



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 at Ravenna
8511 15th Ave NE
Seattle, WA 98115

RE: Aegis Living at Ravenna License # 2455

Dear Administrator:

This letter addresses Compliance Determination(s) 30674 (Completion Date 10/20/2023) and 27725 (Completion Date 08/17/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/20/2023 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-24642-1, WAC 388-78A-2466-1-a, WAC 388-78A-2483, WAC 388-78A-2483-1, WAC 388-78A-2483-2, WAC 388-78A-2730-2-b-iii, WAC 388-78A-2400-2, WAC 388-78A-3090-1-a, WAC 388-78A-3090-2-c-iv

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

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

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



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 # 2455	Compliance Determination # 27725
Plan of Correction	Aegis Living at Ravenna	Completion Date
Page 1 of 8	Licensee: Aegis Senior Communities LLC	08/17/2023

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 08/09/2023 and 08/10/2023 at:

Aegis Living at Ravenna
8511 15th Ave NE
Seattle, WA 98115

The following sample was selected for review during the unannounced on-site visit: 11 of 74 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Erin Steinbrenner, Nursing Consultant Institutional
Faith Le, NCI

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

8/22/2023
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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Statement of Deficiencies	License #: 2455	Compliance Determination # 27725
Plan of Correction	Aegis Living at Ravenna	Completion Date
Page 1 of 8	Licensee: Aegis Senior Communities LLC	08/17/2023

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 08/08/2023 and 08/10/2023 of:

Aegis Living at Ravenna
8511 15th Ave NE
Seattle, WA 98115

The following sample was selected for review during the unannounced on-site visit: 11 of 74 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Erin Steinbrenner, Nursing Consultant Institutional
Faith Le, NCI

From:
DSHS, Aging and Long-Term Support Administration
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Residential Care Services

Date

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

Statement of Deficiencies

License #: 2455

Compliance Determination # 27725

Plan of Correction

Aegis Living at Ravenna

Completion Date

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Licensee: Aegis Senior Communities LLC

08/17/2023



Administrator (or Representative)

9-02-23

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 2 of 6 sampled staff (Staff B and C) was completed within 120 days of hire. This placed 74 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 02/10/2023, and Staff C (Care Manager), hired on 03/17/2023 did not show Staff B or C completed a NFBC.

In an interview, on 08/09/2023 at 1:55 PM, Staff G (Business Office Manager) confirmed Staff B and Staff C did not have completed NFBC. Staff G stated each new hire is given the fingerprint form to complete and their direct supervisor is to follow up with the employee to ensure it is completed.

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 Living at Ravenna is or will be in compliance with this law and / or regulation on (Date) 9/20/23.

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



Administrator (or Representative)

9/20/23

Date

Administrator (or Representative)

Date

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

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Findings included...

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Plan/Attestation Statement

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Administrator (or Representative)

Date

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

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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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Washington State name and date of birth background inquiry (BGI) for 1 of 8 sampled staff (Staff F) was renewed before the two-year expiration. This placed 74 residents at risk for receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff F (Medication Care Manager), hired on 07/29/2019, showed their BGI expired as of 06/25/2023 with a BGI renewal dated of 08/08/2023, the day the record had been requested.

In an interview, on 08/09/2023 at 1:55 PM, Staff G (Business Office Manager) stated she was aware Staff F's BGI renewal was obtained after the two year expiration and confirmed it had initially been missed.

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 Living at Ravenna is or will be in compliance with this law and / or regulation on (Date) 9/28/23.

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


Administrator (or Representative)

9/28/23
Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the

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Findings included...

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Plan/Attestation Statement

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Administrator (or Representative)

Date

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Statement of Deficiencies	License #: 2455	Compliance Determination # 27725
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following:

- (1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or
- (2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 8 staff members (Staff B and D) completed the required one step tuberculin skin test (TST). This placed 74 residents at risk of exposure to a communicable disease.

Findings included...

Record review showed the ALF hired Staff B (Care Manager) on 02/10/2023. Record review showed Staff B had prior documentation of a negative result blood test on 01/03/2023. Staff D did not have a TST within three days of hire date.

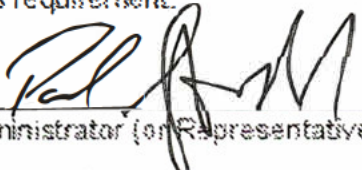
Record review showed the ALF hired Staff D (Care Manager) on 06/20/2023. Record review showed Staff B had prior documentation of a negative skin test on 07/19/2022. Staff B did not have a second step TST within three days of hire date.

In interview, on 08/09/2023 at 2:05 PM, Staff G (Business Office Manager) stated she thought if staff provided a previous negative test they didn't need to be tested after hire. Staff G confirmed she would have the employees tested.

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 Living at Ravenna is or will be in compliance with this law and / or regulation on (Date) 7/22/23.

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


 Administrator (or Representative)

9/24/23
 Date

following:

- (1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or
- (2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff members (Staff B and D) completed the required one step tuberculin skin test (TST). This placed 74 residents at risk of exposure to a communicable disease.

Findings included...

Record review showed the ALF hired Staff B (Care Manager) on 02/10/2023. Record review showed Staff B had prior documentation of a negative resulted blood test on 01/03/2023. Staff D did not have a TST within three days of hire date.

Record review showed the ALF hired Staff D (Care Manager) on 06/20/2023. Record review showed Staff B had prior documentation of a negative skin test on 07/18/2022. Staff B did not have a second step TST within three days of hire date.

In interview, on 08/09/2023 at 2:05 PM, Staff G (Business Office Manager) stated she thought if staff provided a previous negative test they didn't need to be tested after hire. Staff G confirmed she would have the employees tested.

Plan/Attestation Statement

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Administrator (or Representative)

Date

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

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to maintain and post a copy of the most recent full inspection conducted by the Department. This failure placed 74 residents at risk for not being informed of the ALF's recent deficiencies and plan of correction.

Findings included...

Observation and record review, during the environmental tour with Staff A (Administrator) and Staff H (Maintenance Director), on 08/08/2023 at 11:45 AM, showed an inspection binder located to the left of the reception desk near the ALF's entrance. Review of the binder showed the Department's inspection results dated 03/20/2019.

Record review of Facilities Management System, showed the Department's last full inspection and Statement of Deficiencies was completed and issued on 09/16/2021.

In interview, on 08/08/2023 at 1:30 PM, Staff G (Business Office Manager) agreed the most recent inspection was not in the inspection report binder and stated she had obtained the 2021 inspection results from the previous administrator and will place it in the inspection binder.

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 Living at Ravenna is or will be in compliance with this law and / or regulation on (Date) 9/28/23.

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

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Findings included...

Observation and record review, during the environmental tour with Staff A (Administrator) and Staff H (Maintenance Director), on 08/08/2023 at 11:45 AM, showed an inspection binder located to the left of the reception desk near the ALF's entrance. Review of the binder showed the Department's inspection results dated 03/20/2019.

Record review of Facilities Management System, showed the Department's last full inspection and Statement of Deficiencies was completed and issued on 09/18/2021.

In interview, on 08/08/2023 at 1:30 PM, Staff G (Business Office Manager) agreed the most recent inspection was not in the inspection report binder and stated she had obtained the 2021 inspection results from the previous administrator and will place it in the inspection binder.

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 Living at Ravenna 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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	<u>9/20/23</u>
Administrator (or Representative)	Date

WAC 388-78A-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure resident's medical records were protected and kept private. This failure placed 74 of 74 residents at risk for violation of their privacy and basic rights.

Findings included...

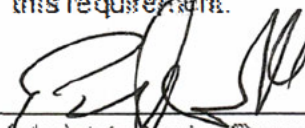
Observation, during the environmental tour with Staff A (Administrator) and Staff H (Maintenance Director), on 08/08/2023 at 11:25 AM, showed the following: an unlocked console cabinet located on the 2nd floor common hallway, across from the health service office had a binder labeled, "2nd FLR 24hr Log and Resource Binder." This binder contained various residents' names and their medical information. An unlocked console cabinet located on the 3rd floor common hallway, across from the life enrichment director's office, has a binder labeled, "3rd FLR 24hr Log and Resource Binder." This binder contained various residents' names and their medical information.

In a joint interview, on 08/08/2023 at 11:56 AM, Staff I (Health Services Director) and Staff J (Care Director) stated the binders were stored in an unlocked cabinet and were not aware they contained residents' confidential information.

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 Living at Ravenna is or will be in compliance with this law and / or regulation on (Date) 9/20/23.

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

	<u>9/20/23</u>
Administrator (or Representative)	Date

_____ Administrator (or Representative)	_____ Date
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This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure resident's medical records were protected and kept private. This failure placed 74 of 74 residents at risk for violation of their privacy and basic rights.

Findings included...

Observation, during the environmental tour with Staff A (Administrator) and Staff H (Maintenance Director), on 08/08/2023 at 11:25 AM, showed the following: an unlocked console cabinet located on the 2nd floor common hallway, across from the health service office had a binder labeled, "2nd FLR 24hr Log and Resource Binder." This binder contained various residents' names and their medical information. An unlocked console cabinet located on the 3rd floor common hallway, across from the life enrichment director's office, has a binder labeled, "3rd FLR 24hr Log and Resource Binder." This binder contained various residents' names and their medical information.

In a joint interview, on 08/08/2023 at 11:56 AM, Staff I (Health Services Director) and Staff J (Care Director) stated the binders were stored in an unlocked cabinet and were not aware they contained residents, confidential information.

Plan/Attestation Statement	
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_____ Administrator (or Representative)	_____ Date

Statement of Deficiencies	License #: 2455	Compliance Determination # 27725
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WAC 388-78A-3090 Maintenance and housekeeping.

- (1) The assisted living facility must:
 - (a) Provide a safe, sanitary and well-maintained environment for residents;
- (2) The assisted living facility must provide housekeeping supply room(s):
 - (c) Equipped with:
 - (iv) Mechanical ventilation to the outside of the assisted living facility.

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure the ventilation system was operational for 2 of 2 housekeeping closets (Housekeeping Closet 1 and 2), maintain a functioning plumbing system for the utility sink in 1 of 2 housekeeping closets (Housekeeping Closet 1), and a sanitary environment in the common area (Stairwell). These failures placed 74 of 74 residents at risk for sickness and decreased quality of life.

Findings included...

Observation during the environmental tour with Staff A (Administrator) and Staff H (Maintenance Director), on 08/08/2023 at 10:15 AM, showed a common stairwell located on Parking Level 1. Next to the stairwell was a paper cup filled with dark liquid and mold.

In an interview, on 08/08/2023 at 10:20 AM, Staff H stated the cup should not be there and immediately removed it from the stairwell.

Observation during the environmental tour with Staff A and Staff H, on 08/08/2023 at 10:25 AM, showed the Housekeeping Closet 1 located on the 2nd floor had a ceiling vent that was not working. A Department Representative placed a piece of tissue against the vent but there was no negative pressure to hold the tissue in place. Housekeeping Closet 1 showed a sink filled with cloudy odorous liquid. Staff H was not able to drain the liquid from the sink.

In an interview, on 08/08/2023 at 10:30 AM, Staff H stated he was unsure why the Housekeeping Closet 1 ceiling vent was not working. Staff H stated the liquid in the sink was used to mop the floors from earlier that morning and confirmed the sink was clogged.

Observation during the environmental tour with Staff A and Staff H, on 08/08/2023 at 11:05 AM, showed the Housekeeping Closet 2 located on the 3rd floor had a ceiling vent that was not working. A Department Representative placed a piece of tissue against the vent but there was no negative pressure to hold the tissue in place.

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(2) The assisted living facility must provide housekeeping supply room(s):

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Findings included...

Observation during the environmental tour with Staff A (Administrator) and Staff H (Maintenance Director), on 08/08/2023 at 10:15 AM, showed a common stairwell located on Parking Level 1. Next to the stairwell was a paper cup filled with dark liquid and mold.

In an interview, on 08/08/2023 at 10:20 AM, Staff H stated the cup should not be there and immediately removed it from the stairwell.

Observation during the environmental tour with Staff A and Staff H, on 08/08/2023 at 10:25 AM, showed the Housekeeping Closet 1 located on the 2nd floor had a ceiling vent that was not working. A Department Representative placed a piece of tissue against the vent but there was no negative pressure to hold the tissue in place. Housekeeping Closet 1 showed a sink filled with cloudy odorous liquid. Staff H was not able to drain the liquid from the sink.

In an interview, on 08/08/2023 at 10:30 AM, Staff H stated he was unsure why the Housekeeping Closet 1 ceiling vent was not working. Staff H stated the liquid in the sink was used to mop the floors from earlier that morning and confirmed the sink was clogged.

Observation during the environmental tour with Staff A and Staff H, on 08/08/2023 at 11:05 AM, showed the Housekeeping Closet 2 located on the 3rd floor had a ceiling vent that was not working. A Department Representative placed a piece of tissue against the vent but there was no negative pressure to hold the tissue in place.

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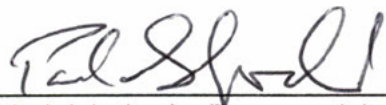
In an interview, on 08/08/2023 at 11:10 AM, Staff H stated he was unsure why Housekeeping Closet 2 ceiling vent was not working.

In a follow up interview, on 08/10/2023 at 12:15 PM, Staff H stated the ceiling vents in Housekeeping Closet 1 and 2 did not have a fan connected to an air duct, and he had called a technician to address the issue.

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 Living at Ravenna is or will be in compliance with this law and / or regulation on (Date) Oct 4.

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



Administrator (or Representative)

9/27/23

Date

In an interview, on 08/08/2023 at 11:10 AM, Staff H stated he was unsure why Housekeeping Closet 2 ceiling vent was not working.

In a follow up interview, on 08/10/2023 at 12:15 PM, Staff H stated the ceiling vents in Housekeeping Closet 1 and 2 did not have a fan connected to an air duct, and he had called a technician to address the issue.

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Administrator (or Representative)

Date