STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

PSL Associates, LLC
The Gardens at Marysville, Independent Living & Assisted Liv
9802 48th Dr NE
Marysville, WA 98270

RE: The Gardens at Marysville, Independent Living & Assisted Liv License # 2476

Dear Administrator:

This letter addresses Compliance Determination(s) 53993 (Completion Date 01/30/2025) and 51014 (Completion Date 12/05/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/30/2025 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-2474-3, WAC 388-78A-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2

The Department staff who did the on-site verification:
Cristina Gonzalez, ALF Licensor
Melissa Phillips, Long Term Care Surveyor

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

Sincerely,

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 12/02/2024, 12/03/2024, 12/04/2024 and 12/05/2024 of:

The Gardens at Marysville, Independent Living & Assisted Liv
9802 48th Dr NE
Marysville, WA 98270

The following sample was selected for review during the unannounced on-site visit: 9 of 70 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, ALF Licensor
Cristina Gonzalez, ALF Licensor
Melissa Phillips, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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

Residential Care Services

Date

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

Administrator (or Representative) Date

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

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 4 of 6 staff (Staff A, E, F, and G) completed facility orientation prior to providing care. This failure resulted in Staff A, E, F, and G not receiving a timely orientation and placed residents at risk for compromised care and safety.

Findings included…

Review of the ALF's employee files showed the following:

Staff A, Executive Director, was hired on 06/17/2024. Staff A did not have documentation showing a completed facility orientation upon hire.

In an interview on 12/03/2024 at 10:14AM, Staff A stated that they were hired on 06/17/2024 and had not completed a facility orientation.

Staff E, Caregiver, was hired on 07/08/2024. Staff E did not have documentation showing a completed facility orientation upon hire.

Staff F, Caregiver, was hired on 07/03/2024. Staff F did not have documentation showing a completed facility orientation upon hire.

Staff G, Caregiver, was hired on 04/30/2024. Staff G did not have documentation showing a completed facility orientation upon hire.

On 12/04/2024 at 9:50 AM, Staff D, Business Office Manager, stated that they were unable to locate facility orientation documentation for Staff A, E, F and G.

On 12/04/2024 at 1:20 PM, Staff J, Medication Technician, stated that they were hired seven years ago and never received facility orientation, they just went to work and

figured it out.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, The Gardens at Marysville, Independent Living & Assisted Liv 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:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 5 of 6 staff (Staff E, F, G, H, and I) were screened for Tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) within three days of employment and 2 of 6 staff (Staff A and F) were given a second test one to three weeks after the first test. This failure placed all 70 residents at risk for possible exposure to a communicable disease.

Review of employee files showed the following:

Staff A, Executive Director, was hired on 06/17/2024. Staff A's TB test was initialized on 06/18/2024 with a second test initialized on 08/13/2024, 56 days after their first TB test.

Staff E, Caregiver, was hired on 07/08/2024. The ALF was unable to provide documentation that a TB test was conducted for Staff E.

Staff F, Caregiver, was hired on 07/03/2024. Staff F's TB test was initialized on 08/13/2024, 41 days after their hire date. Staff F's second TB test was initialized on 08/18/2024, five days after their first TB test.

Staff G, Medication Technician, was hired on 04/30/2024. The ALF was unable to provide documentation that a TB test was conducted for Staff G.

Staff H, Medication Technician, was hired on 09/13/2022. The ALF was unable to provide documentation that a TB test was conducted for Staff H.

Staff I, Medication Technician, was hired on 07/20/2022. Staff I's TB test was initialized on 10/19/2022, 91 days after their hire date.

On 12/04/2024 at 11:04 AM, Staff D, Business Office Director, stated that staff start at the ALF on their first day of hire and they should be tested for TB within the first three days.

On 12/04/2024 at 2:10 PM, Staff F stated that they did not believe they were tested for TB within their first three days at the ALF, but that management would have the documentation.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, The Gardens at Marysville, Independent Living & Assisted Liv 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