



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

Aegis Senior Communities LLC
Aegis Living of West Seattle
4700 SW Admiral Way
Seattle, WA 98116

RE: Aegis Living of West Seattle License # 2454

Dear Administrator:

This letter addresses Compliance Determination(s) 29727 (Completion Date 09/27/2023) and 27041 (Completion Date 07/25/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/27/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2450-2-c, WAC 388-78A-2450-2-e, WAC 388-78A-2450-3-d-i, WAC 388-78A-24642-1, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2484, WAC 388-78A-2600-1-b, WAC 388-78A-2305-2

The Department staff who did the on-site verification:
Erin Steinbrenner, Nursing Consultant Institutional

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

Sincerely,


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

RECEIVED
AUG 02 REC'D
DSHS/ALTSA/RCS



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

Statement of Deficiencies	License #: 2454	Compliance Determination # 27041
Plan of Correction	Aegis Living of West Seattle	Completion Date
Page 1 of 8	Licensee: Aegis Senior Communities LLC	07/25/2023

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

The department completed data collection for the unannounced on-site full inspection on 07/19/2023 and 07/20/2023 of:

Aegis Living of West Seattle
4700 SW Admiral Way
Seattle, WA 98116

The following sample was selected for review during the unannounced on-site visit: 10 of 76 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

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

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jamie Singer
Residential Care Services

7/27/2023
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.



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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 07/18/2023 and 07/20/2023 of:

Aegis Living of West Seattle
4700 SW Admiral Way
Seattle, WA 98116

The following sample was selected for review during the unannounced on-site visit: 10 of 76 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

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

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

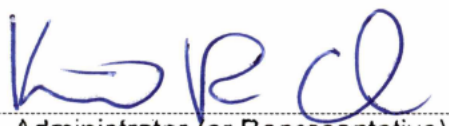
Residential Care Services

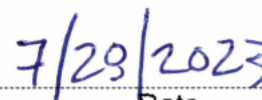
Date

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.

This document was prepared by Residential Care Services for the Locator website.

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 Administrator (or Representative)


 Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(c) Verify prior to hiring that staff persons have the required licenses, certification, registrations, or other credentials for the position, and that such licenses, certifications, registrations, and credentials are current and in good standing;

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 6 sampled staff (Staff C, D and E) completed the required cardiopulmonary resuscitation (CPR) training and 2 of 6 sampled staff (Staff C and D) had the necessary specialized Dementia training to fulfill their expected responsibilities. This failure placed 76 residents at risk of harm and injury from care staff due to improper CPR technique in the event of an emergency and 57 of 76 residents with dementia at risk of care from untrained and unqualified staff.

Findings included...

CPR

NOTE: Washington Administrative Code (WAC) 388-112A-0700 - What is CPR training?
 Cardiopulmonary resuscitation (CPR) training is training provided by an authorized CPR instructor. Trainees must successfully complete the written and skills demonstration tests.

Review of staff records showed the ALF hired Staff C (Care Manager) on 01/17/2023. Record review showed Staff C had not completed the required CPR training.

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Review of staff records showed the ALF hired Staff D (Care Manager) on 02/21/2023. Record review showed Staff D had not completed the required CPR training.

Review of staff records showed the ALF hired Staff E (Care Manager) on 04/10/2011. Record review showed Staff E had not completed the required CPR training.

In interview, on 07/19/2023 at 1:22 PM, Staff J (Business Manager) confirmed she did not have current CPR records for Staff C, D and E and stated there was a class scheduled later this month.

Specialized Training

NOTE: WAC 388-78A-2510 - Specialized training for dementia. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with dementia, whenever at least one of the residents in the assisted living facility has a dementia that is the resident's primary special need and has symptoms consistent with dementia as assessed per WAC 388-78A-2090(7).

Review of a Resident Characteristic Roster, undated, showed the ALF provided care and services to 76 residents of which 57 had a diagnosis of [REDACTED].

Review of staff records showed the ALF hired Staff C (Care Manager) on 01/17/2023. Review of staff records showed Staff C did not have the required specialized dementia health training.

Review of staff records showed the ALF hired Staff D (Care Manager) on 02/21/2023. Review of staff records showed Staff D did not have the required specialized dementia health training.

In interview, on 07/19/2023 at 1:10 PM, Staff J (Business Manager) stated the ALF had sent staff off-site for the specialized dementia training and stated Staff C and D were missed.

Plan/Attestation Statement

Statement of Deficiencies

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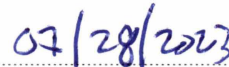
07/25/2023

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 Living of West Seattle is or will be in compliance with this law and / or regulation on (Date) 09/08/2023.

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



Administrator (or Representative)



Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a National fingerprint background check (NFBC) for 1 of 6 sampled staff (Staff B) was completed within 120 days of hire. This placed 76 residents at risk for receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff B (Care Manager), hired on 01/30/2023, did not show Staff B completed a NFBC.

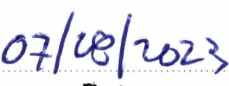
In an interview, on 07/19/2023 at 1:10 PM, Staff J (Business Manager) stated each department manager is responsible for ensuring their new hires complete the fingerprint requirement and occasionally one had been missed.

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 Administrator (or Representative)	 Date
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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 Assisted Living Facility (ALF) failed to ensure 7 of 9 staff members (Staff A, B, C, D, F, G and I) completed the required two-step tuberculin skin test (TST) within three days of employment. This placed 76 residents at risk of exposure to a communicable disease.

Findings included...

Review of records showed the ALF hired Staff A (Care Manager) on 05/01/2023. Record review showed Staff A did not have the two-step TST completed.

Review of records showed the ALF hired Staff B (Care Manager) on 01/30/2023. Record review showed Staff B had the two-step TST initiated on 02/25/2023, greater than 3 days after date of hire.

Review of records showed the ALF hired Staff C (Care Manager) on 01/17/2023. Record review showed Staff C had an initial TST initiated on 01/26/2023. Review of records did not show a completed second TST for Staff C.

Review of records showed the ALF hired Staff D (Care Manager) on 02/21/2023. Record review showed Staff D did not have the two-step TST completed.

Review of records showed the ALF hired Staff F (Care Manager) on 01/09/2023. Record review showed Staff F had the two-step TST initiated on 02/06/2023 greater than 3 days after date of hire.

Review of records showed the ALF hired Staff G (Server) on 04/23/2023. Record review showed Staff G did not have the two-step TST completed.

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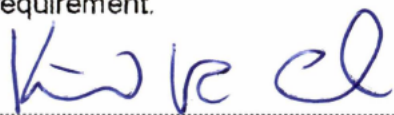
Review of records showed the ALF hired Staff I (Medication Care Manager) on 01/08/2021. Record review showed Staff I did not have the two-step TST completed.

In interview, on 07/19/2023 at 1:10 PM, Staff J (Business Manager) confirmed Staff A, B, C, D, F, G and I, had not completed their TST testing or testing was initiated more than 3 days after date of hire. Staff J stated the ALF management had been aware of the deficiencies in this area and are working on a system.

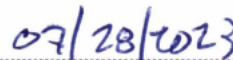
Plan/Attestation Statement

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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-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 interview and record review, the Assisted Living Facility (ALF) failed to implement their policy and procedure to initiate a wound observation record for 1 of 1 Resident (Resident 3) who had a pressure injury wound. This failure placed Resident 3 at risk for worsening of a skin condition.

Findings included...

Review of the ALF's policy detail for "Skin Management Protocol", dated 08/10/2016 showed, "A skin observation / wound observation record will be initiated, and proper skin documentation is to be continued two times a week until resolved. For residents with active skin issues requiring observation, the forms must be kept in a designated place for routine observation and follow up."

Review of a Face Sheet showed the ALF admitted Resident 3 on [REDACTED]/2023 with multiple

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medically disabling conditions including right femur (bone of the thigh) fracture.

Review of an ALF Notification faxed to Resident 3's Physician, dated 02/05/2023, showed Resident 3 had a 2 inch by 2 inch in size, purple, non-blanchable (when the area of skin has pressure applied and the area does not become white, it remains red, indicating little to no blood flow to the area) wound to the right heel. Review of a second ALF Notification faxed to Resident 3's physician, dated 04/11/2023 showed Resident 3, "had a sizeable deep-tissue injury wound for several months [right heel], the wound is 100% eschar (dead tissue that is found in a full-thickness wound) and is 3.3 centimeters (cm) by 2.2 cm in size. The wound had made minimal improvement for several months." Review of a Physician Order, dated 04/21/2023, showed instructions to, "continue observation and treatment".

Review of Resident 3's records found no skin observation / wound observation records documenting their right heel wound.

In an interview, on 07/19/2023 at 2:10 PM, Staff L (Wellness Nurse) stated Resident 3's wound was present on admission to the ALF. Staff L confirmed there were no skin observation / wound observation record for Resident 3 as they had not really worked for the nurses.

In interview, on 07/20/2023 at 1:50 PM, Staff K (Health Services Director) confirmed there were no skin observation / wound observation records for Resident 3.

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


Administrator (or Representative)

07/28/2023
Date

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

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 12 sampled kitchen staff (Staff M, Staff N, Staff O) had valid food handler's permits (FHP)

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on file with the facility. This placed 76 of 76 residents at risk of food borne illness.

Findings included...

NOTE: Washington Administrative Code 246-217-015 – Applicability - (1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment

Review of staff record showed the facility hired Staff M on 01/23/23 as a dishwasher. Staff M did not have a FHP on file. Review of the staff schedule, from 06/25/2023 through 07/19/2023, showed Staff M worked 17 shifts.

Review of staff record showed the facility hired Staff N on 01/05/2023 as a server. Staff N did not have a FHP on file. Review of the staff schedule from 06/25/2023 through 07/19/2023 showed Staff M worked 17 shifts.

Review of staff record showed the facility hired Staff O on 02/22/2023 as a server. Staff O did not have a FHP on file. Review of the staff schedule, from 06/25/2023 through 07/19/2023, showed Staff M worked seven shifts.

In an interview, on 07/19/2023 at 1:30PM, Staff J (Business Manager) stated they could not produce records of a FHP for Staff M, Staff N, and Staff O.

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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 Living of West Seattle is or will be in compliance with this law and / or regulation on (Date) 09/08/2023

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

K-J R C
Administrator (or Representative)

07/29/2023
Date