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

102 Ave Bellevue LLC
Aegis of Bellevue
148 102nd Ave SE
Bellevue, WA 98004

RE: Aegis of Bellevue License # 2491

Dear Administrator:

This letter addresses Compliance Determination(s) 50646 (Completion Date 11/21/2024) and 47088 (Completion Date 09/23/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/21/2024 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-2600-2-k, WAC 388-78A-2700-1-c, WAC 388-78A-2700-1-g-i, WAC 388-78A-2700-1-g-ii, WAC 388-78A-2700-1-g-iii, WAC 388-78A-2700-1-g-iv, WAC 388-78A-2700-1-g-vi, WAC 388-78A-2450-2-c, WAC 388-78A-2450-2-e, WAC 388-78A-24642-1, WAC 388-78A-2483-1, WAC 388-78A-2730-2-b-iii

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

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

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

STATE OF WASHINGTON
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20425 72nd Avenue S, Suite 400, Kent, WA 98032

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

The department completed data collection for the unannounced on-site full inspection on 09/12/2024, 09/12/2024, 09/16/2024 and 09/16/2024 of:
Aegis of Bellevue
148 102nd Ave SE
Bellevue, WA 98004

The following sample was selected for review during the unannounced on-site visit: 9 of 79 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, 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

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 — 10/01/2024
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.

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Administrator (or Representative)

10/2/24
Date

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(k) To prevent and limit the spread of infections consistent with WAC 388-78A-2610 ;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement infection control policies and requirements to protect 79 of 79 residents (Resident 1 through Resident 79) from infectious illnesses. This failure placed all 79 residents at risk of illness, disability, or death from a potentially life-threatening infectious disease.

Findings included...

The Centers for Disease Control and Prevention (CDC), the national public health agency for the United States, developed guidelines for infection prevention and control practices in healthcare settings including assisted living facilities. The Washington State Governor's Office, the Washington State Department of Social and Health Services (DSHS), the Washington State Department of Health (DOH), and the Washington State Department of Labor and Industries (L&I), established the current infection control standards to prevent and control the spread of respiratory infections, such as coronavirus disease 2019 (COVID-19), in healthcare settings.

Review of the CDC website "Transmission-Based Precautions" at (https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html), showed that the CDC recommended the use of personal protective equipment (PPE) to prevent infection transmission including a fit-tested National Institute for Occupational Safety and Health (NIOSH)-approved N95 or higher-level respirator for healthcare personnel.

Review of the DOH publication, "Interim Recommendations for SARS-CoV-2 Infection Prevention and Control in Healthcare Settings", dated October 31, 2022, showed specific guidelines for a Respiratory Protection Program (RPP) that included medical evaluation and fit testing for respirator use. The publication showed that facilities were required to provide initial and annual fit tests for any employee identified as potentially being exposed to respiratory hazard. The publication showed that facilities were required to provide each employee with the properly fit-tested respirator identified during the fit-test process.

Review of the DSHS Dear Provider Letter, "Provider Responsibilities for Provision of Personal Protective Equipment (PPE), Respiratory Protection Program (RPP), and changes to Department of Health RPP Resources", dated 09/14/2023, showed the guidelines for long-term care facilities (LTCF) and employer responsibilities for respiratory protection and RPP. The letter showed that LTCF providers were required to supply PPE to staff who provided care to residents with known or suspected communicable disease. The letter also showed that employers were responsible to identify respiratory hazards in the workplace, provide appropriate PPE and follow regulations pertaining to respiratory protection.

Review of the facility's policy titled, "Respiratory Protection Program for use by Healthcare Facilities during the COVID-19 Pandemic", dated March 2021, showed that facility staff used respirators to protect against transmission of the SARS-COV-2 virus and other airborne diseases. The policy showed that the categories of employees who are included in this program include: Certified Nurse Assistants, Registered Nurses, Health care assistants/caregivers, Maintenance staff, housekeeping staff, and administrative staff. The policy showed that all employees designated to use N95 respirators would be fit-tested before using their respirator.

Review of the facility's policy titled, "Standard Precautions/Infection Control", dated June 2019, showed that all employees designated to use N95 respirators would be fit-tested, annually, before using any respirator.

Review of the facility's policy titled, "Standard Precautions/Infection Control", dated June 2021, showed that all employees designated to use N95 respirators would be evaluated for medical clearance before being fit-tested for the use of a respirator.

Review of the facility personnel records showed the following:

No documentation of a medical clearance and no documentation of N95 respirator fit testing for Staff A with a hire date of 06/07/2024.

No documentation of a medical clearance and no documentation of N95 respirator fit testing for Staff C with a hire date of 03/20/2024.

No documentation of a medical clearance and no documentation of N95 respirator fit testing for Staff D with a hire date of 06/24/2024.

Review of Staff E's personnel records showed a hire date of 03/20/2018. The records showed documentation of an expired N95 respirator fit test, dated 05/12/2023.

Review of Staff F's personnel records showed a hire date of 12/13/2021. The records

showed documentation of an expired N95 respirator fit test, dated 08/25/2023.

During an interview on 09/13/2024 at 2:10 PM, Staff A, General Manager, stated that they were unaware of the facility RPP policy and N95 fit testing requirements. Staff A stated they were aware staff who might be required to be fit tested had not completed the medical clearance and fit testing 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, Aegis of Bellevue is or will be in compliance with this law and / or regulation on (Date) 11/7/24 .

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

Administrator (or Representative) 10/2/24 Date

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(c) Provide, and tell staff persons of a means of emergency access to resident-occupied bedrooms, toilet rooms, bathing rooms, and other rooms;

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(i) On-duty staff persons' responsibilities;

(ii) Provisions for summoning emergency assistance;

(iii) Coordination with first responders regarding plans for evacuating residents from area or building;

(iv) Alternative resident accommodations;

(vi) Emergency communication plan.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to maintain 1 of 1 manual (emergency and disaster manual) that provided information and operating procedures to be used by facility staff during emergencies and disasters as required This failure placed all 79 residents at risk for illness, injury, and potential loss of life in the event of an emergency or disaster.

Findings included...

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Review of an undated red three ring binder, identified as the facility's "Emergency and Disaster Manual", found: no information that instructed staff of their responsibilities in an emergency; no instructions on how to contact emergency personnel; no instructions on the procedure for evacuation of residents; no details that outlined alternative resident accommodations, when needed; and no instructions that outlined the facility's emergency communication plan. The facility stored the binder on a shelf in Staff A, General Manager's, office.

During an interview on 09/12/2024 at 1:19 PM, Staff A stated that the facility did not have a facility specific emergency manual. Staff A stated that the emergency manual did not have the following information: 1) a current resident roster with room numbers and evacuation status and instructions; 2) staff roles and responsibilities during emergencies; 3) a current list of facility employees; and 4) instructions for staff on the facility emergency communication plan.

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Administrator (or Representative) 10/2/24 Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

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

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

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to ensure that 1 of 6 (Staff D) maintained a current certification prior providing care and services to the residents. This failure placed all 79 residents at risk of unmet care needs from staff with incomplete qualifications and current credentials.

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Findings included....

Review of facility's personnel records showed the facility hired Staff D, Care Manager, on 06/28/2024.

Review of Staff D's personnel records showed documentation that Staff D's Washington Department of Health certification as a Nursing Assistant Registered (NAR) expired on 07/30/2024.

During an interview on 09/13/2024 at 2:45 PM, Staff A, General Manager, stated that they were unaware that Staff D worked at the facility between 08/01/2024 through 09/13/2024 without a current Department of Health certification.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Aegis of Bellevue is or will be in compliance with this law and / or regulation on (Date) 11/7/24.

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Administrator (or Representative) 10/2/24 Date

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

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

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to ensure 2 of 6 staff (Staff B and Staff C) completed a national fingerprint background check prior to having unsupervised contact with any residents. This failure placed all 79 residents at risk of potential abuse or neglect by caregivers with unknown backgrounds.

Findings included ...

Review of the facility records showed the facility hired Staff B on 01/18/2024 and Staff C on 03/21/2024.

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Review of facility document titled 'DSHS Survey Roster', undated, showed Staff B worked for 242 days unsupervised while they provided direct care to facility Residents without a pending national fingerprint background check. The roster showed Staff C worked for 177 days unsupervised while they provided direct care to facility Residents without a pending national fingerprint background check.

Review of the facility personnel records showed no documentation that Staff B completed a national fingerprint background check. The records showed no documentation that Staff C completed a national fingerprint background check.

During an interview on 09/15/2023 at 1:55 PM, Staff A, General Manager, stated that the facility did not submit the requests for a national fingerprint background check for Staff B and Staff C when hired.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Aegis of Bellevue is or will be in compliance with this law and / or regulation on (Date) 11/7/24 .

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

Administrator (or Representative) 10/2/24 Date

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

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 6 staff (Staff B, Care Manager 2) completed a one test for tuberculosis (TB), a serious respiratory disease. This failure placed all 79 residents at risk of contracting a contagious and serious illness.

Findings included...

Review of facility's personnel records showed the facility hired Staff B, Care Manager 2,

on 01/18/2024.

Review of Staff B's personnel records showed from 01/18/2024 through 09/17/2024, Staff B worked at the facility. Staff B provided care and services for residents. The records showed Staff B completed a two-step skin test on 04/14/2023, 280 days prior to Staff B's date of employment, with negative results. There was no documentation that Staff B completed a one test for TB when hired.

During an interview on 09/17/2024 at 1:30 PM, Staff A, General Manager, confirmed that when Staff B was hired, they were not screened for tuberculosis. Staff A stated that they were aware that testing for tuberculosis was required for all facility staff.

Plan/Attestation Statement

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Administrator (or Representative) — Date: 10/2/24

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

(2) The licensee must:

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

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the assisted living facility failed to post the last Department of Social and Health Services full inspection report in a visible location within the facility premises. This failure placed 79 of 79 residents at risk of being uninformed of the facility's past deficiencies.

Finding included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed that the DSHS last conducted a full inspection facility

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on 03/08/2023.

Observation on 09/13/2024 at 11:30 AM showed a sign posted on a console table at the front entrance. The sign showed the previous DSHS reports were kept in the console drawer. The console drawer contained a binder labeled DSHS reports.

Review of the facility's DSHS report binder showed there was no copy of the March 2023 inspection report. Observation showed an Identifier (ID) List that included confidential information of residents and staff was inside the binder.

During an interview on 09/13/2024 at 11:30 AM, Staff A, General Manager, stated that the facility maintained the Department's letters. Staff A stated that they were new to the position and they were unfamiliar with the DSHS inspection reports. Staff A stated that they were unaware that the most recent DSHS inspection report was not posted. Staff A stated that they were unaware the confidential ID List was in the binder.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Aegis of Bellevue is or will be in compliance with this law and / or regulation on (Date) 11/7/24.

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

Administrator (or Representative) — Date: 10/2/24