10:26 AM, showed Staff C passed medications to memory care residents.

During an interview on 02/28/2025 at 11:47 AM, Staff B, Corporate Director of Wellness, stated that the state TB regulations were confusing for staff to understand when the TB tests needed to be administered. Staff B stated that they were unaware Staff C was late to obtain an X-ray. Staff B stated that there was no documentation that showed Staff C obtained and followed the recommendation of their health care provider.

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, High Point Village is or will be in compliance with this law and / or regulation on (Date) 4/24/2025 .

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

Angie Howells — Administrator (or Representative)

3-17-2025 — Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to document 4 of 9 sampled residents' (Resident 2, Resident 6, Resident 7, and Resident 8) service plans, the care needs, interventions, and monitoring requirements of each resident. This failure placed Resident 2, Resident 6, Resident 7, and Resident 8 at risk for unmet care needs and the potential for worsening medical conditions.

Findings included...

Review of the facility's policy titled, "Assessments, Ongoing/Change in Condition Assessments", dated 11/14/2017, showed that the facility ensured that each resident's needs and preferences were identified in a timely manner and included into the combined Negotiated Service Agreement (NSA) and service plan. The policy showed that the NSA was updated as needed and the resident's current needs and preferences were addressed. Review of the policy showed that the completed NSA provided directions for caregivers on how to assist the resident based on their preferences and needs.

RESIDENT 2
Review of Resident 2's records showed the facility admitted Resident 2 in [redacted]

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, High Point Village 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

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(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to document 4 of 9 sampled residents' (Resident 2, Resident 6, Resident 7, and Resident 8) service plans, the care needs, interventions, and monitoring requirements of each resident. This failure placed Resident 2, Resident 6, Resident 7, and Resident 8 at risk for unmet care needs and the potential for worsening medical conditions.

Findings included...

Review of the facility's policy titled, "Assessments, Ongoing/Change in Condition Assessments", dated 11/14/2017, showed that the facility ensured that each resident's needs and preferences were identified in a timely manner and included into the combined Negotiated Service Agreement (NSA) and service plan. The policy showed that the NSA was updated as needed and the resident's current needs and preferences were addressed. Review of the policy showed that the completed NSA provided directions for caregivers on how to assist the resident based on their preferences and needs.

RESIDENT 2
Review of Resident 2's records showed the facility admitted Resident 2 in [redacted]

2022. The records showed Resident 2 used a pacemaker (a battery-powered device placed under the skin in the chest to prevent the heart from beating too slowly). Review of Resident 2's NSA, dated 02/29/2024, showed no staff instructions of the actions to take if Resident 2 experienced cardiac pacemaker-related complications, such as signs and symptoms of irregular heartbeat, chest pain, palpitations (fast heartbeat), or shortness of breath.

During an interview on 03/03/2025 at 10:15 AM, Resident 2 stated that they used a pacemaker. Resident 2 stated that they were unable to describe any symptoms of a pacemaker failure.

RESIDENT 6
Review of Resident 6's records showed that the facility admitted Resident 6 on [redacted]/2024.

Review of Resident 6's December 2024, January 2025, February 2025 Medication Administration Records (MARs), showed that Resident 6 received Eliquis (medication with blood thinner qualities, used to prevent blood clots), 2.5 milligrams (mg), one tablet by mouth two times daily.

Review of Resident 6's NSA, dated, 10/14/2024, showed Resident 6 managed their own medications. Review of the NSA showed no instructions about emergency and back-up intervention when Resident 6 required emergency medications. Review of the NSA showed no documentation that Resident 6 received a blood thinner medication. Review of the NSA showed no guidance for the staff about the possible side effects from the use of Eliquis, such as an increased risk of bleeding or bruising. Review of the NSA showed no instructions for staff about what actions were needed if Resident 6 showed any side effects to the medication. There were no instructions about when to report any signs and symptoms of the side effects to the nurse.

RESIDENT 7
Review of Resident 7's records showed that the facility admitted Resident 7 on [redacted]/2024. The records showed documentation that Resident 7 used a pacemaker. Review of the records showed that Resident 7 saw the cardiologist annually. The records showed on 02/16/2025, Resident 7 had a sudden change of health condition and was approved for hospice services. Review of Resident 7's records showed an outside home health hospice visit notes that documented the need for Resident 7's open wound management, to their left buttocks.

Observation on 03/03/2025 at 1:21 PM, showed Resident 7 hunched over in a recliner chair. Observation showed Resident 7 had a circular raised area on their left chest where their pacemaker was surgically implanted. Observation showed a white monitoring device sat on the windowsill. During an interview at this time, Resident 7 only responded to a few simple yes and no questions.

Review of the Resident 7's NSA dated 01/21/2025, showed no staff instructions about what actions to take if Resident 7 experienced cardiac pacemaker-related complications, such as signs and symptoms of irregular heartbeat, chest pain, palpitations (fast heartbeat), or shortness of breath. Review of the NSA did not identify the location of the monitoring device. Review of the NSA showed no documentation Resident 7 received hospice care. Review of the NSA showed no documentation about Resident 7's wound and any plan to follow if the hospice staff were unavailable to provide wound care

RESIDENT 8
Review of Resident 8's records showed that the facility admitted Resident 8 on [redacted]2025.

Review of Resident 7's February 2025 MAR showed Resident 8 received Enteric Coated Aspirin (a coating on the tablet to allow for passage through the stomach to the small intestine before dissolving) 81 mg daily, by mouth, for heart health.

Review of Resident 8's NSA, dated 02/12/2025, showed no guidance for the staff about the possible side effects from the use of Aspirin, such as an increased risk of bleeding or bruising. There were instructions for staff about what actions were needed if Resident 8 experienced any side effects. There were no instructions about when to report any signs and symptoms of the side effects to the nurse.

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, High Point Village is or will be in compliance with this law and / or regulation on (Date) 4/24/2025 .

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

Angie Howell — Administrator (or Representative)

3-17-2025 — Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

This requirement was not met as evidenced by:

Review of the Resident 7's NSA dated 01/21/2025, showed no staff instructions about what actions to take if Resident 7 experienced cardiac pacemaker-related complications, such as signs and symptoms of irregular heartbeat, chest pain, palpitations (fast heartbeat), or shortness of breath. Review of the NSA did not identify the location of the monitoring device. Review of the NSA showed no documentation Resident 7 received hospice care. Review of the NSA showed no documentation about Resident 7's wound and any plan to follow if the hospice staff were unavailable to provide wound care.

RESIDENT 8
Review of Resident 8's records showed that the facility admitted Resident 8 on [redacted]/2025.

Review of Resident 7's February 2025 MAR showed Resident 8 received Enteric Coated Aspirin (a coating on the tablet to allow for passage through the stomach to the small intestine before dissolving) 81 mg daily, by mouth, for heart health.

Review of Resident 8's NSA, dated 02/12/2025, showed no guidance for the staff about the possible side effects from the use of Aspirin, such as an increased risk of bleeding or bruising. There were instructions for staff about what actions were needed if Resident 8 experienced any side effects. There were no instructions about when to report any signs and symptoms of the side effects to the nurse.

Plan/Attestation Statement

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_____ _____
Administrator (or Representative) Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 1 of 1 resident (Resident 7) received medication administration by a licensed nurse or nurse delegated staff. This failure placed Resident 7 at risk for medication errors by receiving medication services from unqualified staff.

Findings included...

Note: The Nurse Delegation Program, under Washington State law, allows nursing assistants and Home Care Aides working in community-based care setting to perform certain tasks such as administration of prescription medications or treatments which are normally performed by licensed nurses. Nurse delegation was specific to each resident, each caregiver, and each task and was not transferrable. Documentation must be specific and included all required information as listed in WAC 246-840.

Review of the facility's Disclosure of Services, revised January 2023, showed that the facility used nursing assistants under the delegation of a registered nurse to provide some authorized nursing services. The disclosure showed that the nurse delegation services was limited to eye, ear, and nose drops, administration of medications, application of cream and ointment, and blood sugar checks.

Review of the facility's policy titled, "Nurse Delegation Policies & Procedures," dated 01/22/2019, showed that the facility provided nurse delegation services in accordance with current Washington State regulations. The policy showed that written consent from the resident or resident's representative was required prior to delegation of nursing duties. The policy showed that the Registered Nurse delegated tasks for the resident who was assessed in a stable and predictable condition. The policy showed the delegation process included evaluation of the ability of the unlicensed staff, teaching the task, ensuring supervision of the unlicensed staff, and re-evaluation of the task at regular intervals. The policy showed that the nurse delegation plan was referred to in the negotiated service agreement.

Review of Resident 7's records showed that the facility admitted Resident 7 on [redacted]/2024. The records showed on 02/16/2025, Resident 7 had a sudden change of health condition and was certified for hospice services. The records showed that the hospice plan of care included Resident 7's management of pain and nausea.

Review of Resident 7's February 2025 medication administration record (MAR) showed a physician order of 0.5 millimeter (ml)/10 milligrams (mg) of Morphine Sulfate (medication for moderate to severe acute and chronic pain or shortness of breath), every two hours, as needed. The MAR showed Resident 7 received four mg of Ondansetron (medication for nausea and vomiting), one tablet by mouth, every four hours, as needed.

During an interview on 03/03/2025 at 11:52 AM, Collateral Contact 1 (CC1, Resident 7's family) stated that Resident 7 experienced a notable decline in their health condition during the latter part of January 2025. CC1 stated that Resident 7 became forgetful and

constantly complained of nausea that affected Resident 7's appetite to eat.

Observation on 03/03/2025 at 1:21 PM, showed Resident 7 hunched over in recliner chair. Observation showed Resident 7 only responded to a few simple yes and no questions. CC1 was in the room. During an interview at this time, CC1 stated that they just asked the nursing staff for Resident 7's pain medication.

Observation on 03/03/2025 at 1:26 PM, showed Staff F, Medication Technician cued Resident 7 about their medication for nausea and pain. Staff F guided Resident 7's hand to hold the spoon that contained the medication for nausea. Observation showed Resident 7 struggled to move the spoon to their mouth. Resident 7 dropped the medication twice on their lap. On the third time, observation showed CC1 administered the medication. After Resident 7 took the anti-nausea medication, observation showed Staff F made multiple request for Resident 7 to hold the oral syringe that contained Morphine solution. Observation showed Resident 7 was confused and unable to hold the oral syringe. Observation showed Resident 7 was unable to hold the oral syringe and push the plunger of the syringe, all at the same time. Observation showed Staff F placed the tip of the syringe into Resident 7's mouth and pushed the plunger. Observation showed Resident 7 was unable to self-direct the administration of their oral medications.

During an interview on 03/03/2025 at 1:31 PM, Staff F stated that they were delegated to administer Resident 7's medications.

Review of Resident 7's Negotiated Service Agreement (service plan), dated 12/17/2024 showed no documentation that Resident 7 received nurse delegation services for medication administration.

During an interview on 03/03/2025 at 2:20 PM, Staff I, Resident Care Director, stated that they were responsible for the resident's assessment and service plan. Staff I stated that in the most recent review of Resident 7's assessment, dated 01/01/2025, Resident 7 was able to take their medications without assistance. Staff I stated that they just received Resident 7's new medication management plan from hospice. Staff I stated that Staff F was not delegated to administer Resident 7's oral medications.

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

Angie Howells — Administrator (or Representative)

3-17-2025 — 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.

(2) The assisted living facility must:

(d) Provide all resident care and services according to current acceptable standards for infection control;

(e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 4 of 4 staff (Staff L, Staff M, Staff N, and Staff O) followed infection control practices and requirements during medication and direct care services to the residents, and when handling dirty laundry. This failure placed all 67 residents at risk of illness or infection and decreased quality of life from possible cross-contamination.

Findings included...

Review of the facility's policy titled, "Hand Washing-Infection Control," dated 06/15/2015, showed a soap and water procedure that included instructions to hand washing. Review of the policy required the Wellness Department to wash their hands after handling potentially contaminated items. The policy showed that staff were required to wash their hands immediately before and after medication pass. The policy showed that the staff used hand sanitizer when soap and water were not readily available for hand cleansing after casual contact and after medication administration between residents. The policy included instructions about hand sanitizer use.

Review of the facility's policy titled, "Laundry and Linen Handling-Infection Control," dated 07/15/2013, showed that the facility followed a standard of practice for laundry to

Plan/Attestation Statement

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Administrator (or Representative) 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.

(2) The assisted living facility must:

(d) Provide all resident care and services according to current acceptable standards for infection control;

(e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 4 of 4 staff (Staff L, Staff M, Staff N, and Staff O) followed infection control practices and requirements during medication and direct care services to the residents, and when handling dirty laundry. This failure placed all 67 residents at risk of illness or infection and decreased quality of life from possible cross-contamination.

Findings included...

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Review of the facility's policy titled, "Laundry and Linen Handling-Infection Control," dated 07/15/2013, showed that the facility followed a standard of practice for laundry to

ensure proper infection control.

LAUNDRY
Observation on 02/28/2025 at 11:05 AM, showed Staff L, Housekeeper, was halfway through changing the unidentified resident's bed linens. Observation showed that with gloved hands, Staff L collected the dirty bedsheets and pillowcases from the floor, carried the dirty linens close to their own garments, and placed the linens in the black plastic bag for the dirty laundry. Observation showed Staff L gathered used towels from the bathroom and added the towels to the bag of dirty laundry. Observation showed Staff L carried the dirty laundry bag outside the room and laid it on the floor. Observation showed Staff L changed to new gloves and replaced the garbage liner inside the room. Observation showed Staff L finished their housekeeping tasks, left the apartment, and pushed the housekeeping cart to the next room. Observation showed Staff L did not wash their hands after they provided housekeeping service.

Observation on 02/28/2025 at 11:15 AM showed Staff L, with the same newly gloved hands, carried the dirty laundry bag to the main laundry in the basement. Observation showed Staff L washed their hands and changed to new gloves. Observation showed Staff L then removed the dried clothes from the dryer and placed them in the rolling laundry cart. Staff L then emptied the washer and placed the washed clothes into the dryer. Observation showed Staff L then dumped the dirty clothes and linens from the dirty laundry bag, onto the floor, sorted them, and placed them in the washer. Observation showed Staff L did not wash their hands after they handled the dirty laundry.

Observation on 03/03/2025 at 10:23 AM, showed Staff M, Housekeeper entered a resident's apartment with gloved hands. Observation showed that Staff M collected the dirty clothes that hung in the bathroom and placed the clothes into the dirty laundry plastic bag. Staff M stripped the bed, rolled up the bedsheets and pillowcases, and placed the linens into the dirty laundry bag. Staff M placed the bed comforter on the floor. Observation showed Staff M, with the same gloved hands, made the bed with clean bedsheets and pillowcases. Staff M retrieved the comforter from the floor and placed it on the bed. Observation showed Staff M did not remove their gloves and wash their hands after they handled the dirty laundry.

During an interview on 03/03/2025 at 12:46 PM, Staff H, Maintenance Director, stated they supervised the housekeeping staff. Staff L stated that the facility provided training which included proper hand hygiene between dirty to clean tasks.

MEDICATION ADMINISTRATION
During an interview on 02/28/2025 at 12:05 PM, Staff N, Caregiver, stated they were training for the Medication Technician (unlicensed staff delegated to administer medications) position. Observation at this time showed Staff N, with gloved hands, pulled out a medication card from the medication cart. The medication card contained medication in unit-of-use packaging. Observation showed Staff N pushed the medications out of the card and into the plastic medication cup. Observation showed that Staff N changed their gloves. Observation showed Staff N did not sanitize their

hands after they removed the used gloves before putting on new gloves. Observation showed Staff N, with new gloves, instilled eye medication solution to another unidentified resident. Observation showed that Staff N did not perform any hand hygiene between different residents' medication assistance.

Observation on 03/03/2025 at 10:15 AM, showed Staff O, Medication Technician/Caregiver, carried medication to an unidentified resident's room. Observation showed Staff O did not wear gloves. After Staff O provided the resident with medication administration assistance, Staff O with ungloved hands, inserted the hearing aid into the resident's ear. Observation showed Staff O did not perform any hand hygiene before they touched and after they inserted the resident's hearing aid.

During an interview on 03/03/2025 at 1:15 PM, Staff B, Corporate Director of Wellness, stated that the facility provided infection control training for the staff. Staff B stated that they expected staff to follow proper hand hygiene practices, as required.

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Angie Howells — Administrator (or Representative)

3-17-2025 — Date

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Observation on 03/03/2025 at 10:15 AM, showed Staff O, Medication Technician/Caregiver, carried medication to an unidentified resident's room. Observation showed Staff O did not wear gloves. After Staff O provided the resident with medication administration assistance, Staff O with ungloved hands, inserted the hearing aid into the resident's ear. Observation showed Staff O did not perform any hand hygiene before they touched and after they inserted the resident's hearing aid

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Administrator (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

03/13/2025

HIGH POINT VILLAGE INC
High Point Village
2020 A St SE Suite 101
Auburn, WA 98002

RE: High Point Village # 2432

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 03/10/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Laurie Anderson, Community Field Manager
Residential Care Services
Region 2, Unit D
Preferred methods:

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

The facility's Medicaid policy was written with the incorrect font size and given to four residents. During the licensing inspection, the facility changed the Medicaid Disclosure form template to font sized fourteen. The facility contacted the resident's representatives and obtained a new signed and dated Medicaid Disclosure form for the four residents.

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(e) Make sure first-aid supplies are:

(i) Readily available and not locked;

(ii) Clearly marked;

(iii) Able to be moved to the location where needed; and

The locations of first aid kit supplies throughout the facility were not clearly identified. The first aid kits were not readily available. During the inspection, the facility staff placed first aid kit supplies throughout the facility with identifier signs posted with each kit.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

The hot water temperatures in four Assisted Living rooms did not maintain water temperatures between 105 degrees Fahrenheit (F) and 120 degrees F. During the inspection, the facility staff adjusted the water tank thermostat to bring the water temperature to within regulatory requirements.

WAC 388-78A-3000 Ventilation. The assisted living facility must meet the ventilation requirements of the mechanical code as adopted and amended by the Washington state building council; and

(1) Ventilate rooms to:

(a) Prevent excessive odors or moisture; and

Three rooms that require ventilation, one resident room on the first floor, the first-floor resident's laundry room and the third-floor housekeeping room, had inoperable vents. During the full licensing inspection, a professional service company arrived onsite. The service company repaired the three vents and ensured the vents worked properly.

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

Two unlocked cabinets in the facility activity room contained hazardous art and craft supplies. The warning labels on the supplies stated the products were harmful if swallowed, inhaled and were eye irritants. During the licensing inspection, the Activity Director removed the hazardous products and secured them in a locked area.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225

If You Have Any Questions:

- Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

Enclosure