STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Lacey Special Care Community LLC
The Cottages at Lacey
8570 Martin Way E
Lacey, WA 98516

RE: The Cottages at Lacey License # 2443

Dear Administrator:

This letter addresses Compliance Determination(s) 41975 (Completion Date 05/10/2024) and 36773 (Completion Date 02/14/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/10/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2650-3

The Department staff who did the on-site verification:
Paul Aube, ALF NCI

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

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: The Cottages at Lacey
Provider Type: Assisted Living Facility
License/Cert.#: 2443
Compliance Determination #: 36773
Intake ID: 118935
Investigator: Paul Aube
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 02/13/2024 through 02/14/2024
Complainant Contact Date(s):

Allegation(s):
Infection Control: Public report of COVID-19 outbreak in the community.

Investigation Methods:

Sample:	Total residents: 50 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Activities Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff Management
Record Reviews:	Medical records Facility policies Respiratory Protection Program Binder Resident Service Agreements Staff In-services

Investigation Summary:
Infection Control: Facility following instructions per Local Health Jurisdiction. Facility notified the Local Health Jurisdiction, the resident's Provider's and POA's, but failed to notify the Department of the outbreak. Failed practice identified.

Conclusion / Action:

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

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 02/13/2024 and 02/13/2024 of:

The Cottages at Lacey
8570 Martin Way E
Lacey, WA 98516

This document references the following complaint number(s): 116105, 118935

The following sample was selected for review during the unannounced on-site visit: 3 of 50 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Paul Aube, ALF NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Scotti Bower IDR Program Manger signed for Region 3E — 05/29/2024

Residential Care Services — 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

WAC 388-78A-2650 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:

(3) Circumstances which threaten the assisted living facility's ability to ensure continuation of services to residents.

This requirement was not met as evidenced by:

Based on interview, and record review, the facility failed to report an outbreak of COVID-19 in the community to the CRU (Complaint Resolution Unit) for 1 of 1 outbreak reviewed. This failure placed all 50 of 50 residents, staff and visitors at risk for infection, and spreading of the communicable disease due to the Department's inability to investigate the facility's infection control practices.

Findings included...

Record review of a facility policy, titled, "Communicable Diseases- Managing and Reporting", last reviewed on 03/28/2023, it stated, "It is the policy of Care Partners Senior Living to manage and report communicable diseases in accordance with WAC 246-101 and the Washington State Department of Health and Centers for Disease Control."

Review of a "Dear Provider" Letter, last reviewed on 01/24/2024, it defined an "Outbreak" as follows: "Outbreak Definition for Long Term Care: [greater than] 2 cases of probable or confirmed COVID-19 among residents, OR [greater than] 2 cases of suspect, probable or confirmed COVID-19 among [Health Care Providers] AND [greater than] 1 case of probable or confirmed COVID-19 among residents, AND no other more likely sources of exposure for at least 1 of the cases." Under the section "What These Changes Mean for Long-Term Care Providers" it stated, "Threshold for reporting to the [Complaint Resolution Unit (CRU)]. [Adult Family Home (AFH)], [Assisted Living Facilities (ALF)], [Enhanced Services Facilities (ESF)], and [Nursing Home (NH)] Providers must report COVID-19 outbreaks to the CRU."

Review of the "Initial COVID-19 Guidance Letter for Assisted Living, Group Homes and Other Residential Care Settings", letter sent by the Thurston County Health Officer, dated 02/07/2024, it stated, "On 7 February 2024, Thurston County Public Health and Social Services Department (TCPHSS) was notified of 3 cases of COVID-19 in 3 residents and 0 staff members. 2 cases of probable or confirmed COVID-19 among residents, with epi-linkage OR 2 cases of suspect, probable or confirmed COVID-19 among HCP AND 1 case of probable or confirmed COVID-19 among residents, with epi linkage, AND no other more likely sources of exposure for at least 1 of the cases, designates an outbreak. Since that criteria was met, TCPHSS will be placing your unit under public health monitoring and declaring an outbreak."

During an interview with Staff A, the Executive Director, on 02/13/2024 at 10:24 AM, Staff A was asked if they notified the CRU of the COVID-19 outbreak that took place within the facility on 02/07/2024. Staff A stated that it was reported to the CRU.

Review of Department records showed as of 02/13/2024, the Department had not received notification from the facility that the facility experienced a COVID-19 outbreak on 02/07/2024.

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, The Cottages at Lacey 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