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

Quail Park of West Seattle, LLC
Quail Park Memory Care Residences of West Seattle
4515 41st Ave SW
Seattle, WA 98116

RE: Quail Park Memory Care Residences of West Seattle License # 2458

Dear Administrator:

This letter addresses Compliance Determination(s) 40989 (Completion Date 05/08/2024) and 36957 (Completion Date 03/12/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/08/2024 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-2140-2, WAC 388-78A-2140-2-a, WAC 388-78A-2140-2-b, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b, WAC 388-78A-2210-2, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2320-1, WAC 388-78A-2320-2-a, WAC 388-78A-2320-2-b, WAC 388-78A-2410-8-a-iii, WAC 388-78A-2410-8-a-ii, WAC 388-78A-2480-1, WAC 388-78A-2474-1, WAC 388-78A-2305-1

The Department staff who did the on-site verification:
Alma Duran, Licensor
Keiko Kitano, Licensor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J

Residential Care Services

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

03/12/2024

Licensee: Quail Park of West Seattle, LLC
Quail Park Memory Care Residences of West Seattle
4515 41st Ave SW
Seattle, WA 98116

RE: Quail Park Memory Care Residences of West Seattle License # 2458

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 03/12/2024 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:
- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

- 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.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

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:
  - What specific deficiency or deficiencies you disagree with;
  - Why you disagree with each deficiency; and
  - Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - 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)312-1446.

Sincerely,

Jamie Singer

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

Enclosure

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 #: 2458	Compliance Determination # 36957
Plan of Correction	Quail Park Memory Care Residences of West Seattle	Completion Date
Page 3 of 17	Licensee: Quail Park of West Seattle, LLC	03/12/2024

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 and complaint investigation on 02/13/2024 and 02/15/2024 of:
Quail Park Memory Care Residences of West Seattle
4515 41st Ave SW
Seattle, WA 98116

This document references the following complaint numbers: 118241.

The following sample was selected for review during the unannounced on-site visit: 8 of 45 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Keiko Kitano, Licensor
Alma Duran, Licensor

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
3/12/2024 — 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 #: 2458	Compliance Determination # 36957
Plan of Correction	Quail Park Memory Care Residences of West Seattle	Completion Date
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Administrator (or Representative)

3/18/2024
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:

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop and document the roles and responsibilities of a hospice (end of life care) bath aide, including an alternate plan, in the Negotiated Service Agreement (NSA) for 1 of 1 sampled resident (Resident 7). This placed Resident 7 at risk for not receiving necessary care and services.

Findings included...

Record review showed that the ALF admitted Resident 7 on [redacted]'2021 with multiple diagnoses, including [redacted]. Review of an Assessment, dated 11/03/2023, showed that Resident 7 required the assistance with bathing one to two times weekly.

Review of a hospice note, dated 12/15/2023, showed that Resident 7 had been receiving hospice care.

In an interview, on 02/15/2024, at 10:15 AM, Staff C (Medication Technician) stated that Resident 7 had been receiving shower assistance from a hospice agency.

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In an interview, on 02/15/2024 at 10:20 AM, Collateral Contact 1 (CC1 – Hospice Bath Aide) stated that they had been providing bathing assistance for Resident 7 twice a week.

Review of a Service Plan (SP-equivalent to NSA), dated 11/03/2023, showed no information that a hospice bath aide would provide bathing assistance for Resident 7. The SP had no alternate plan for when the hospice shower aide might not be able to provide services.

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, Quail Park Memory Care Residences of West Seattle is or will be in compliance with this law and / or regulation on (Date) 4/26/2024 .

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

Administrator (or Representative) — Date: 3/18/2024

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed ensure safe medication services for 3 of 3 sampled resident (Resident 3, 4 and 8). This placed Residents 3, 4 and 8 at risk of health complications.

Findings included...

Review of the ALF's undated Medication Services Policy F – 130 showed, "The community will ensure that all medication regimens are reviewed quarterly to promote appropriateness and accuracy. The community will work closely the pharmacy and the resident's physician to provide the safest and most accurate medication assistance possible.

RESIDENT 3
Review of a Resident Face Sheet (RFS) showed the ALF admitted Resident 3 on [redacted] 2021 with multiple medical diagnoses including [redacted]. Review of an Assessment, dated 11/06/2023, showed Resident 3 required extensive assistance with medication management.

Record review of a physician order, dated 11/15/2023, showed Resident 3 was prescribed metoprolol succinate ER (extended release) 125 milligrams (mg) daily (used to treat chronic heart failure and high blood pressure (BP)). The order including parameters to hold for the metoprolol if Resident 3's systolic (upper number of BP reading) BP was less than 90 or heart rate (HR) was less than 55 beats per minute (bpm).

Review of the electronic Medication Administration Records (eMARs) for November and December 2023, and January 2024, showed Resident 3 had the following BP or HR readings: HR 46 bpm on 11/10/2023; HR 54 bpm on 12/24/2024; HR 53 bpm on 12/27/2023; HR 53 bpm on 01/11/2024; BP of 89/57 on 01/18/2024. On 11/10/2023, 12/24/2023, 12/27/2023 and 01/11/2024, metoprolol was initialed as given at 8:00 AM by Staff C (identify), when Resident 3's HR or BP met the physicians ordered parameters to hold the metoprolol.

RESIDENT 4
Review of a RFS showed the ALF admitted Resident 4 on [redacted] 2022 with multiple diagnoses including [redacted] and [redacted]. Review of an Assessment, dated 12/21/2023, showed Resident 4 required staff assistance with medication management.

Review of a physician's order, dated 07/17/2023, showed Resident 4 was prescribed pravastatin sodium (used to lower cholesterol) 20 mg, take a half tablet by mouth nightly at bedtime on even days, take 1 tablet by mouth nightly at bedtime on odd days.

Review of eMARs for November and December 2023, and January and February 2024, showed that on the odd days of 11/05/2023, 11/11/2023, 11/19/2023, 11/25/2023 12/03/2023, 12/09/2023, 12/17/2023, 12/23/2023 01/07/2024, 01/21/2024 and 02/09/2024 Resident 4 was given the even day dose of a half tab of pravastatin. The eMARs showed on the even days of 11/04/2023, 11/12/2023, 11/18/2023, 11/22/2023, 11/28/2023 12/02/2023, 12/08/2023, 12/12/2023,12/18/2023, 01/04/2024 and 02/10/2024 Resident 4 was given the odd day dose of a full tab of pravastatin.

Record review showed a physician order, dated 07/13/2023, for metoprolol tartrate 25 mg, give half tablet (12.5 mg) twice daily. The order included parameters to hold the metoprolol if Resident 4's systolic BP was less than 100 or HR was less than 60 bpm.

Review of Resident 4's November and December 2023, January and February 2024 eMARs, showed no daily BP and HR readings, prior to giving or holding the metoprolol medication according to the physician's ordered parameters.

Interview, on 02/14/2024 at 11:15 AM, Staff J (License Nurse) stated Resident 4's BP and PR should have been checked daily and documented in the eMARs as ordered.

RESIDENT 8
NOTE: For most adults, a normal blood pressure is usually less than 120/80 millimeters of mercury (mm Hg). Low blood pressure is blood pressure that is lower than 90/60 mm Hg. (National Heart, Lung, and Blood Institute, Updated on 03/02/2022)

Record review showed that the ALF admitted Resident 8 on [redacted] 2023 with multiple diagnoses including [redacted] and [redacted]. Review of a Service Plan (SP – equivalent to Negotiated Service Agreement), dated 07/31/2023, showed that Resident 8 required staff assistance with medications, and that MT's were required to provide Resident 8 with medications as ordered by their physician.

Record review showed that on [redacted] 2023, Resident 8 was hospitalized due to acute medical conditions. Review of a discharge medication list from the hospital, dated [redacted] 2023, showed that a physician lowered the dosage of metoprolol (a medication used to treat high BP) from 150 mg per day to 100 mg because Resident 8's BP was low.

Review of January and February 2024 eMARs showed an order for ALF staff to take Resident 8's BP at 8:00 AM daily.

Review of the January 2024 eMARs showed that on 01/22/2024, Resident 8 had a BP reading of 94/59 mmHg, and Staff O (MT) gave metoprolol. Review of the February 2024 eMARs showed that on 02/13/2024, Staff M (MT) did not give metoprolol to Resident 8, and documented in a progress note, "Held metoprolol 100 mg due to MD [a physician] orders. BP was 90/57 [mmHg]".

However, review of the eMARs showed no BP parameter order to hold metoprolol.

In an interview, on 02/15/2024 at 10:00 AM, Staff M stated they held Resident 8's metoprolol on 02/13/2024 because their BP was low. When asked where the parameters of when to hold the metoprolol were Staff M stated, "the computer screen showed it". Staff M then checked the computer screen for parameters of when to hold the metoprolol but was unable to find them.

Records review showed there were no parameters of when to hold Resident 8's metoprolol.

In an interview, on 02/15/2024 at 9:15 AM, when asked whether they had ever asked Resident 8's physician for BP parameters for holding metoprolol, Staff J (Licensed Nurse) said, "No".

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, Quail Park Memory Care Residences of West Seattle is or will be in compliance with this law and / or regulation on (Date) 4/26/2024.

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

Administrator (or Representative) — Date: 3/18/2024

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

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to follow the required Washington Administrative Code (WAC) 246-840-930 criteria for nurse delegation (ND) for 1 of 1 sampled resident (Resident 3) receiving nursing services by non-licensed staff. This resulted in non-licensed staff members crushing and administering medications to Resident 3 without receiving proper ND training or oversight.

Findings included...

NOTE: The Nurse Delegation Program, under Washington State law, allows nursing assistants (NAs) and Home Care Aides (HCAs) working in certain settings to perform certain tasks, normally performed only by licensed nurses. A Registered Nurse (RN) must teach and supervise NAs and HCAs, as well as provide nursing assessments of the resident's condition. Nurse Delegation (ND) is specific to each resident, each caregiver, and each task.

NOTE: Washington Administrative Code (WAC) 246-840-930 - Criteria for delegation, included the following subsections: (1) Before delegating a nursing task, the registered nurse delegator must determine that it is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.

Review of the ALF's Disclosure of Services under Intermittent Nursing Services (section B) showed, "The ALF uses nursing assistants under the delegation of a registered nurse to provide some authorized nursing services." Including assistance with medications under section, "A. We have a licensed nursing staff available to administer directly, or indirectly, to supervise the administration of the medications listed below: 1. Administration of oral and topical medications and eye /ear/ nose drops. a. We use nursing assistants under the delegation of a registered nurse to administer drops, oral, and topical medications."

In interview, on 02/13/2024 at 9:50 AM, Staff F (Executive Director) stated the ALF provided ND services to residents. Staff F stated that Staff K (Registered Nurse Delegator (RND)) had been the RND of the ALF since 03/09/2022. When asked what sort of nursing tasks were delegated to Medication Technicians (MTs), Staff F stated that there were multiple tasks including creams, eye drops, etc.

Review of a Resident Face Sheet showed the ALF admitted Resident 3 on [redacted]/2021 with multiple medical diagnoses including [redacted]. Review of an Assessment and NSA dated 11/06/2023, showed Resident 3 required total assist with medication management.

Review of Resident 3's active records showed a Physician's orders dated 08/11/2022 and 11/15/2023 to crush seven medications: diltiazem HCL ER at bedtime daily (used to treat high blood pressure), Eliquis twice a day (a blood thinner), levothyroxine daily (used for low thyroid hormone), melatonin (for sleep), vitamin B12 daily (supplement), Vitamin C daily (supplement), and Vitamin D3 daily (supplement). Resident 3 also received an order for nasal spray daily (for allergic rhinitis).

Review of the ND binder showed a Nurse Delegation Consent for Delegation Process signed and dated 09/04/2021 by Resident 3's representative.

Review of the ND binder showed no written ND task documentation, or Nursing Visits. There were no instructions for nasal spray, administration and crushing of daily and as needed (PRN) for Resident 3. There were no documents indicating Staff K had delegated any MTs to administer or crush Resident 3's medications.

Interview, on 02/15/2024 at 2:30 PM, Staff C (MT) stated she crushed and mixed the medications in apple sauce and administer to Resident 3. When question if she was delegated, Staff C stated, "No, I am scheduled [for delegation] next week."

Review of the November and December 2023, and January 2024 eMARs showed initials by Staff C, Staff I, Staff L, Staff M, Staff N, Staff O, and Staff P (all MTs) to indicate the medications were crushed and nasal spray administered to Resident 3.

Interview, on 02/23/2024 at 11:50 AM, Staff K confirmed she had not yet delegated any of Resident 3's nursing tasks to the ALF's MT's. When MT's were administering and crushing medications for Resident 3 without ND, Staff K stated, "They know what they are doing, just doing it blindly. They still need to be delegated."

This deficiency was previously cited on 05/09/2022.

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: 3/18/2024

WAC 388-78A-2410 Content of resident records. The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident. Active resident records must include the following:

(8) Medical and nursing services provided by the assisted living facility for a resident, including:

(a) A record of providing medication assistance and medication administration, which contains:

(ii) The time and date of any medication assistance or administration;

(iii) The signature or initials of the person providing any medication assistance or administration; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that staff provided consistent and accurate documentation in the Medication Administration Records (MARs) for 4 of 8 sampled residents (Residents 3, 4, 5 and 8) who required staff to administer/assist their medications. This failure resulted in Residents 3, 4, 5, and 8 in incomplete and inaccurate medication records, and placed them at risk for potential medication errors and health complications.

Findings included...

Review of ALF's undated Policy and Procedure, F-130 Medication Services, showed staff were to document on the Medication Administration Record (MAR) when medications had been taken. If a medication was not taken, staff were to document explanation of the omission.

Review of the electronic Medication Administration Records (eMARs) for residents showed that each prescribed medication had an associated box/column with the date and time to be taken. After a prescribed medication was given to a resident, the column was to be initialed/signed by staff, indicating and documenting that the medication was given to the resident as prescribed.

In an interview, on 02/15/2024 at 9:10 AM, Staff J (Licensed Nurse (LN)) stated that Medication Technicians (MT) and LNs were responsible for giving medications to the residents following the instructions in the eMARs. Staff J stated that MTs/LNs were required to put their initials in each column of the eMARs whether the resident had taken a medication or not. Staff J stated that no space in a column should be left empty.

RESIDENT 3
Review of a Resident Face Sheet (RFS) showed the ALF admitted Resident 3 on [redacted]/2021 with multiple diagnoses including [redacted]. Review of an Assessment, dated 11/06/2023, showed Resident 3 required extensive assistance with medication management.

Record review of Resident 3's December 2023 eMAR showed, on 12/24/2023 at 8:00 PM, diltiazem HCL ER (a medication used to treat high blood pressure and prevent chest pain), and Eliquis (a blood thinner), were not initialed as given by staff.

RESIDENT 4
Review of a RFS showed the ALF admitted Resident 4 on [redacted]2022 with multiple medically disabling diagnoses. Review of an Assessment, dated 12/21/2023, showed Resident 4 required staff assistance with medication management.

Record review of Resident 4's November 2023 eMAR showed on 11/29/2023 and 11/30/2023, a total of 53 doses of 18 routine medications were not initialed to document

the medication was given. Resident 4's January 2024 eMAR showed, on 01/06/2024, routine medications were not initialed to indicate the medications were given.

RESIDENT 5
Review of a RFS form showed the ALF admitted Resident 5 on [redacted] 2023 with a primary diagnosis of [redacted].
Review of an Assessment dated 02/13/2024, showed Resident 5 required staff assistance with medication management.

Record review of November 2023 eMAR showed on 11/29/2023 and 11/30/2023, a total of 20 doses of six routine medications were not initialed to document the medications were given to Resident 5. Resident 5's December 2023 MAR showed, on 12/31/2023, six routine medications were not initialed to document the medications were given.

RESIDENT 8
Record review showed that the ALF admitted Resident 8 on [redacted] 2023 with multiple diagnoses including [redacted]. Review of a Service Plan (SP - equivalent to Negotiated Service Agreement), dated 07/31/2023, showed that Resident 8 required staff assistance with medications, and that MTs were required to provide Resident 8 with medications as ordered by their physician.

Review of the November and December 2023, and January 2024 eMARs showed that Resident 8 was prescribed multiple medications. Review of the eMARs showed that for multiple medications on multiple days, the ALF staff omitted signing their initials in columns to indicate that Resident 8 received these medications as prescribed.

Review of the eMAR's showed Resident 8 was prescribed to take 25 milligrams (mg) of quetiapine (an antipsychotic medication that was used to treat psychosis (a condition that involves some loss of contact with reality) twice a day at 12:00 PM and 11:00 PM, and 50 mg at 6:00 PM. The ALF staff omitted their initials in a column for the 11:00 PM dose of quetiapine for four days in November 2023, seven days in December 2023, and four days in January 2024. The ALF staff omitted their initials in a column for the 6:00 PM dose of quetiapine for two days in November 2023, two days in December 2023, and one day in January 2024.

Review of the November and December 2023 eMARs showed Resident 8 was prescribed to take eight medications at 8:00 AM. The ALF staff omitted their initials in columns for all 8:00 AM medications on 11/29/2023, 11/30/2023, and 12/31/2023. There was no documentation as to whether Resident 8 received those medications as prescribed.

Interview, on 02/14/2024 at 11:45 AM, Staff J (License Nurse) stated he was responsible for monitoring and ensuring all residents receive their medications as ordered. Staff J stated Residents 3, 4, 5, and 8 received their medications as ordered however the staff were failed to document their signatures or initials to show the medications were given.

Statement of Deficiencies	License #: 2458	Compliance Determination # 36957
Plan of Correction	Quail Park Memory Care Residences of West Seattle	Completion Date
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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, Quail Park Memory Care Residences of West Seattle is or will be in compliance with this law and / or regulation on (Date) 4/26/2024.

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

Administrator (or Representative) — Date: 3/18/2024

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 (ALF) failed to ensure that 2 of 3 sampled newly hired staff members (Staff A and C) received a tuberculosis skin test (TST) within three days of being hired. This placed 45 of 45 residents in the ALF at risk for exposure to a communicable disease.

Findings included...

Review of staff records showed that the ALF hired Staff A (Prep Cook) on 05/11/2023. Review of Staff A's records showed that Staff A received a TST on 08/23/2023, about three months after being hired.

Review of staff records showed that the ALF hired Staff C (Medication Technician) on 11/21/2023. Review of Staff C's records showed that Staff C received a TST on 01/19/2024, about two months after being hired.

In an interview, on 02/14/2024 at 9:00 AM, Staff F (Administrator/Executive Director) acknowledged that the screening for tuberculosis for Staff A and C were done late.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2458	Compliance Determination # 36957
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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, Quail Park Memory Care Residences of West Seattle is or will be in compliance with this law and / or regulation on (Date) 4/26/2024.

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

Administrator (or Representative) _____ Date 3/18/2024

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

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

This requirement was not met as evidenced by:

Based interview and record review, the Assisted Living Facility (ALF) failed to ensure that that 3 of 3 sampled newly hired staff members (Staff A, B, and C) received the facility orientation before having routine interaction with residents. This placed 45 of 45 residents in the ALF at risk for not receiving proper care and services from staff unfamiliar with the ALF and their expected duties.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training. (1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

Review of staff records showed that the ALF hired Staff A (Prep Cook) on 05/11/2023, and Staff A received a facility orientation on 08/22/2023, about three months after being hired.

Review of staff records showed that the ALF hired Staff B (Caregiver) on 06/09/2023, and Staff B received a facility orientation on 08/24/2023, about two months after being hired.

Review of staff records showed that the ALF hired Staff C (Medication Technician) on

11/21/2023, and Staff C received a facility orientation on 01/19/2024, about two months after being hired.

In an interview, on 02/14/2024 at 9:00 AM, Staff F (Administrator/Executive Director acknowledged that the facility's orientations for Staff A, B, and C were 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, Quail Park Memory Care Residences of West Seattle is or will be in compliance with this law and / or regulation on (Date) 4/26/2024.

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

Administrator (or Representative) — Date: 3/18/2024

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 Assisted Living Facility (ALF) failed to ensure that staff followed the requirements of chapter 246-215 of the Washington Administrative Code (WAC). This failure placed 45 of 45 residents at risk for food borne illness.

Findings included...

NOTE: Washington Administrative Code (WAC) WAC 246-215-03525 Temperature and time control—Time/temperature control for safety food, hot and cold holding (Food and Drug Administration (FDA) Food Code 3-501.16).
(1) Except during active preparation for up to two hours, cooking, or cooling or when time is used as the public health control as specified under WAC 246-215-03530, and except as specified in subsections (2) and (3) of this section, time/temperature control for safety food must be maintained:
(b) At 41°F (5°C) or less.

NOTE: WAC 246-215-03300 Preventing contamination by employees—Preventing contamination from hands (FDA Food Code 3-301.11). (2) Except when washing fruits and vegetables as specified under WAC 246-215-03318 or as specified in subsection (4) of this

section, food employees may not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment.

NOTE: WAC 246-215-02305 Hands and arms—Cleaning procedure (FDA Food Code 2-301.12). (1) Except as specified in subsection (4) of this section, food employees shall clean their hands and exposed portions of their arms, including surrogate prosthetic devices for hands or arms for at least 20 seconds, using a cleaning compound in a handwashing sink that is equipped as specified under WAC 246-215-05210 and Part 6, Subpart C of this chapter.

Review of the undated Residents' Characteristics Roster showed that the ALF had been providing care and services for 45 residents.

TEMPERATURE CONTROL
Observation, on 02/13/2024 at 10:35 AM, showed there was no thermometer to ensure temperature control in a small refrigerator under the counter in the dining room on the fourth floor. The small refrigerator contained an open gallon container of milk and a half-eaten pudding.

Observation, on 02/13/2024 at 10:45 AM, showed there was no thermometer to ensure temperature control in a small refrigerator under the counter in the dining room on the third floor. The small refrigerator contained an open gallon container of milk.

Observation, on 02/13/2024 at 10:55 AM, showed there was no thermometer to ensure temperature control in a small refrigerator under the counter in the dining room on the second floor. The small refrigerator contained apple sauce and cans of Ensure (nutritional supplement).

In an interview, on 02/14/2024 at 1:50 PM, Staff H (Director of Signature Dining) stated that they were not aware how long the small refrigerators had been without thermometers to monitor the temperature inside the refrigerators.

PREVENTING CONTAMINATION BY EMPLOYEES
Observation, on 02/15/2024 between 12:20 PM and 12:25 PM, showed Staff R (Caregiver) transporting, and handing Resident 9 a grilled sandwich and peeled orange slices without gloves. Resident 9 was observed eating the food Staff R handed to them off the plate.

In an interview, on 02/15/2024 at 12:25 PM, when the Department Representative spoke with Staff R about the food regulation, stating that a person who served food could not touch a ready-to-eat food with a bare hand, Staff R responded, "Oh".

HAND WASHING

In an interview, on 02/14/2024 at 1:50 PM, Staff H stated that kitchen servers were responsible for dishing up food on plates and caregivers were responsible for serving food to residents.

Observation, on 02/15/2024 at 12:05 PM, showed Staff S (Caregiver) serving soup to residents at the dining table on the second floor. At 12:10 PM, Staff S was observed placing the dirty soup bowls on a cart next to the door to the kitchen. At 12:15 PM, Staff S served a plate of food to a resident. Staff S did not clean or sanitize their hands between touching the dirty soup bowls and serving food to residents.

In an interview, on 02/15/2024 at 12:33 PM, when asked the location of the hand washing sink for staff, Staff H stated it was, "inside the kitchen". When Staff H was told that neither Staff R or Staff S had been observed washing their hands between dirty and clean tasks while serving food to residents, Staff H stated that they might have used hand sanitizer.

In an interview, on 02/15/2024 at 12:35 PM, when asked whether they had sanitizer with them, Staff S gestured as if they did not have any, then looked around the dining room and asked Staff R where the hand sanitizer was.

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, Quail Park Memory Care Residences of West Seattle is or will be in compliance with this law and / or regulation on (Date) 4/26/2024 .

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

Administrator (or Representative) — Date: 5/18/2024