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

Aegis Senior Communities LLC
Aegis Gardens at Newcastle
13056 SE 76th St
Newcastle, WA 98056

RE: Aegis Gardens at Newcastle License # 2435

Dear Administrator:

This letter addresses Compliance Determination(s) 53298 (Completion Date 01/20/2025) and 49815 (Completion Date 11/19/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/20/2025 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-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-2468-1, WAC 388-78A-2480-1, WAC 388-78A-2485-1, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2600-1-b, WAC 388-78A-2610-2-e

The Department staff who did the on-site verification:
Jane Hermano, NCI
Michelle Yip, ALF Licensor

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

Sincerely,

Laurie Anderson

Laurie Anderson, 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 the unannounced on-site full inspection on 11/05/2024, 11/05/2024, 11/08/2024 and 11/08/2024 of:

Aegis Gardens at Newcastle
13056 SE 76th St
Newcastle, WA 98056

The following sample was selected for review during the unannounced on-site visit: 12 of 113 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jane Hermano, NCI
Michelle Yip, ALF 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

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

12/03/2024 — 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.

Statement of Deficiencies	License #: 2435	Compliance Determination # 49815
Plan of Correction	Aegis Gardens at Newcastle	Completion Date
Page 2 of 12	Licensee: Aegis Senior Communities LLC	11/19/2024

Administrator (or Representative)

12/4/24
Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a Washington State name and date of birth background inquiry (BGI) every two years for 1 of 2 sampled staff (Staff F). This failure placed all 113 residents at risk of abuse, neglect, or exploitation from staff persons with unknown backgrounds.

Findings included...

Review of the facility's Employee Roster showed that the facility hired Staff F, Medication Care Manager, on 10/15/2020. Review of Staff F's employee records showed their previous Washington state name and date of birth BGI expired on 10/12/2022. The records showed that the facility submitted and completed a BGI on 11/11/2022, 30 days after the previous BGI expired.

During an interview on 11/08/2024 at 11:15 AM, Staff J, Business Office Manager, stated that they were responsible for completion of the staff background checks for all employees. Staff J stated that they renewed Staff F's background check late.

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, Aegis Gardens at Newcastle is or will be in compliance with this law and / or regulation on (Date) 1/3/25 .

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

Administrator (or Representative) Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a Washington State name and date of birth background inquiry (BGI) every two years for 1 of 2 sampled staff (Staff F). This failure placed all 113 residents at risk of abuse, neglect, or exploitation from staff persons with unknown backgrounds.

Findings included...

Review of the facility's Employee Roster showed that the facility hired Staff F, Medication Care Manager, on 10/15/2020. Review of Staff F's employee records showed their previous Washington state name and date of birth BGI expired on 10/12/2022. The records showed that the facility submitted and completed a BGI on 11/11/2022, 30 days after the previous BGI expired.

During an interview on 11/08/2024 at 11:15 AM, Staff J, Business Office Manager, stated that they were responsible for completion of the staff background checks for all employees. Staff J stated that they renewed Staff F's background check late.

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, Aegis Gardens at Newcastle 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.

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Administrator (or Representative) [signature] Date 12/4/24

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to submit the Washington state name and date of birth background inquiry (BGI) for 5 of 5 sampled contracted staff (Staff L, Staff M, Staff N, Staff O, and Staff P) within one business day after their start date. This failure placed all 113 residents as risk for abuse and neglect from caregivers and staff persons with unknown background.

Findings included...

STAFF L
Review of the facility's personnel records showed that the facility hired Staff L, Agency Caregiver, on 03/03/2024. The records showed that the facility completed the Washington state name and date of birth BGI on 11/12/2024, during the licensing inspection, 254 days after hire.

STAFF M
Review of the facility's personnel records showed that the facility hired Staff M, Agency Caregiver, on 03/03/2024. The records showed that the facility completed the Washington state name and date of birth BGI on 11/12/2024, during the licensing inspection, 254 days after hire.

STAFF N
Review of the facility's personnel records showed that the facility hired Staff N, Agency Caregiver, on 11/03/2024. The records showed that the facility completed the Washington state name and date of birth BGI on 11/12/2024, during the licensing inspection, nine days after hire.

STAFF O
Review of the facility's personnel records showed that the facility hired Staff O, Agency Caregiver, on 10/26/2024. The records showed that the facility completed the

Washington state name and date of birth BGI on 11/12/2024, during the licensing inspection, 17 days after hire.

STAFF P
Review of the facility's personnel records showed that the facility hired Staff M, Agency Caregiver, on 10/26/2024. The records showed that the facility completed the Washington state name and date of birth BGI on 11/12/2024, during the licensing inspection, 17 days after hire.

During an interview on 11/18/2024 at 10:20 AM, Staff J, Business Office Manager, stated that the facility hired caregivers from a contracted healthcare agency. Staff J stated that the facility did not complete the background check for the contracted caregivers on each of their start date.

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, Aegis Gardens at Newcastle is or will be in compliance with this law and / or regulation on (Date) 1/3/2025 .

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

Administrator (or Representative) — Date: 12/4/24

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure 1 of 7 sampled staff (Staff B) was tested for Tuberculosis (TB) within three days of employment. This failure placed all 113 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Review of the facility's Employee Roster showed the facility hired Staff B, Care Manager, on 02/11/2024. Review of Staff B's personnel records showed documentation that on 04/13/2023, Staff B completed a T-Spot Blood Test (a test for TB), with a negative result, 10 months prior to Staff B's hire date. There was no documentation that showed Staff B completed a TB test when Staff B was hired, as required.

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During an interview on 11/08/2024 11:15 AM, Staff J, Business Office Manager, stated that they did not complete the TB test for Staff B within three days of employment.

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, Aegis Gardens at Newcastle is or will be in compliance with this law and / or regulation on (Date) 1/3/2025 .

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

Administrator (or Representative) 12/4/24 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;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 2 of 2 sampled staff (Staff C and Staff G) completed a chest X-ray within seven days following a positive result to a Tuberculosis (TB) skin test. This failure placed all 113 residents at risk of exposure to tuberculosis, an infectious disease.

Findings included...

Review of a Department of Social and Health Services (DSHS) "Dear Administrator/Provider" letter, amended 05/26/2022, showed that Washington state experienced a significant increase in the number of TB cases. The previous suspension of the tuberculosis testing requirements expired on 07/01/2022. The letter stated that to reduce the risk of illness to the vulnerable people served, TB testing was reinstated on 07/01/2022. In addition, the letter stated that Residential Care Services encouraged facilities and providers to immediately begin staff TB testing. This would allow facilities time to meet the TB testing requirements on 07/01/2022.

Review of the facility's document used for TB skin testing questionnaire and consent form, showed that any positive test with an induration (size in millimeters of hard area that forms on the skin) of 10 millimeters (mm) or greater required referral to a primary health care provider or an outside agency for follow-up and testing by chest X-ray or blood test, as ordered.

Review of the facility's document titled, "Position Description Medication Care Manager, (MCM)" revised 02/26/2016, showed the MCM position involved providing medication administration, assisting residents with activities of daily living, and helping in dining services.

STAFF C
Review of the facility's personnel records showed the facility hired Staff C, Medication Care Manager, on 07/09/2024. Review of Staff C's TB skin test record showed the test was administered on 07/08/2024 and read on 07/10/2024. The TB test result was positive, with an induration recorded in centimeters (cm), 2.5 cm x 1.5 cm. Review of the record showed Staff C received a chest X-ray on 07/22/2024, 12 days following the positive TB test result.

STAFF G
Review of the facility's personnel records showed the facility hired Staff G, Care Manager, on 12/01/2023. Review of Staff G's personnel records showed that Staff G was evaluated for TB signs and symptoms on 01/24/2024. The records showed Staff G completed a two-step TB skin test, the first step completed on 01/24/2024 and the second completed on 02/09/2024. The first TB test showed a negative result, and the second TB test showed a positive result. The records showed that Staff G completed a chest X-ray, which showed negative for TB disease, on 03/11/2024, 31 days after the positive TB test result.

During an interview on 11/07/2024, at 3:13 PM, Staff J, Business Office Manager, stated they were aware of the TB screening requirements. Staff J stated that they were unaware that Staff C and Staff G's chest X-ray were past the required seven days.

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, Aegis Gardens at Newcastle is or will be in compliance with this law and / or regulation on (Date) 1/3/2025 .

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

Administrator (or Representative) — Date: 12/4/24

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:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to document in 2 of 2 resident's (Resident 1 and Resident 3) Negotiated Service Agreement (NSA) the care needs, interventions, and monitoring requirements needed to meet the resident's needs. These failures place Resident 1 at risk for unmet care needs and potential worsening medical conditions.

Findings included...

Review of the facility's policy titled, "Assessment and Service Planning Meeting Process", revised 09/30/2022, showed assessments were completed on all residents prior to admission, on admission, fourteen days after admission, quarterly, and as needed. The policy showed the assessment identified the current functional and health needs, and the service plan identified the care approaches of each resident. The policy showed the assessment and service plan must accurately reflect the resident's needs. The policy showed the completed service plan contained staff instructions on how to assist the resident based on their preferences and needs.

RESIDENT 1
Review of Resident 1's assessment, dated 11/30/2023, showed Resident 1 had a diagnosis of [redacted]. The assessment showed Resident 1 used a cardiac monitoring device for atrial fibrillation (irregular heartbeat).

During an interview on 11/07/2024 at 1:30 PM, Resident 1 stated that the device to monitor their heart rhythm was implanted before they moved into the facility. Resident 1 stated that their daughter scheduled all appointments with the cardiologist. Resident 1 stated that they always made sure their cell phone was charged.

Observation of Resident 1 and Resident 1's apartment on 11/07/2024 at 1:45 PM, showed Resident 1 had a small, raised area on the chest where the heart monitoring device was surgically implanted. Observation showed a cell phone was connected, and the cell phone transmitted their heart activity to the physician's clinic. Observation of the phone showed a dashboard page with the information of the heart device and the clinic's contact number.

Review of Resident 1's NSA, dated 11/09/2024, showed no documentation Resident 1 used an implanted cardiac monitor device. There were no staff instructions about what

actions to take if Resident 1 complained of heart issues. There were no staff instructions about what signs and symptoms of irregular heartbeat to monitor, such as chest pain, palpitations (fast heartbeat), or shortness of breath.

During an interview on 11/08/2024 at 10:56 AM, Staff K, Health Services Director, stated that they were responsible for Resident 1's assessment. Staff K stated that Resident 1 used an implanted pacemaker. Staff K stated that Resident 1's negotiated service agreement did not document any directions for care staff to monitor Resident 1 for signs and symptoms of cardiac distress. Staff K stated that Resident 1's negotiated service agreement did not document any directions for care staff of when to notify the nurse of changes in condition and what information should be documented in Resident 1's care notes. Staff K stated that the staff were aware Resident 1's cell phone always needed to be plugged in to transmit data to the cardiologist's office. Staff K stated there was no documentation of a plan in the event the cell phone was non-functional or if the monitoring system was interrupted during a power outage. Staff K stated that there was no documentation that Resident 1 was unable to monitor their own symptoms or call for assistance.

During an interview on 11/18/2024 at 10:32 AM, Resident 1's daughter stated that Resident 1 used an implanted continuous heart monitoring device. Resident 1's daughter stated that Resident 1's cardiologist used the implanted device to make critical informed decisions for the treatment plan to manage Resident 1's atrial fibrillation. Resident 1's daughter stated that the implanted device was not a pacemaker.

RESIDENT 3
Review of Resident 3's Move in Record showed that the facility admitted Resident 3 on [redacted]/2024.

Review of Resident 3's assessment, dated 06/19/2024, showed Resident 3 had multiple diagnoses that included [redacted] and [redacted] ([redacted]).

Review of Resident 3's service plan, dated 11/07/2024, showed that Resident 3 was independent with medication management. The service plan showed no instructions about any plan or interventions used when Resident 3 was unable to independently manage their own medications.

During an interview on 11/08/2024 at 11:00 AM, Staff K stated that Resident 3 was assessed as capable to safely managed their own medications. Staff K stated that the assessment and NSA did not include any medication service back-up plan if Resident 3 was unable to independently manage their own medications.

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, Aegis Gardens at Newcastle is or will be in compliance with this law and / or regulation on (Date) 1/3/2025 .

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

Administrator (or Representative) Date 12/4/24

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(b) Provide the necessary care and services for residents, including those with special needs;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to ensure medical devices for 2 of 2 residents (Resident 5 and Resident 14) were safe and free of entrapment hazards. The facility failed to assess 1 of 2 residents (Resident 14) for safe and proper use of a medical device. These failures placed Resident 5 and Resident 14 at risk of potential harm or death from use of unsafe medical equipment.

Findings included...

Review of the facility's policy titled "Side Rail/Enabler Device Policy", dated 03/15/2023, showed that the facility allowed the use of side rails and enablers (medical device designed to assist resident with repositioning and movement). The policy stated that the facility's licensed nurse was responsible to evaluate the bedrails and to determine the safety of bedrail use. The policy stated that any side rail and enabler device, with gaps or spaces of two inches or larger, would be filled or covered with suitable materials to reduce the risk of entrapment.

RESIDENT 5
Review of Resident 5's records showed that the facility admitted Resident 5 in [redacted] 2024. The records showed on 09/22/2024, the facility completed Resident 5's assessment. The records showed that on 10/10/2024, the facility completed an assessment for Resident 5's use of the side rail. The assessment showed that Resident 5 used the half-length rail for assistance to get in and out of the bed. Review of Resident 5's "Individualized Service Plan (ISP)", dated 11/05/2024, showed that the facility was required to cover the side rail with mesh or other breathable covering.

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Observation of Resident 5's apartment on 11/08/2024 at 12:31 PM, showed a half-length bed rail attached at the head of the bed, along the right side. Observation showed the bed rail was in the raised position. The bed rail measured approximately 31 inches in length with a four-inch gap between the horizontal rail bars. There was no covering of the side rail to protect Resident 5 from possible entrapment, as required in the facility's side rail policy.

During an interview on 11/08/2024 at 2:00 PM, Staff K, Health Services Director stated that they were unaware that the siderails used by Resident 5 was uncovered, which contradicted the facility's policy.

RESIDENT 14
Observation of Resident 14's apartment on 11/07/2024 at 10:15 AM, showed a medium-size bed rail with a pocket storage attached at the head of the bed, along the right side. Observation showed the bed rail was in the raised position and the pocket storage was empty. The bed rail measured approximately 13 inches in length with a four-inch gap between the horizontal rail bars. Observation showed there was no cover over the gap of the rail bars to protect Resident 14 from possible entrapment, as required in the facility's side rail policy.

Review of Resident 14's records showed the facility admitted Resident 14 on [redacted]/2024. There was no documentation that showed Resident 14 was assessed to safely use the bedrail. Review of Resident 14's undated ISP, showed no documentation Resident 14 used a bedside rail. Review of the ISP showed Resident 14 transferred independently.

On 11/18/2024, Staff K's email, stated that they were unaware Resident 14 used a bedside rail. Staff K stated that Resident 14's family installed their bedrail. Staff K stated that they were unaware that the siderails used by Resident 14 was uncovered, which contradicted the facility's policy.

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, Aegis Gardens at Newcastle is or will be in compliance with this law and / or regulation on (Date) 1/3/2025 .

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

Administrator (or Representative) 12/4/24 Date

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(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 Assisted Living Facility failed to ensure 2 of 2 housekeeping staff (Staff H and Staff I) followed infection control practices related to proper hand hygiene procedures when handling dirty laundry. This failure placed all 113 residents at risk of illness or infection and decreased quality of life from possible cross-contamination.

Findings included...

The Centers for Disease Control and Prevention (CDC) developed guidelines for infection prevention and control practices for healthcare settings. Review of CDC's "Health Care Providers: Hand Hygiene," showed that hand hygiene reduced the incidents of infections.

Review of the facility's policy titled, "Infection Control and Universal Precautions", revised 10/11/2016, showed that infection control procedures included laundry. The policy showed that staff were required to wash hands after touching dirty laundry and before touching clean laundry.

Observation on 11/07/2024 at 9:48 AM showed two housekeepers, Staff H and Staff I, entered Apartment [redacted] with gloved hands. Observation showed Staff H removed the trash from the resident's bathroom and collected the used towels. Staff I brought in two new clear plastic bags, one used for the garbage liner and the second for the dirty laundry. Staff H bundled the bed sheets and pillowcases together and placed the linens and used towels into the garbage liner used for the dirty laundry bag. Observation showed Staff H, with the same gloved hands, gathered the clean bedsheets and pillowcases. Observation showed Staff I, with the same gloved hands, assisted Staff H to put on the clean fitted bedsheets and pillowcases. Observation showed Staff H loaded the dirty laundry bag onto the laundry cart. With the same gloved hands, observation showed Staff H, and Staff I, left Apartment [redacted] and pushed the laundry cart to the next apartment.

Observation on 11/07/2024 at 10:08 AM, showed Staff H and Staff I entered Apartment [redacted]. Observation showed Staff H, with the same gloves used in previous apartment, stripped the bed and rolled up the bedlinens and pillowcases into the new laundry plastic bag. Observation showed Staff I, with the same gloved hands used in the previous apartment, gathered the used towels and some used clothes from the resident's bathroom and placed into the laundry bag. Observation showed Staff H gathered the clean bedsheets and pillowcases. Together, Staff H and Staff I made the

bed. Observation showed Staff H, and Staff I did not remove their gloves and wash their hands after they handled the dirty laundry. Observation showed Staff H, and Staff I did not change their gloves and wash their hands after they provided housekeeping services between the residents' apartments.

During an interview on 11/07/2024 at 1:15 PM, Staff L, Maintenance Director, stated they supervised the housekeeping staff. Staff L stated that the facility provided training that included proper hand hygiene between dirty to clean tasks. Staff L stated that they expected the staff to follow proper hand hygiene practices, as required.

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, Aegis Gardens at Newcastle is or will be in compliance with this law and / or regulation on (Date) 1/3/2025 .

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

[signature] 12/4/2024

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

12/03/2024

Aegis Senior Communities LLC
Aegis Gardens at Newcastle
13056 SE 76th St
Newcastle, WA 98056

RE: Aegis Gardens at Newcastle # 2435

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 11/19/2024 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 Mail the Plan/Attestation Statement and report with original signatures to:

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
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-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

The Assisted Living Facility failed to maintain the vaccination and examination records for 3 of 3 sampled pets (Pet 1, Pet 2, and Pet 3). During the full inspection, the facility provided the updated pets' records.

WAC 388-78A-2380 Freedom of movement. An assisted living facility must ensure all of the following conditions are present before moving residents into units or buildings with exits that may restrict a resident's egress:

(3) The assisted living facility must have a system in place to inform and permit visitors, staff persons and appropriate residents how they may exit without sounding the alarm.

The Assisted Living Facility failed to provide a clear, easy to read instructions for staff and visitors about how to enter and exit the secure memory care facility. During the full inspection, staff placed legible instructions with the passcode to enter and exit the secured memory care unit.

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:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

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

Sincerely,

Laurie Anderson

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

Enclosure