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

BC ISSAQUAH MC LLC
Ciel Senior Living of Issaquah
23845 SE Issaquah Fall City Rd
Issaquah, WA 98029-7514

RE: Ciel Senior Living of Issaquah License # 2471

Dear Administrator:

This letter addresses Compliance Determination(s) 59789 (Completion Date 05/19/2025) and 56582 (Completion Date 03/27/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/19/2025 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-2450-2-e, WAC 388-112A-0090-4

The Department staff who did the on-site verification:
Michelle Yip, ALF Licensor
Thomas Forkgen, ALF Licensor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kimberley Ripley

Kimberley Ripley, 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 an unannounced on-site follow-up on 03/19/2025 of:
Ciel Senior Living of Issaquah
23845 SE Issaquah Fall City Rd
Issaquah, WA 98029-7514

This document references the following SOD dated: 03/27/2025

The following sample was selected for review during the unannounced on-site visit: 0 of 37 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
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

Statement of Deficiencies	License #: 2471	Compliance Determination # 56582
Plan of Correction	Ciel Senior Living of Issaquah	Completion Date
Page 2 of 4	Licensee: BC ISSAQUAH MC LLC	03/27/2025

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

04/08/2025 — 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)

4/23/25 — Date

WAC 388-112A-0090 Which long-term care workers are exempt from the seventy-hour long-term care worker basic training requirement? The following long-term care workers are exempt from the seventy-hour long-term care worker basic training requirement:

(4) A nursing assistant certified under chapter 18.88A RCW and a person in an approved training program for certified nursing assistants under chapter 18.88A RCW provided they complete the training program within one hundred twenty days of the date of hire and the department of health has issued the nursing assistant certified credential within two hundred days of the date of hire;

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(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;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 3 of 7 sampled staff (Staff C, Staff D, and Staff I) were qualified with appropriate credentials to provide care for vulnerable adult residents. This failure placed all 39 residents at risk for receiving care from an unqualified staff.

Findings included...

Record review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 01/29/2025 for unqualified staff who provided care. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 03/14/2025.

Review of the facility's undated Resident Care Assistant job description showed that Resident Care Assistants performed various resident care activities and related nonprofessional services essential to caring for personal needs and comfort of residents, including routine personal care.

Review of the facility's March 2025 staff schedule showed Staff C worked 11 shifts, Staff D worked 11 shifts, and Staff I worked 15 shifts to provide resident care.

STAFF C
Review of the facility's Employee Roster showed the facility hired Staff C, Resident Care Assistant, on 02/26/2024. Review of Staff C's employee record showed that as of 03/19/2025, 387 days after hire, there was no documentation that Staff C was certified as Health Care Aide (HCA) or Nursing Assistant Certified (NA-C).

Review of an undated document titled, "Washington State Department of Health Score Report", showed Staff C passed the written/Oral knowledge Exam required for the Washington State Home Care Aide Certification on 03/16/2025. Review of an undated document titled, "Washington Home Care Aide Skills", showed Staff C was scheduled for the skills exam on 03/26/2025.

Review of the Washington State Provider Credential Search Website on 03/27/2025 showed no evidence that Staff C obtained the HCA or NA-C credential after 200 days of employment.

STAFF D
Review of the facility's Employee Roster showed the facility hired Staff D, Resident Care Assistant, on 06/24/2024. Review of Staff D's employee record showed that Staff D completed the Nursing Assistant Program on 06/06/2024. Review of Staff D's employee record showed that as of 03/19/2025, 269 days after hire, there was no documentation that showed Staff D obtained the HCA certification or NA-C credential.

Review of a Department of Health (DOH) document showed that on 06/12/2024, Staff D passed the skills test for Nursing Assistant Certified. The document showed Staff D was scheduled for the Nursing Assistant Certified written exam. The document showed no date of the scheduled exam.

Review of the Washington State Provider Credential Search Website on 03/27/2025, showed there was no evidence that showed Staff D obtained the HCA certification or NA-C credential after 200 days of employment.

STAFF I
Review of the facility's Employee Roster showed the facility hired Staff I, Resident Care

Manager, on 06/04/2024. Review of Staff I's employee record showed that as of 03/19/2025, 288 days after date of hire, there was no documentation that Staff I obtained the HCA or NA-C Credential.

Review of the Washington State Provider Credential Search Website on 03/19/2025 showed Staff I's Nursing Assistant Certified was pending.

During an interview on 03/19/2025 at 12:20 PM, Staff A, Executive Director, stated that several of the uncredentialed staff were reassigned to other departments that did not require staff to provide care. Staff A stated that all uncredentialed staff which included Staff C, Staff D, and Staff I all signed a "trainee" document that showed they were not allowed to provide care without direct supervision. Staff A stated that Staff C, Staff D, and Staff I were not reassigned to other departments. Staff A stated that Staff C, Staff D, And Staff I only provided care to residents with direct supervision. Staff A stated that the staff who were not qualified were scheduled or waited to be scheduled to take exams for the HCA or NA-C credential. Staff A stated that the staff were waiting for the Washington Department of Health to schedule the exams.

This is an uncorrected deficiency previously cited on 01/29/2025, for WAC 388-78A-2450 subsection (2)(e) and WAC 388-112A-0090 subsection (4).

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, Ciel Senior Living of Issaquah is or will be in compliance with this law and / or regulation on (Date) 5/1/25

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

Administrator (or Representative) Date 4/23/25

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 01/21/2025, 01/23/2025 and 01/27/2025 of:

Ciel Senior Living of Issaquah
23845 SE Issaquah Fall City Rd
Issaquah, WA 98029-7514

The following sample was selected for review during the unannounced on-site visit: 7 of 39 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
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

Statement of Deficiencies	License #: 2471	Compliance Determination # 53329
Plan of Correction	Ciel Senior Living of Issaquah	Completion Date
Page 2 of 12	Licensee: BC ISSAQUAH MC LLC	01/29/2025

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

01/29/2025
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)

2/6/25
Date

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 facility failed to submit a Washington state name and date of birth background inquiry (BGI) for 3 of 20 sampled staff (Staff N, Staff O, and Staff P) within one business day after their start date. This failure placed all 39 residents as risk for abuse and neglect from caregivers and staff persons with an unknown background.

Findings included...

STAFF N
Review of the facility's employee list showed the facility hired Staff N, Memory Care Medication Technician, on 09/01/2022. Review of the Staff N's employee records showed that the facility completed a Washington state name and date of birth BGI on 11/14/2022, 74 days after hire.

STAFF O
Review of the facility's employee list showed the facility hired Staff O, Memory Care Medication Technician, on 03/21/2024. Review of the Staff O's employee records showed that the facility completed a Washington state name and date of birth BGI on

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

01/29/2025
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-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 facility failed to submit a Washington state name and date of birth background inquiry (BGI) for 3 of 20 sampled staff (Staff N, Staff O, and Staff P) within one business day after their start date. This failure placed all 39 residents as risk for abuse and neglect from caregivers and staff persons with an unknown background.

Findings included...

STAFF N
Review of the facility's employee list showed the facility hired Staff N, Memory Care Medication Technician, on 09/01/2022. Review of the Staff N's employee records showed that the facility completed a Washington state name and date of birth BGI on 11/14/2022, 74 days after hire.

STAFF O
Review of the facility's employee list showed the facility hired Staff O, Memory Care Medication Technician, on 03/21/2024. Review of the Staff O's employee records showed that the facility completed a Washington state name and date of birth BGI on

05/01/2024, 41 days after hire.

STAFF P
Review of the facility's employee list showed the facility hired Staff P, Server, on 09/01/2022. Review of Staff P's employee records showed that the facility completed a Washington state name and date of birth BGI on 11/09/2022, 69 days after hire.

During an interview on 01/23/2025 at 10:30 AM, Staff L, Business Office Director, stated that the facility hired them in March 2024. Staff L stated that before the facility hired them, no person worked in the business office position. Staff L stated that they did not know why the facility completed Staff N, Staff O, and Staff P's BGI late. Staff L stated that they did not find any additional BGI documents for in the personnel files.

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, Ciel Senior Living of Issaquah is or will be in compliance with this law and / or regulation on (Date) 3/14/25.

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

Administrator (or Representative) — Date 2/6/25

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 facility failed to ensure 2 of 6 care staff (Staff E and Staff F) were screened for tuberculosis (TB) within three days of hire. This failure placed all 39 residents at risk for contracting tuberculosis, a contagious illness.

Findings included...

Note: WAC 388-78A-2481 Tuberculosis—Testing method—Required stated that the assisted living facility must ensure that all tuberculosis testing is done through either: (1) Intradermal (Mantoux) administration with test results read: (a) Within forty-eight to seventy-two hours of the test; and (b) By a trained professional; or (2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

05/01/2024, 41 days after hire.

STAFF P
Review of the facility's employee list showed the facility hired Staff P, Server, on 09/01/2022. Review of Staff P's employee records showed that the facility completed a Washington state name and date of birth BGI on 11/09/2022, 69 days after hire.

During an interview on 01/23/2025 at 10:30 AM, Staff L, Business Office Director, stated that the facility hired them in March 2024. Staff L stated that before the facility hired them, no person worked in the business office position. Staff L stated that they did not know why the facility completed Staff N, Staff O, and Staff P's BGI late. Staff L stated that they did not find any additional BGI documents for in the personnel files.

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, Ciel Senior Living of Issaquah 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

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 facility failed to ensure 2 of 6 care staff (Staff E and Staff F) were screened for tuberculosis (TB) within three days of hire. This failure placed all 39 residents at risk for contracting tuberculosis, a contagious illness.

Findings included...

Note: WAC 388-78A-2481 Tuberculosis—Testing method—Required stated that the assisted living facility must ensure that all tuberculosis testing is done through either: (1) Intradermal (Mantoux) administration with test results read: (a) Within forty-eight to seventy-two hours of the test; and (b) By a trained professional; or (2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

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STAFF E
Review of the facility's Employee Roster showed the facility hired Staff E, Memory Care Resident Care Assistant, on 09/01/2022. Review of Staff E's employee records showed that on 08/03/2022, Staff E completed a TB risk assessment with negative TB symptoms. The records showed that on 03/29/2023, 209 days after hire, Staff E completed the T-Spot (a blood test for TB) with negative result. There was no documentation that showed Staff E was screened and tested for TB within three days of employment, as required.

STAFF F
Review of the facility's Employee Roster showed the facility hired Staff F, Memory Care Resident Care Assistant, on 12/08/2022. Review of Staff F's employee records showed that on 12/12/2022, Staff F completed a chest x-ray with negative TB results. There was no documentation that showed Staff F was screened and tested for TB within three days of employment, as required.

During an interview on 01/23/2025 at 10:30 AM, Staff L, Business Office Director, stated that they were aware of the TB testing requirements per the Washington Administrative Code (WAC). Staff L stated that they did not find any additional TB testing record in the personnel file.

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, Ciel Senior Living of Issaquah is or will be in compliance with this law and / or regulation on (Date) 2/14/25.

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

Administrator (or Representative) — Date 2/4/25

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:

STAFF E
Review of the facility's Employee Roster showed the facility hired Staff E, Memory Care Resident Care Assistant, on 09/01/2022. Review of Staff E's employee records showed that on 08/03/2022, Staff E completed a TB risk assessment with negative TB symptoms. The records showed that on 03/29/2023, 209 days after hire, Staff E completed the T-Spot (a blood test for TB) with negative result. There was no documentation that showed Staff E was screened and tested for TB within three days of employment, as required.

STAFF F
Review of the facility's Employee Roster showed the facility hired Staff F, Memory Care Resident Care Assistant, on 12/08/2022. Review of Staff F's employee records showed that on 12/12/2022, Staff F completed a chest x-ray with negative TB results. There was no documentation that showed Staff F was screened and tested for TB within three days of employment, as required.

During an interview on 01/23/2025 at 10:30 AM, Staff L, Business Office Director, stated that they were aware of the TB testing requirements per the Washington Administrative Code (WAC). Staff L stated that they did not find any additional TB testing record in the personnel file.

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, Ciel Senior Living of Issaquah 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

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:

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Based on interview and record review, the facility failed to complete a one-step Tuberculosis (TB) test, within three days of hire, for 1 of 20 sampled staff (Staff R). The facility failed to complete a second TB test, one to three weeks after the first TB test, for 1 of 20 sampled staff (Staff Q). These failures placed all 39 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

STAFF Q
Review of the facility's Employee Roster showed the facility hired Staff Q, Server, on 03/16/2023. Review of Staff Q's employee records showed that on 03/16/2023, Staff Q completed one TB skin test with a negative result. There was no documentation that showed Staff Q completed a second TB skin test. There was no documentation that showed Staff Q had a documented history of a negative result from previous TB test that would require them to only complete a one TB test.

STAFF R
Review of the facility's Employee Roster showed the facility hired Staff R, Life Enrichment Director, on 01/08/2024. Review of Staff R's employee records showed that on 04/01/2024, a one-step TB skin test was administered with a negative result. The records showed that on 04/15/2024, a second-step TB skin test was administered with a negative result. The records showed that Staff R administered the first TB test 84 days after hire.

During an interview on 01/23/2025 at 10:30 AM, Staff L, Business Office Director, stated that they were aware of the TB testing requirements per the Washington Administrative Code (WAC). Staff L stated that they did not find any additional TB testing records in the personnel file.

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, Ciel Senior Living of Issaquah is or will be in compliance with this law and / or regulation on (Date) 3/14/25.

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

Administrator (or Representative) 2/6/25 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:

Based on interview and record review, the facility failed to complete a one-step Tuberculosis (TB) test, within three days of hire, for 1 of 20 sampled staff (Staff R). The facility failed to complete a second TB test, one to three weeks after the first TB test, for 1 of 20 sampled staff (Staff Q). These failures placed all 39 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

STAFF Q
Review of the facility's Employee Roster showed the facility hired Staff Q, Server, on 03/16/2023. Review of Staff Q's employee records showed that on 03/16/2023, Staff Q completed one TB skin test with a negative result. There was no documentation that showed Staff Q completed a second TB skin test. There was no documentation that showed Staff Q had a documented history of a negative result from previous TB test that would require them to only complete a one TB test.

STAFF R
Review of the facility's Employee Roster showed the facility hired Staff R, Life Enrichment Director, on 01/08/2024. Review of Staff R's employee records showed that on 04/01/2024, a one-step TB skin test was administered with a negative result. The records showed that on 04/15/2024, a second-step TB skin test was administered with a negative result. The records showed that Staff R administered the first TB test 84 days after hire.

During an interview on 01/23/2025 at 10:30 AM, Staff L, Business Office Director, stated that they were aware of the TB testing requirements per the Washington Administrative Code (WAC). Staff L stated that they did not find any additional TB testing records in the personnel file.

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, Ciel Senior Living of Issaquah 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

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:

Statement of Deficiencies	License #: 2471	Compliance Determination # 53329
Plan of Correction	Ciel Senior Living of Issaquah	Completion Date
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(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 1 of 1 sampled staff (Staff S), with a positive Tuberculosis (TB) test, completed a chest X-ray within seven days. This failure placed all 39 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Review of the facility's Employee Roster showed that the facility hired Staff S, Memory Care Resident Care Assistant, on 03/23/2023. Review of Staff S's employee records showed that on 03/26/2023, Staff S completed a one-step TB test with a negative result. The records showed that on 04/13/2023, Staff S completed a second TB test with a positive result. The records showed that on 04/21/2023, nine days after a positive TB test, Staff S completed a chest x-ray with a result of no TB disease.

During an interview on 01/23/2025 10:30 AM, Staff L, Business Office Director, stated that they were familiar with the TB testing WAC requirements.

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, Ciel Senior Living of Issaquah is or will be in compliance with this law and / or regulation on (Date) 3/14/25.

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

Administrator (or Representative) — Date: 2/6/25

WAC 388-112A-0090 Which long-term care workers are exempt from the seventy-hour long-term care worker basic training requirement? The following long-term care workers are exempt from the seventy-hour long-term care worker basic training requirement:

(4) A nursing assistant certified under chapter 18.88A RCW and a person in an approved training program for certified nursing assistants under chapter 18.88A RCW provided they complete the training program within one hundred twenty days of the date of hire and the department of health has issued the nursing assistant certified credential within two hundred days of the date of hire;

(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 1 of 1 sampled staff (Staff S), with a positive Tuberculosis (TB) test, completed a chest X-ray within seven days. This failure placed all 39 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Review of the facility's Employee Roster showed that the facility hired Staff S, Memory Care Resident Care Assistant, on 03/23/2023. Review of Staff S's employee records showed that on 03/26/2023, Staff S completed a one-step TB test with a negative result. The records showed that on 04/13/2023, Staff S completed a second TB test with a positive result. The records showed that on 04/21/2023, nine days after a positive TB test, Staff S completed a chest x-ray with a result of no TB disease.

During an interview on 01/23/2025 10:30 AM, Staff L, Business Office Director, stated that they were familiar with the TB testing WAC requirements.

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, Ciel Senior Living of Issaquah 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

WAC 388-112A-0090 Which long-term care workers are exempt from the seventy-hour long-term care worker basic training requirement? The following long-term care workers are exempt from the seventy-hour long-term care worker basic training requirement:

(4) A nursing assistant certified under chapter 18.88A RCW and a person in an approved training program for certified nursing assistants under chapter 18.88A RCW provided they complete the training program within one hundred twenty days of the date of hire and the department of health has issued the nursing assistant certified credential within two hundred days of the date of hire;

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(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;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure that 8 of 15 sampled staff (Staff C, Staff D, Staff E, Staff H, Staff I, Staff J, Staff K, and Staff M) were qualified to provide care for vulnerable adult residents. This failure placed all 39 residents at risk for receiving care from an unqualified staff.

Findings included...

NOTE: WAC 246-980-025: Individuals exempt from obtaining a home care aide certification: Subsection (2) showed the following long-term care workers are not required to obtain certification as a home care aide. If they choose to voluntarily become certified, they must meet the requirements of WAC 246-980-040. The training requirements under RCW 74.39A.074 (1) are not required. Subsection 2 (c) showed a person who is in an approved training program for certified nursing assistant under chapter 18.88A RCW, provided that the training program is completed within 120 calendar days of the date of hire and that the nursing assistant-certified credential has been issued within 200 calendar days of the date of hire.

WAC 246-980-030: Working while obtaining certification as a home care aide: Subsection (1) A long-term care worker may provide care before receiving certification as a home care aide if all the following conditions are met: (a) Before providing care, the long-term care worker must complete the training required by RCW 74.39A.074 (1)(d)(i)(A) and (B); (b) The long-term care worker must submit an application for home care aide certification to the department within fourteen calendar days of hire. An application is considered to be submitted on the date it is post-marked or, for applications submitted in person or online, the date it is accepted by the department. Subsection (2) A long-term care worker is no longer eligible to provide care without a credential under the following circumstances: (a) The long-term care worker does not successfully complete all of the training required by RCW 74.39A.074 (1) within one hundred twenty calendar days from their date of hire.

WAC 246-980-040: Certification requirements: To qualify for certification as a home care aide, the applicant shall: (1) Successfully complete all training required by RCW 74.39A.074(1) within 120 calendar days of the date of hire as a long-term care worker; (2) Successfully pass the home care aide certification examination, after completing training;

Review of the Department of Social and Health Services' (DSHS) "Dear

Provider/Administrator Letter", dated 10/13/2023, showed that DSHS set training and continuing education (CE) requirements for long-term care workers (LTCW) while the Department of Health (DOH) maintained certification deadlines for LTCW. The document showed the DSHS established permanent rules related to training and CE requirements. The document showed that the training and certification deadlines for LTCW based on the LTCW's hire and rehire dates.

Review of the facility's undated Resident Care Assistant job description showed that Resident Care Assistants performed various resident care activities and related nonprofessional services essential to caring for personal needs and comfort of residents, including routine personal care.

STAFF C
Review of the facility's Employee Roster showed the facility hired Staff C, Resident Care Assistant, on 02/26/2024. Review of Staff C's employee record showed that as of 01/23/2025, 333 days after hire, there was no documentation that showed Staff C completed the Home Care Aide (HCA) certification training or the Certified Nursing Assistant (CNA) program. There was no documentation that showed Staff C was certified as an HCA or CNA. The record showed on 09/23/2024, Staff C submitted the certification application to the DOH.

Review of the Washington State Provider Credential Search Website on 01/23/2025 and on 01/27/2024 showed no evidence that Staff C obtained the HCA, Nursing Assistant Registration (NAR), or CNA certification.

STAFF D
Review of the facility's Employee Roster showed the facility hired Staff D, Resident Care Assistant, on 06/24/2024. Review of Staff D's employee record showed that Staff D completed the Nursing Assistant Program on 06/06/2024. The record showed as of 01/23/2025, 213 days after hire, there was no documentation that showed Staff D obtained the HCA certification or CNA certification.

Review of the Washington State Provider Credential Search Website on 01/23/2025 and on 01/27/2024, showed there was no evidence that showed Staff D obtained the HCA certification or CNA certification, after 200 days of employment.

During an interview on 01/23/2025 at 10:30 AM, Staff L, Business Office Director, stated that Staff D completed the nursing assistant program. Staff L stated that Staff D did not pass the CNA examination and was scheduled to retake the examination. Staff L stated that Staff D did not hold a HCA, NAR, or CNA certification.

STAFF E
Review of the facility's Employee Roster showed the facility hired Staff E, Resident Care

Assistant, on 09/01/2022. Review of Staff E's employee record showed that on 06/30/2024, Staff E started in the Resident Care Assistant position. The record showed that on 02/26/2024, Staff E completed the DSHS Basic Training, as a requirement for the HCA certification. The record showed that as of 01/23/2025, 207 days after Staff E worked as a Resident Care Assistant, there was no documentation that showed Staff E obtained the HCA or CNA certification.

Review of the Washington State Provider Credential Search Website on 01/23/2025 and 01/27/2024 showed that Staff E's HCA certification was in pending status. There was no evidence that Staff E obtained the HCA or CNA certification.

During an interview on 01/23/2025 at 10:30 AM, Staff L stated that Staff E was initially hired as a housekeeper in September 2022. Staff L stated that Staff E started in the Resident Care Assistance position on 06/30/2024. Staff L stated that Staff E completed the HCA training requirement and submitted the HCA certification to the DOH. Staff L stated that as of 01/23/2025, Staff E was not HCA certified.

STAFF H
Review of the facility's Employee Roster showed the facility hired Staff H, Resident Care Assistant, on 02/26/2024. Review of Staff H's employee record showed that on 02/21/2024, Staff H completed the 75 hours DSHS basic training course. The record showed that as of 01/23/2025, 333 days after hire, there was no documentation that showed Staff H completed the HCA certification training or the CNA program. There was no documentation that showed Staff H obtained an HCA or CNA certification.

Review of the Washington State Provider Credential Search Website on 01/21/2025 showed Staff H's NAR was in active status. The website showed no documentation that Staff H obtained an HCA or CNA certification.

STAFF I
Review of the facility's Employee Roster showed the facility hired Staff I, Resident Care Manager, on 06/04/2024. Review of Staff I's employee record on 01/23/2025, 233 days after date of hire, showed no documentation that Staff I completed the HCA certification training or the CNA program. There was no documentation that showed Staff I obtained the HCA or CNA certification.

Review of the Washington State Provider Credential Search Website on 01/21/2025 showed Staff I's NAR was in active status. The website showed no documentation that Staff I obtained an HCA or CNA Certification.

STAFF J
Review of the facility's Employee Roster showed the facility hired Staff J, Resident Care Manager, on 09/01/2022. Review of Staff J's employee record showed that as of 01/23/2025, 84 days after the basic training and certification deadlines, there was no documentation that Staff J completed the HCA certification training or the CNA program.

There was no documentation that showed Staff J obtained the HCA or CNA certification.

Review of the Washington State Provider Credential Search Website on 01/21/2025 showed Staff J's NAR was in active status. The website showed no documentation that Staff J obtained an HCA or CNA Certification.

During an interview on 01/22/2025 at 10:45 AM, Staff M, Memory Care Resident Care Assistant interpreted for Staff J. Through the interpreter, Staff J stated that they were a Health Care Aide certified.

STAFF K
Review of the facility's Employee Roster showed the facility hired Staff K, Memory Care Resident Care Assistant, on 09/01/2022. Review of Staff K's employee record showed that as of 01/23/2025, 84 days after the basic training and certification deadline, there was no documentation Saff K completed the Home Care Aide certification or the Certified Nursing Assistant program and obtained a certificate.

Review of the Washington State Provider Credential Search Website on 01/21/2025 showed Staff K's NAR was in active status. The website showed no documentation that Staff K obtained an HCA or CNA Certification.

Observation on 01/22/2025 between noon and 1:00 PM, showed Staff K provided resident care in the Memory Care unit. Observation showed Staff K served food and provided eating assistance to cognitively impaired residents.

STAFF M
Review of the facility's Employee Roster showed the facility hired Staff M, Memory Care Resident Care Assistant, on 03/28/2023. Review of Staff M's employee record showed that as of 01/23/2025, 54 days after the basic training and certification deadline, Staff M did not complete the basic training.

Review of the Washington State Provider Credential Search Website on 01/21/2025 showed Staff M's NAR was in active status. The website showed no documentation that Staff M applied for a HCA certification or CNA certification, 14 days after hire, as required.

Observation on 01/22/2025 between 10:33 AM and 11:00 AM and on 01/23/2025 at noon, showed Staff M provided care to cognitively impaired residents. Observation showed Staff M provided feeding assistance to several unidentified residents.

During an interview on 01/22/2025 at 9:30 AM, Staff L stated that Staff A, Executive Director, reviewed a DSHS "Dear Provider Letter" (ALTSA NH #2024-011) and said that the facility followed nursing assistants' training and certification schedules.

Review of the DSHS Dear Provider Letter (ALTSA NH #2024-011) showed it was the "Nursing Facilities/Home Administrator Letter". The letter showed it was not applicable to assisted living facilities.

During an interview on 01/22/2025 at 3:10 PM, Staff A stated that they were unaware the Nursing Facility/Home Administrator Letter (ALTSA: NH #2024-011) only applied to Nursing Homes and not assisted living facilities. Staff A stated that they were unaware of the training and certification completion timelines for long-term care workers who worked in assisted living facilities. Staff A stated that they thought assisted living facilities were less acute settings, and that the training and certification rules for nursing assistants in assisted living facilities were less restrictive than the nursing homes.

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, Ciel Senior Living of Issaquah is or will be in compliance with this law and / or regulation on (Date) 3/14/25.

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

Administrator (or Representative) 2/6/25 Date

WAC 388-78A-2300 Food and nutrition services.

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(i) Available to and used by staff persons responsible for food preparation;

(ii) Approved by a dietitian; and

(iii) Reviewed and updated as necessary or at least every five years.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to maintain a current dietary manual in 1 of 1 kitchen (main facility kitchen) for dietary staff to use. This failure placed all 39 residents at risk of not receiving correct diets and nutritionally

Review of the DSHS Dear Provider Letter (ALTSA NH #2024-011) showed it was the "Nursing Facilities/Home Administrator Letter". The letter showed it was not applicable to assisted living facilities.

During an interview on 01/22/2025 at 3:10 PM, Staff A stated that they were unaware the Nursing Facility/Home Administrator Letter (ALTSA: NH #2024-011) only applied to Nursing Homes and not assisted living facilities. Staff A stated that they were unaware of the training and certification completion timelines for long-term care workers who worked in assisted living facilities. Staff A stated that they thought assisted living facilities were less acute settings, and that the training and certification rules for nursing assistants in assisted living facilities were less restrictive than the nursing homes.

Plan/Attestation Statement

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This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to maintain a current dietary manual in 1 of 1 kitchen (main facility kitchen) for dietary staff to use. This failure placed all 39 residents at risk of not receiving correct diets and nutritionally

balanced meals approved by a dietician.

Findings included..

Observation on 01/23/2015 at 10:59 AM, showed three dietary staff prepared food for the residents in the main kitchen.

Review of the dietary manual showed that the manual was not current. The manual was last updated and reviewed by a Registered Dietician in 2017.

During an interview on 01/23/2025 at 11:15 AM, Staff G, Director of Culinary Services, stated that there was not an updated dietary manual in the facility. Staff G stated that the facility was in the process of switching food suppliers and did not have a current dietary manual approved by a dietician every five years, 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, Ciel Senior Living of Issaquah is or will be in compliance with this law and / or regulation on (Date) 3/14/25.

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

Administrator (or Representative) 2/6/25 Date

balanced meals approved by a dietician.

Findings included...

Observation on 01/23/2015 at 10:59 AM, showed three dietary staff prepared food for the residents in the main kitchen.

Review of the dietary manual showed that the manual was not current. The manual was last updated and reviewed by a Registered Dietician in 2017.

During an interview on 01/23/2025 at 11:15 AM, Staff G, Director of Culinary Services, stated that there was not an updated dietary manual in the facility. Staff G stated that the facility was in the process of switching food suppliers and did not have a current dietary manual approved by a dietician every five years, 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, Ciel Senior Living of Issaquah 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

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

01/29/2025

BC ISSAQUAH MC LLC
Ciel Senior Living of Issaquah
23845 SE Issaquah Fall City Rd
Issaquah, WA 98029-7514

RE: Ciel Senior Living of Issaquah # 2471

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 01/29/2025 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 Return the Plan/Attestation Statement and report with signatures to:

Laurie Anderson, Community Field Manager
Residential Care Services
Region 2, Unit D
Preferred methods:

eFax:
Email:
Optional method:
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-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

The facility failed to update Resident 2's individual service agreement to show their consensual and unwanted sexual behaviors directed toward female residents. The agreement did not provide staff with instructions on how to manage the behaviors. During the full inspection, the facility updated the service plan to show Resident 2's behaviors and provide staff guidance on how to manage the behaviors.

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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:

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

Sincerely,

Laurie Anderson

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

Enclosure

Ciel Senior Living of Issaquah Survey

Department of Social and Health Services

License Number: #2471

Survey Date: January 29th, 2025

Responses to the cited deficiencies do not constitute an admission or agreement by the community to the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and state regulation.

WAC 388-78A-2468-Background Checks

A. With respect to HOW the facility will CORRECT the problem identified in the deficiency list:

1. Staff N, O and P have had their background checks completed.

B. With respect to what the facility will do to PREVENT the same deficiency from recurring:

1. Business Office Manager or designee will audit all personnel files and ensure a background check has been completed prior to start date for all staff and volunteers. Audit will be completed using and internal audit tool on or before February 28th, 2025

2. BOM or designee will utilize a new hire checklist to ensure no staff member begins employment prior to completion and review of a required background check.

WAC 388-78A-2480 Tuberculosis Testing Required

A. With respect to HOW the facility will CORRECT the problem identified in the deficiency list:

1. Staff E and F will have their TB test repeated in accordance with WAC 388-78A-2480 on or before February 28th, 2025.

B. With respect to what the facility will do to PREVENT the same deficiency from recurring:

1. Business Office Manager or designee will audit all personnel files and ensure a TB Test that satisfies the WAC requirement has been completed for all staff and volunteers. Audit will be completed using and internal audit tool on or before February 28th, 2025

2. BOM or designee will utilize a new hire checklist to ensure no staff member begins employment prior to completion and review of a required TB test.

WAC 388-78A-2484 Tuberculosis-Two Step Skin Testing

A. With respect to HOW the facility will CORRECT the problem identified in the deficiency list:

1. Staff Q and R will have their 2-step TB test repeated in accordance with WAC 388-78A-2484 on or before February 28th, 2025.

B. With respect to what the facility will do to PREVENT the same deficiency from recurring:

1. Business Office Manager or designee will audit all personnel files and ensure a 2-step TB Test (unless they have had a previously positive TB skin test) that satisfies the WAC requirement has been completed for all staff and volunteers. Audit will be completed using and internal audit tool on or before February 28th, 2025

2. BOM or designee will utilize a new hire checklist to ensure no staff member begins employment prior to completion and review of a required 2-step TB test, unless they have had a previously positive TB skin test.

WAC 388-78A-2485 Positive Test Result

A. With respect to HOW the facility will CORRECT the problem identified in the deficiency list:

1. Staff S will have their TB test repeated in accordance with WAC 388-78A-2485 on or before February 28th, 2025.

B. With respect to what the facility will do to PREVENT the same deficiency from recurring:

1. Business Office Manager or designee will audit all personnel files and ensure all staff with a positive TB test has completed a chest x-ray (or alternate testing method in

accordance with WAC). Audit will be completed using and internal audit tool on or before February 28th, 2025

2. BOM or designee will utilize a new hire checklist to ensure no staff member begins employment prior to completion and review of a required alternate TB test when a TB test is positive.

WAC 388-112A-0090 Long Term Care Worker Training Requirement

A. With respect to HOW the facility will CORRECT the problem identified in the deficiency list:

1. An audit of all employees providing direct resident care was completed to ensure training requirements meant. Individuals found to not have met the requirements will be re-assigned or removed from the schedule until such time that the training and certification requirements have been satisfied. Audit was completed on January 30th, 2025.

B. With respect to what the facility will do to PREVENT the same deficiency from recurring:

1. Business Office Manager or designee will audit the personnel files of any staff awaiting training or certification for certified nursing assistants (otherwise known as HCA training) to ensure they are meeting the requirements within the allotted time frame. Audit will be completed monthly and documented on an internal audit form.

WAC 388-78A-2300 Food and Nutrition Services

A. With respect to HOW the facility will CORRECT the problem identified in the deficiency list:

1. Director of Culinary Services or designee will purchase and have executed by a Registered Dietician a current diet manual. This will be completed on or before February 28th, 2025

B. With respect to what the facility will do to PREVENT the same deficiency from recurring:

1. Executive Director or designee will review manual annually in January each year and ensure that it is current and within the 5 years requirement.

For all cited deficiencies, ED or designee will bring all audits and trainings to the community's Quality Assurance meeting monthly for 3 months and quarterly for 3 quarters for tracking and trending purposes.