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

Merrill Gardens at Auburn II, LLC
Merrill Gardens at Auburn
18 1st St SE
Auburn, WA 98002

RE: Merrill Gardens at Auburn License # 2506

Dear Administrator:

This letter addresses Compliance Determination(s) 53819 (Completion Date 01/28/2025) and 52301 (Completion Date 01/03/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/28/2025 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-2305-1, WAC 246-215-02310-5, WAC 246-215-03515-1, WAC 246-215-03515-1-a, WAC 246-215-03515-1-b, WAC 246-215-03515-2, WAC 246-215-03515-2-a, WAC 246-215-03515-2-b, WAC 246-215-03525-1-b, WAC 388-78A-2320-1, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b

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

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

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

Statement of Deficiencies	License #: 2506	Compliance Determination #: 52301
Plan of Correction	Merrill Gardens at Auburn	Completion Date
Page 1 of 7	Licensee: Merrill Gardens at Auburn II, LLC	01/03/2025

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 12/30/2024 and 12/30/2024 of:
Merrill Gardens at Auburn
18 1st St SE
Auburn, WA 98002

This document references the following SOD dated: 01/03/2025

The following sample was selected for review during the unannounced on-site visit: 3 of 47 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Kathy Young, 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 — Residential Care Services

01/15/2025 — 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.

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 12/30/2024 and 12/30/2024 of:

Merrill Gardens at Auburn
18 1st St SE
Auburn, WA 98002

This document references the following SOD dated: 01/03/2025

The following sample was selected for review during the unannounced on-site visit: 3 of 47 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Kathy Young, 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.

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.

Statement of Deficiencies	License #: 2805	Compliance Determination #: 52301
Plan of Correction	Merrill Gardens at Auburn	Completion Date
Page 2 of 7	Licensee: Merrill Gardens at Auburn II, LLC	01/03/2025

Administrator (or Representative) 1/17/2025 Date

WAC 246-215-02310 Hands and arms When to wash (FDA Food Code 2-301.14). foodemployees shall clean their hands and exposed portions of their arms as specified under WAC 246-215-02305 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and:

(5) After handling soiled equipment or utensils;

WAC 246-215-03515 Temperature and time control Cooling (FDA Food Code 3-501.14).

(1) Cooked time/temperature control for safety food must be cooled, uncovered, protected from contamination, in equipment that maintains an ambient air temperature of 41 F (5 C) or less and:

(a) In a shallow, uncovered, layer of two inches or less, or

(b) Up to four inches thick in one dimension and not touching other pieces of food for intact meat.

(2) As an alternative to the cooling provisions of subsection (1) of this section, cooling methods identified in WAC 246-215-03520 that meet the following time and temperature criteria are allowed:

(a) Within two hours from 135 F (57 C) to 70 F (21 C), and

(b) Within a total of six hours from 135 F (57 C) to 41 F (5 C) or less.

WAC 246-215-03525 Temperature and time control Time/temperature control for safety food, hot and cold holding (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.

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 facility failed to ensure 1 of 1 staff (Staff T) followed required hand sanitation guidelines. This failure placed all 47 residents at risk of contracting foodborne illnesses.

Administrator (or Representative) Date

WAC 246-215-02310 Hands and arms When to wash (FDA Food Code 2-301.14). foodemployees shall clean their hands and exposed portions of their arms as specified under WAC 246-215-02305 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and:

(5) After handling soiled equipment or utensils;

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(2) As an alternative to the cooling provisions of subsection (1) of this section, cooling methods identified in WAC 246-215-03520 that meet the following time and temperature criteria are allowed:

(a) Within two hours from 135 F (57 C) to 70 F (21 C); and

(b) Within a total of six hours from 135 F (57 C) to 41 F (5 C) or less.

WAC 246-215-03525 Temperature and time control Time/temperature control for safety food, hot and cold holding (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.

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 facility failed to ensure 1 of 1 staff (Staff T) followed required hand sanitation guidelines. This failure placed all 47 residents at risk of contracting foodborne illnesses.

Statement of Deficiencies	License #: 2606	Compliance Determination #: 52301
Plan of Correction	Merrill Gardens at Auburn	Completion Date
Page 3 of 7	Licensee: Merrill Gardens at Auburn II, LLC	01/03/2025

Findings included...

HANDWASHING
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 11/15/2024 for Staff N, Dishwasher. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 11/24/2024.

Review of the facility's undated policy titled, "Dining Services Manual", showed the facility required staff to wash their hands when they transferred from dirty to clean dishes.

Observation on 12/30/2024 at 10:26 AM, showed Staff T, Dishwasher, loaded dirty dishes into the commercial dishwasher while wearing multi-use rubber gloves. Observation showed Staff T, with the same gloved hands, wheeled clean glasses to the dining room and loaded them onto the bar. Observation showed Staff T conducted these duties without any handwashing between the clean and dirty tasks.

During an interview on 12/30/2024 at 10:38 AM, Staff L, Executive Chef, stated that Staff T needed to remove the gloves and wash their hands between handling dirty and clean dishes. Staff L stated that all food services staff had been trained and recently in-serviced about handwashing.

This is an uncorrected deficiency previously cited on 11/01/2024 under WAC 246-215-02310 subsection 5 and WAC 388-78A-2305 subsection (1).

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, Merrill Gardens at Auburn is or will be in compliance with this law and / or regulation on (Date) 1/17/2025.

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

Natasha Hall — Administrator (or Representative)

1/17/2025 — Date

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

Findings included…

HANDWASHING
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 11/15/2024 for Staff N, Dishwasher. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 11/24/2024.

Review of the facility's undated policy titled, “Dining Services Manual”, showed the facility required staff to wash their hands when they transferred from dirty to clean dishes.

Observation on 12/30/2024 at 10:26 AM, showed Staff T, Dishwasher, loaded dirty dishes into the commercial dishwasher while wearing multi-use rubber gloves. Observation showed Staff T, with the same gloved hands, wheeled clean glasses to the dining room and loaded them onto the bar. Observation showed Staff T conducted these duties without any handwashing between the clean and dirty tasks.

During an interview on 12/30/2024 at 10:36 AM, Staff L, Executive Chef, stated that Staff T needed to remove the gloves and wash their hands between handling dirty and clean dishes. Staff L stated that all food services staff had been trained and recently in-serviced about handwashing.

This is an uncorrected deficiency previously cited on 11/01/2024 under WAC 246-215-02310 subsection 5 and WAC 388-78A-2305 subsection (1).

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, Merrill Gardens at Auburn 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-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.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 2 of 2 residents (Resident 2 and Resident 9) receive nurse delegation services. This failure placed Resident 2 and Resident 9 at risk for improper medication administration and potential for compromised health.

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 11/15/2024 for Staff C, Garden House Memory Care Supervisor. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 11/24/2024.

Review of the facility's Disclosure of Services, dated 2022, showed that if a resident needed nurse delegation services, a Registered Nurse would provide oversight. The Disclosure of Services showed that nurse delegation was dependent "on the availability of appropriately trained staff".

Review of the facility's Medication Management document, dated 04/20/2021, showed that trained staff provided medication assistance to those residents who required the service.

During an interview on 12/30/2024 at 10:05 AM, Staff C, stated that there were three staff who needed to be delegated to administer medications for Resident 2 and Resident 9. Staff C stated that the contracted nurse delegator was out on medical leave and was scheduled to delegate the three staff on 01/09/2025.

Review of the facility's Nurse Delegation binder showed two residents (Resident 2 and Resident 9) received nurse delegation services from a contracted Registered Nurse Delegator (RND). Both residents resided in the facility's secured memory care unit (Garden House). Review of the Nurse Delegation binder showed no alternate RND to provide coverage during the contracted RND's absence.

Review of Resident 2's service plan, dated 09/04/2024, showed that Resident 2 was unable to take medication without assistance. The plan showed their medications were crushed and placed in applesauce.

Review of Resident 9's service plan, dated 08/06/2024, showed Resident 9 required "special prescribed treatment 3-4 times per day". The service plan showed Resident 9 received inhalation treatment via a nebulizer (a machine that turns liquid into a mist). The service plan showed that Resident 9 required assistance with oral medications.

Review the facility's Nurse Delegation binder showed Staff C, Staff O, Business Office Manager, and Staff U, Medication Technician (Med Tech- unlicensed staff who dispensed and administered medications) were not delegated by the facility's RND to administer medications to Resident 2 and Resident 9.

Review of Resident 2's December 2024 electronic Medication Administration Record (eMAR) showed Staff C's initialed that they administered Resident 2's morning and noon medications on 12/08/2024.

Review of Resident 9's December 2024 eMAR showed that Staff C's initials that they administered Resident 9's morning and noon medications on 12/08/2024.

Staff C
Review of the facility employee records showed Staff C was employed and met the basic criteria required between January 01, 2011, and January 06, 2012, which exempted Staff C from the requirement to complete the 70-hour long-term worker basic training requirement and complete home care aide certification. Review of Staff C's records showed no documentation of any current nursing assistant registration, nursing assistant certification or Home Care Aide certification. Review of the Washington State Department of Health Provider Credential Search website showed Staff C's Nursing Assistant Registration expired on 02/16/2002. Review of Staff C's records showed no documentation of any credentials needed to meet the nurse delegation requirements to be delegated.

During an interview on 12/30/2024 at 1:30 PM, Staff C stated that they did not administer Resident 2's and Resident 9's medications on 12/08/2024. Staff C stated that they trained Staff O to pass resident medications on 12/08/2024 which included administration of Resident 2 and Resident 9' medications. Staff C stated that Staff O did not have a login credential to sign for the eMAR program. Staff C stated that Staff C logged in under Staff C's credential which was why Staff C's initials appeared on the eMAR.

Staff O
Review of the facility employee records showed Staff O retained an active Health Care Aide certification, core nurse delegation, and diabetes specialized delegation that allowed them to be delegated. Review of the RND binder showed Staff O was not delegated to administer Resident 2 and Resident 9's medications.

During an interview on 12/30/2024 at 1:45 PM, Staff O stated that they were trained on 12/08/2024 by Staff C to pass and administer medications in the secured memory care

unit. Staff O stated that they were not delegated by the facility's RND to administer medications to Resident 2 and Resident 9.

During an interview on 01/03/2025 at 2:50 PM, Staff O stated that Staff C showed them how to set-up Resident 9's nebulizer equipment. Staff O stated that they learned how to set-up the nebulizer equipment previously, when Resident 9 resided in the non-memory care area of the facility.

Staff U
Review of the facility employee records showed Staff U was hired as a Med Tech on 10/30/2024. Review of Staff U's records showed they maintained an active Health Care Aide certification, core nurse delegation, and diabetes specialized delegation. Review of Staff U's records showed they met the criteria to be delegated.

Observation and interview on 12/30/2024 at 10:20 AM, showed Staff U dispensed medications for several unidentified Memory Care residents. During an interview at this time, Staff U stated they administered Resident 2 and Resident 9's medications which included Resident 9's nebulizer treatment (breathing treatment) and inhalers earlier that morning. Staff U stated that they were not delegated to administer medications to Resident 2 and Resident 9, both who required medication management assistance.

Review of Resident 2's December 2024 electronic Medication Administration Record (eMAR) showed Staff U's initials on 12/01/2024, 12/02/2024, 12/09/2024, 12/10/2024, 12/15/2024, 12/16/2024, 12/17/2024, 12/22/2024, 12/23/2024, and 12/24/2024 that they administered Resident 2's morning and noon medications.

During an interview on 12/30/2024 at 11:40 AM, Staff U stated that Resident 2 required their medications to be crushed and placed in food. Staff U stated that Resident 2 would eat the food with the medications without further staff assistance. Staff U stated that in the morning, Resident 2 was cooperative which allowed Staff U to place the pills in Resident 2's mouth.

Review of Resident 9's December 2024 eMAR showed Staff U initialed that they administered Resident 9's morning and noon medications on 12/01/2024, 12/02/2024, 12/09/2024, 12/10/2024, 12/15/2024, 12/16/2024, 12/17/2024, 12/22/2024, 12/23/2024, and 12/24/2024.

During an interview on 12/30/2024 at 11:40 AM, Staff U stated that they gave Resident 9 their noon medications, which included inhalers and a nebulizer treatment. Staff U stated that they connected the tubes from the nebulizer machine to the mouthpiece. Staff U stated they poured two medication vials into the chamber attached to the mouthpiece. Staff U stated that they held the mouthpiece for Resident 9 and turned the nebulizer machine on. Staff U stated that the nebulizer treatment caused Resident 9 to have "bouts of sneezing" which required Staff U to remove the mouthpiece from Resident 9's mouth and replace it once Resident 9's sneezes stopped. Staff U stated

that in the past Resident 9 required their medications to be crushed to facilitate swallowing. Staff U stated that currently Resident 9 was able to swallow their pills whole and no longer required the pills to be crushed. Staff U stated that they placed the pills in Resident 9's mouth and assisted Resident 9 with fluids to swallow the pills.

During an interview on 12/30/2024 at 1:58 PM, Staff G, RN, Regional Director of Health Services, stated that they were aware undelegated staff passed medications to Resident 2 and Resident 9. Staff G stated that the facility's contracted RND was out on medical leave and unavailable to delegate new staff. Staff G stated that the corporation wanted contracted RNDs to provide delegation services and would not authorize Staff G to delegate new staff when needed.

This is an uncorrected deficiency previously cited on 11/01/2024.

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, Merrill Gardens at Auburn is or will be in compliance with this law and / or regulation on (Date) 1/17/2025.

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

Administrator (or Representative) — Date: 1/17/2025

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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

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 10/21/2024 and 10/24/2024 of:

Merrill Gardens at Auburn
18 1st St SE
Auburn, WA 98002

The following sample was selected for review during the unannounced on-site visit: 9 of 47 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Kathy Young, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
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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-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 1 of 1 current dietary manual (dietary manual 1) and make available to food preparation staff. This failure placed 33 residents at risk of not having their nutritional needs met.

Findings included…

Review of the facility's undated policy titled, "Dining Services Manual", showed the facility provided no instruction to the food preparation staff to use the dietary manual.

Observation of the commercial kitchen on 10/22/2024 between 8:20 AM and 9:00 AM, showed Staff L, Executive Chef, and Staff M, Sous Chef, prepared meals for the residents.

During an interview on 10/22/2024 at 8:30 AM, Staff M stated that they prepared food for residents with special diets. Staff M stated that they were unaware of any dietary manual available for food preparation.

During an interview on 10/22/2024 at 9:26 AM, Staff L stated that although the facility contracted with Crandall Corporate Dieticians, there was no dietary manual available for food preparation staff to use.

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, Merrill Gardens at Auburn 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 246-215-02310 Hands and arms When to wash (FDA Food Code 2-301.14). foodemployees shall clean their hands and exposed portions of their arms as specified under WAC 246-215-02305 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and:

(5) After handling soiled equipment or utensils;

WAC 246-215-03515 Temperature and time control Cooling (FDA Food Code 3-501.14).

(1) Cooked time/temperature control for safety food must be cooled, uncovered, protected from contamination, in equipment that maintains an ambient air temperature of 41 F (5 C) or less and:

(a) In a shallow, uncovered, layer of two inches or less; or

(b) Up to four inches thick in one dimension and not touching other pieces of food for intact meat.

(2) As an alternative to the cooling provisions of subsection (1) of this section, cooling methods identified in WAC 246-215-03520 that meet the following time and temperature criteria are allowed:

(a) Within two hours from 135 F (57 C) to 70 F (21 C); and

(b) Within a total of six hours from 135 F (57 C) to 41 F (5 C) or less.

WAC 246-215-03525 Temperature and time control Time/temperature control for safety food, hot and cold holding (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.

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 facility failed to ensure staff followed proper food safety guidelines in 1 of 1 kitchens (main kitchen). The facility failed to ensure 1 of 1 staff (Staff N) followed proper hand sanitation guidelines. These failures places all 33 residents at risk of contracting foodborne illnesses.

Findings included…

HANDWASHING
Review of the facility's undated policy titled, “Dining Services Manual”, showed the facility required staff to wash their hands when they transferred from dirty to clean dishes.

Observation on 10/22/2024 at 9:00 AM, showed Staff N, Dishwasher, presoaked and loaded dirty dishes, utensils, and flatware into the commercial dishwasher. After the dishwasher cycle finished, observation showed Staff N opened the dishwasher, and several plastic fruit cups fell onto the floor and under the dishwasher. Staff N retrieved the cups, dried their hands on a cloth towel, and started sorting the clean dishes. With the cloth towel used to dry their hands, Staff N used it to hold the hot flatware while they sorted the washed flatware into flatware baskets. Staff N carried plates to where the food was plated for the residents. Staff N brought other utensils and cutting boards to the clean storage area. Staff N conducted all these duties without any handwashing between the tasks.

During an interview on 10/22/2024 at 9:20 AM, Staff L, Executive Chef, stated that Staff N needed to wear clean gloves and wash their hands between handling dirty and clean dishes. Staff L stated that all staff were trained in proper hand washing for all kitchen duties.

TEMPERATURE CONTROL
Cold Holding Bin
Review of the facility's undated policy titled, “Dining Services Manual”, showed the facility required cold foods holding at 40 degrees Fahrenheit (F) or lower.

Review of the publication by the Crandall Corporate Dieticians titled, “Cooling Monitor for Hazardous Foods”, dated 2019, showed hazardous foods included meat, mayonnaise mixed salads, and cheese.

Observation of the commercial kitchen on 10/22/2024 at 9:32 AM, showed the facility used an above counter cold holding bin. The bin held several perishable foods. When the temperatures were checked, the food temperatures measured: mayonnaise at 55.8 degrees F; corned beef at 55.8 degrees F: tuna salad with mayonnaise at 51.5 degrees F, turkey slices at 52.7 degrees F; and cheese slices at 59.4 degrees F.

During at interview on 10/22/2024 at 9:40 AM, Staff L stated that the temperatures of the foods in the cold holding were too high for safe consumption, and the food needed to be thrown away.

Cooling Leftover Foods
Review of the publication, “Cooling Monitor for Hazardous Foods”, showed the procedure for cooling food required that food be transferred into containers no deeper than two inches. The food was labeled and dated, temperatures logged and monitored to reach 70 degrees F within two hours and cooled to 41 degrees F within the next four hours.

Observation of the walk-in refrigerator on 10/22/2024 at 9:50 AM, showed a nine inch deep pot that contained seven inches of soup. Observation showed no label that indicated the pot’s contents, or date. Observation showed no documentation that the cooling process was logged.

During an interview on 10/22/2024 at 9:50 AM, Staff L stated that the soup was leftover beef barley from 10/20/2024. Staff L stated that the soup was not cooled in a manner that met the requirement.

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, Merrill Gardens at Auburn 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-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 2 of 3

pets (Pet 2 and Pet 3) received regular veterinary examinations, were current with their vaccinations, and were veterinarian certified to be free of disease transmittable to humans. These failures placed all 47 residents at risk of contracting illnesses spread by pets.

Findings included…

Review of the facility's policy titled, "Pet Policy", revised February 2022, showed that residents' pets were permitted to live in the facility with the permission of the general manager. The pets must have current veterinary vaccinations in accordance with state regulation. The residents were required to update the vaccination record annually.

Review of the facility's Disclosure of Services showed pets must have current vaccinations as appropriate for the species. Pets must have regular Washington veterinarian examinations and be certified to be free of diseases transmittable to humans.

Review of the facility's pet records showed the facility maintained a spreadsheet tracking all pets. Staff used the spreadsheet to track that the pets had a license and a current rabies vaccination.

Observations from 10/21/2024 through 10/24/2024, between 8:00 AM and 4:00 PM, showed the facility allowed pets to reside within the premises.

PET 2 (cat)
Review of the facility pet records showed no documentation that Pet 2 was veterinarian certified to be free of disease transmittable to humans. There was no documentation that Pet 2 was current with examinations or vaccinations.

Review of an email provided by Staff P, Receptionist, dated 10/24/2024, showed that Pet 2 was due for adult vaccinations. The email showed the resident needed facility staff assistance to obtain vaccinations from the veterinarian.

PET 3 (cat)
Observation on 10/21/2024 at 10:38 AM, showed Pet 3 inside the resident's apartment.

Review of the facility pet records showed no documentation that Pet 3 was free of diseases transmittable to humans. There was no documentation that showed Pet 3 was current with examinations.

During an interview on 10/22/2024 at 1:45 PM, Staff O, Business Office Manager, stated that they were unaware of the regulation requirements for pets that resided in the

facility. Staff O stated that they did not monitor the facility pet records to ensure the facility received all pet veterinarian documentation to meet the regulatory 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, Merrill Gardens at Auburn 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-2703 Safety of the built environment. The assisted living facility must provide a safe environment and promote the safety of each resident whenever the resident is on the premises or under the supervision of staff persons consistent with the resident's negotiated service agreement, and must maintain the premises and equipment used in resident care so as to be free of hazards, including:

(4) Providing door hardware to ensure:

(b) Residents cannot become locked in storage rooms, closets, or other rooms or areas not intended for resident access.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure 1 of 1 locking game storage closet (Memory Care Game Closet) used correct hardware to prevent residents from accidentally being locked inside the closet. This failure placed all 15 memory care residents at risk of being locked in the game closet.

Findings included…

Observation in the memory care unit on 10/21/2024 at 10:45 AM, showed a closet that contained games adjacent to the residents' dining room. Observation showed the door with a broken threshold which caused the door to be partially stuck open. The lock on the door was in the locked position. Observation showed the closet had ample space for a person to walk into. Observation showed several residents in the area.

During an interview on 10/23/2204 at 11:04 AM, Staff A, General Manager, stated that on 10/21/2024, the door was stuck open due to a broken threshold. Staff A stated that with pressure, they closed the door, which locked the closet.

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-2880 Changing use of rooms. Prior to using a room for a purpose other than what was approved by construction review services, the assisted living facility must:

(1) Notify construction review services:

(a) In writing;

(b) Thirty days or more before the intended change in use;

(c) Describe the current and proposed use of the room; and

(d) Provide all additional documentation as requested by construction review services;

(2) Obtain the written approval of construction review services for the new use of the room; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to obtain approval by Construction Review Services (CRS) to change 1 of 3 assistant living trash rooms (second-floor trash room) into a trash room/resident library. This failure placed all 18 assisted living residents at risk of injury if they used the unapproved room that contained unsecured shelving.

Findings included…

Review of the Department of Health's Construction Review Services project lookup website showed no request from the facility to CRS for a room change. There was no information on the website that showed CRS approved the conversion of the second-floor trash room into a trash room/library.

Observation of the second-floor trash room on 10/21/2024 at 11:29 AM showed, in addition to trash, there were three shelving units, approximately seven feet tall, inside the room. The shelves were fully stocked with books. Observation showed each shelving

unit had a strap attached at the top. The straps were designed to secure the shelves to the wall. The straps on each shelving unit were broken.

During an interview on 10/21/2024 at 11:29 AM, Staff Q, Maintenance Director, stated that about four months earlier, the residents' requested the facility add the library to the trash room. Staff Q stated that they were unaware of the regulation to contact CRS for review and approval of the change of room use. Staff Q stated that they were unaware the straps used to anchor the shelves to the walls were broken and no longer secured the shelving units to the wall.

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, Merrill Gardens at Auburn is or will be in compliance with this law and / or regulation on (Date)_____ .

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-3000 Ventilation. The assisted living facility must meet the ventilation requirements of the mechanical code as adopted and amended by the Washington state building council; and

(1) Ventilate rooms to:

(a) Prevent excessive odors or moisture; and

(b) Remove smoke.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure 1 of 1 Memory Care Common Bathroom (MC Bathroom 1) and 1 of 1 Memory Care Laundry Room (MC Laundry 1) were vented to the exterior of the building to prevent excess moisture and odor. These failures placed all 15 memory care residents at risk of poor air quality, respiratory distress, and a diminished quality of life.

Findings included…

Observation on 10/21/2024 at 1:12 PM and 1:15 PM, showed the Memory Care laundry room and common bathroom were adjacent to the Memory Care dining room and living room. Observation showed several residents were in the area. Observation showed the laundry room felt hot and humid. The common bathroom felt hot, humid, and smelled of

feces. Observation showed that neither vent worked to exchange air between the outside and inside of the building.

During an interview on 10/21/2024 at 1:15 PM, Staff Q, Maintenance Director, stated that for the past month, they were aware the laundry room and bathroom were “muggy”. Staff Q stated that at first, they were unable to determine the problem. Staff Q stated that they were finally able to determine the motor for the vent was set “in reverse polarity” which prevented the vent from proper air exchange between the inside and outside of the facility.

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, Merrill Gardens at Auburn is or will be in compliance with this law and / or regulation on (Date)_____ .

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure 1 of 1 Memory Care courtyard (MC Courtyard 1) was free of stagnant water. This failure placed residents at risk of potential illness if the water was consumed and a diminished quality of life.

Findings included…

Observation of the memory care courtyard on 10/21/2024 at 1:34 PM, showed three open-topped gardening containers sat along the path. The containers were filled to the top with stagnant water, organic debris, and snails.

During an interview on 10/21/2024 at 1:34 PM, Staff Q, Maintenance Director, stated that rainwater collected in the containers. Staff Q stated that the water sat in the containers for a long period of time which allowed the water to become stagnant. Staff Q stated that the containers served no purpose and should not be in the courtyard,

collecting water.

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, Merrill Gardens at Auburn is or will be in compliance with this law and / or regulation on (Date)_____ .

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Administrator (or Representative) Date

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

(4) How residents with special needs are individually protected without unnecessary restrictions on the general population.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure 1 of 1 Activities Room (Activities Room 1) was maintained in a safe manner and did not contain potentially hazardous equipment. This failure placed 18 assisted living residents at risk of injury.

Findings included…

Observations between 10/21/2024 and 10/24/2024, from 8:00 AM to 4:00 PM, showed residents frequently used the facility's Activities Room.

Observation on 10/21/2024 at 11:47 AM, showed the Activities Room contained a dishwasher that was accessible to the residents. Observation showed there was a chef's knife with a 10-inch blade inside the dishwasher.

During an interview on 10/23/2024 at 8:50 AM, Staff L, Executive Chef, stated that they were unaware the knife was in the activities room's dishwasher. Staff L stated that the 10-inch chef's knife belonged in the commercial kitchen. Staff L stated that they were not responsible for any aspects of the kitchen in the Activities Room.

During an interview on 10/23/2024 at 11:59 AM, Staff R, Active Living Program Director, stated that they did not know who was responsible for the Activities Room kitchen. Staff R stated that they were unaware of the 10-inch chef's knife inside the dishwasher of the resident accessible Activities Room.

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.

(7) The assisted living facility must:

(a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing, signed and dated by the resident.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to quarterly evaluate 1 of 2 residents (Resident 9) need for electronic monitoring and failed to obtain a written signature. This placed Resident 9 at risk for violation of their privacy.

Findings included…

Review of Resident 9's "Resident Request and Consent to Electronic Monitoring", dated 01/05/2024, showed that the facility re-evaluated the need for electronic monitoring at least quarterly. The consent showed that the re-evaluation was completed in writing, signed and dated by the resident.

Observation on 10/24/2024 at 9:38 AM, showed a sign posted on Resident 9's entry door that stated the area was under video and audio surveillance. Observation showed Resident 9's room was equipped with a live video and audio monitor. Observation showed two cameras with audio capability. One camera was located in the corner of the

exterior wall, opposite of the Resident 9's bed. A second camera was observed located on the same wall near the entry and bathroom area. Observation showed Resident 9 laid in a hospital bed.

During an interview on 10/22/2024 at 9:52 AM, Staff C, Memory Care Supervisor, stated that Resident 9's family installed the video and audio surveillance. Staff C stated that they thought the monitoring equipment was both video and audio.

During an interview on 10/24/2024 at 1:54 PM, Resident 9 stated that they were aware of the video and audio equipment in their room. Resident 9 stated that they were okay with the audio and video equipment.

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, Merrill Gardens at Auburn 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-2400 Protection of resident records. The assisted living facility must:

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to secure 1 of 2 Assisted Living (AL) medication rooms (Medication Room 1) which contained residents' medical records. This failure placed all 32 residents' confidential medical records at risk for unauthorized access.

Findings included…

Review of the facility's policy titled, "Resident Records Management", dated 11/01/2023, showed that assisted living resident charts were to be located in a secured area "such as the assisted living office". The policy showed that the community shall maintain confidential records providing access to files on an as needed basis or as mandated by state law.

Observation on 10/21/2024 at 1:20 PM, showed an unlocked medication room, with the door propped open, located in the assisted living section of the facility. Observation showed the medication room contained 32 assisted living residents' confidential medical charts. Observation showed there were no authorized staff present.

During an interview on 10/24/2024 at 12:45 PM, Staff G, Registered Nurse, Regional Health Services Director, stated that staff were expected to lock the medication room when authorized staff were not present.

Reference Washington Administrative Code 388-78a-2260

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, Merrill Gardens at Auburn is or will be in compliance with this law and / or regulation on (Date)_____ .

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

(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 :

(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 observation, interview, and record review, the facility failed to ensure 2 of 8 residents (Resident 3 and Resident 8) received all medications as prescribed and were not expired. This failure placed Resident 3 and Resident 8 at risk for a potential decline in their health.

Findings included…

Review of the facility's policy titled, "Medication Management", dated 04/20/2021,

showed that staff who dispense resident medications must ensure they provided the correct amount.

RESIDENT 3
Review of Resident 3's service plan, dated 10/09/2024, showed that Resident 3 required daily assistance to follow medication routine. The service plan showed Resident 3 required assistance and supervision for medications to be provided by the facility's Medication Assistant. The service plan showed "Resident will receive prescribed medications per Doctor's orders".

Observation on 10/23/2024 at 9:55 AM showed Staff J, Caregiver/Medication Technician, (unlicensed staff who dispense and administer medications) dispense medications for Resident 3. Observation showed Staff J squeezed an unknown amount of diclofenac (anti-inflammatory medication to treat acute and chronic pain) from a plastic tube and applied the medication topically to both of Resident 3's knees.

Observation on 10/23/2024 at 12:23 PM, showed Staff J squeezed an unknown amount of diclofenac from a plastic tube without measurement. Staff J applied the unknown quantity of diclofenac topically to both of Resident 3's knees.

Review of Resident 3's physician's orders, dated 10/08/2024, showed Diclofenac Sodium External Gel 1%, two grams to be applied topically to affected area, four times a day.

During an interview on 10/23/2024 at 12:23 PM, Staff J stated that they looked at the prescription label on the tube of diclofenac to determine the amount to be dispensed and where the diclofenac was to be applied. Staff J stated that the instructions on the prescription label showed diclofenac was to be applied to "affected areas". Staff J stated that the were trained by another med tech who showed them how to apply diclofenac to both of Resident 3's knees.

During an interview on 10/23/2024 at 3:00 PM, Staff G, Registered Nurse, Regional Director of Health Services, stated that a measurement device was to be used to determine the correct amount of diclofenac to be applied to Resident 3's knees, per the doctor's order. Staff G stated that the way Staff J applied the diclofenac was incorrect. Staff G stated that they would follow-up with Staff J to show them the correct way to measure diclofenac, per the doctor's orders. Staff G stated that the diclofenac order needed to be clarified and be more specific about where it was to be applied.

RESIDENT 8
Review of Resident 8's service plan, dated 05/23/2024, showed Resident 8 diagnoses included [redacted].

Review of Resident 8's August 2024, September 2024, and October 2024 electronic Medication Administration Records (eMAR) showed an order dated 05/15/2023 for nitroglycerin (medication to treat chest pain), sublingual tablet (under the tongue), 0.4 milligrams (mg). The order showed to dissolve one tablet under the tongue, if needed for chest pain, every five minutes, up to three tablets. The order showed if no relief, call 911.

Observation of the Assisted Living medication cart 2 on 10/21/2024 at 1:20 PM, showed the cart contained a bottle of nitroglycerin, 0.4 mg. The label on the bottle showed the nitroglycerin was prescribed for Resident 8. The label showed the medication expired on 05/08/2024.

During an interview on 10/21/2023 at 1:20 PM, Staff K, Caregiver/Medication Technician, stated that the nitroglycerin was given to Resident 8 for chest pain. Staff K verified that the nitroglycerin was expired. Staff K stated that all the Medication Technicians were responsible to check for expired medications.

During an interview on 10/24/2024 at 11:22 AM, Resident 8 stated that they had two stints [small expandable tube that is inserted into a coronary artery (blood vessels that carry oxygen to the heart) to treat a blockage and keep it open] put in and had suffered three strokes. Resident 8 stated that if they experienced chest pain, they called the facility healthcare staff and asked for the nitroglycerin tablets.

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure that 3 of 3 residents (Resident 2, Resident 9, and Resident 10) received nurse delegation services from a qualified, Registered Nurse delegated staff. This failure placed Resident 2, Resident 9, and Resident 10 at risk for improper medication administration and potential for compromised health.

Findings included…

Review of the facility's "Disclosure of Services" dated 2022, showed that if a resident needed nurse delegation services a Registered Nurse would provide oversight. The Disclosure of Services showed that nurse delegation was dependent "on the availability of appropriately-trained staff".

Review of the facility's Medication Management document, dated 04/20/2021, showed that trained staff provided medication assistance to those residents who required the service.

During an interview on 10/21/2024 at 10:30 AM, Staff G, Registered Nurse, Regional Director of Health Services, stated that there were three residents who lived in the "Garden House" Unit (the facility's secured memory care unit) who received nurse delegation services.

Review of the facility's Nurse Delegation binder showed three residents (Resident 2, Resident 9, and Resident 10) received nurse delegation services from a contracted Registered Nurse Delegator (RND). All three residents resided in the facility's secured memory care unit (Garden House).

Review of Resident 2's service plan, dated 09/04/2024, showed that Resident 2 was unable to take medication without assistance. The plan showed their medications were crushed and placed in applesauce.

Review of Resident 9's service plan, dated 08/06/2024, showed Resident 9 required "special prescribed treatment 3-4 times per day". The service plan showed Resident 9 received inhalation treatment via a nebulizer (a machine that turns liquid into a mist). The service plan showed that Resident 9 required assistance with oral medications.

Review of Resident 10's service plan, dated 10/31/2024, showed that Resident 10 required medication assistance or supervision. The service plan showed Resident 10 was unable to take medication without assistance.

Observation on 10/22/2024 between 9:15 AM and 10:12 AM, showed Staff C, Caregiver/Garden House supervisor, administered crushed medications mixed in applesauce to Resident 2 and Resident 10. Observation showed Staff C administered

Resident 9 their medications. Observation showed Staff C set up Resident 9's nebulizer treatment, turned on the machine and administered the oral inhalation treatment.

Review the facility's Nurse Delegation binder showed that Staff C was not delegated by the RND to administer medications to Resident 2, Resident 9, and Resident 10.

Review of the facility employee records showed Staff C was employed and met the basic criteria required between January 01, 2011, and January 06, 2012 which exempted Staff C from the requirement to complete the 70-hour long-term worker basic training requirement and complete home care aide certification. Review of Staff C's records showed no documentation of any current nursing assistant registration, nursing assistant certification or Home Care Aide certification. Review of the Washington State Department of Health Provider Credential Search website showed Staff C's Nursing Assistant Registration expired on 02/16/2002. Review of Staff C's records showed no documentation of any credentials needed to meet the nurse delegation requirements to be delegated.

During an interview on 10/24/2024 at 12:25 PM, Staff G stated that they were unaware Staff C did not meet the requirements to be delegated. Staff G stated they were unaware Staff C was not delegated by the facility's contracted RND to provide delegation services to Resident 2, Resident 9, and Resident 10.

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, Merrill Gardens at Auburn 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-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to provide 1 of 1 sampled resident (Resident 3) with dignity and respect. This failure violated Resident 3's Resident Rights.

Findings included…

RESIDENT 3
Review of Resident 3's service plan, dated 10/09/2024, showed that Resident 3 required daily assistance to follow medication routine. The service plan showed Resident 3 required assistance and supervision for medications to be provided by the facility's Medication Assistant.

Review of Resident 3's physician's orders, dated 10/08/2024, showed an order for Diclofenac Sodium External Gel 1%, (an anti-inflammatory medication to treat acute and chronic pain) two grams to be applied topically to affected area, four times a day.

Observation on 10/23/2024 at 12:23 PM, showed Resident 3 was seated across from the television (TV) in the bistro. Resident 3 was accompanied by their physical therapist. Observation showed another unidentified resident was seated two chairs away from Resident 3. Observation showed two unidentified residents walked by Resident 3. One of the unidentified residents stopped to engage in conversation with Resident 3. Observation showed Staff J, Caregiver, Medication Technician (unlicensed staff who dispenses medications), approach Resident 3. Observation showed Staff J bent over and raised both of Resident 3's pant legs above their knees. Staff J squeezed an unknown amount of diclofenac from a plastic tube and applied the medication topically to both of Resident 3's knees.

During an interview on 10/23/2024 at 3:00 PM, Staff G, Registered Nurse, Regional Health and Wellness Director, stated that they agreed Resident 3's dignity and right to privacy were violated when Staff J applied the diclofenac to Resident 3's knees in a common area of the facility.

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, Merrill Gardens at Auburn 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-2371 Investigations. The assisted living facility must:

(2) Determine the circumstances of the event;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to investigate a report of unknown bruising for 1 of 1 resident (Resident 2). This failure placed all 14 memory care unit residents at risk for additional harm and potential abuse and neglect.

Findings included...

Review of the facility's policy titled, "Event Management", dated 05/17/2024, showed that all team members were obligated by law when there was a reasonable basis to report abuse, suspected abuse, neglect, exploitation, or inappropriate behavior. The policy showed that the General Manager was responsible to ensure an internal incident report was completed. The policy showed reported alleged abuse, or neglect was to be investigated.

Review of Resident 2's service plan, dated 10/22/2024, showed that Resident 2 had a history of aggressive and physically inappropriate behavior. The service plan showed that staff were to allow Resident 2 time to express themselves and their needs prior to care.

Review of Resident 2's progress notes, dated 10/03/2024, showed that while evening care was provided, staff found patches of bruises on Resident 2's right lower leg. The progress note showed that the morning shift staff were unaware of how the bruises occurred to Resident 2's leg.

Review of the facility records found no record of an investigation for the bruises to Resident 2's leg that was reported on 10/03/2024.

During an interview on 10/23/2024 at 3:00 PM, Staff G, Registered Nurse, Regional Health Services Director, stated that an incident report was not done. Staff G stated that Resident 2 resisted care and would strike out towards the caregivers which sometimes resulted in bruises. Staff G stated that an investigation would be completed regarding the unknown bruises.

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, Merrill Gardens at Auburn 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-2260 Storing, securing, and accounting for medications.

(1) The assisted living facility must secure medications for residents who are not capable of safely storing their own medications.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to secure 1 of 2 Assisted Living (AL) medication rooms (Medication Room 1). This failure placed all 32 residents at risk for unauthorized access to several medications.

Findings included…

Review of the facility's policy titled, "Medication Management", dated 04/20/2021, showed that Medications controlled by the facility should be stored in a locked area accessible only by authorized team members. The policy showed that prescription medications for residents who received medications services must be locked up in the medication room.

Observation on 10/21/2024 at 1:20 PM, showed an unlocked medication room with the door propped open located in the Assisted Living, non-memory care, section of the building. The medication room was located inside the facility's unlocked fitness room. Observation showed the fitness room was unlocked to allow independent living and assisted living resident access. Observation showed unidentified residents used the fitness room. Observation showed an outside therapy department room was in the same location, across from the medication room. Observation showed therapy staff in the therapy department office with an unidentified resident. Observation of the fitness room showed an unlocked refrigerator that stored prescription medications. The prescription medications included rectal suppository medications. Observation showed the unlocked medication room provided opportunity for residents, unauthorized staff, and visitors access to the medications. At 1:36 PM, an unidentified caregiver entered the medication room and secured the room, at the request of the Department's Licensor.

During an interview on 10/24/2024 at 12:45 PM, Staff G, Registered Nurse, Regional Health Services Director, stated that staff were expected to lock the medication room when authorized staff were not present.

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, Merrill Gardens at Auburn 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

11/15/2024

Merrill Gardens at Auburn II, LLC
Merrill Gardens at Auburn
18 1st St SE
Auburn, WA 98002

RE: Merrill Gardens at Auburn # 2506

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 11/01/2024 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 Mail the Plan/Attestation Statement and report with original signatures to:

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
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-2380 Freedom of movement. An assisted living facility must ensure all of the following conditions are present before moving residents into units or buildings with exits that may restrict a resident's egress:

(3) The assisted living facility must have a system in place to inform and permit visitors, staff persons and appropriate residents how they may exit without sounding the alarm.

The facility failed to provide information to visitors and appropriate residents about how to exit the secured courtyard within the memory care unit. During the full inspection, the facility added signage that informed visitors and appropriate residents how they may exit the secured courtyard.

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

(1) The assisted living facility must:

(e) Make sure first-aid supplies are:

(i) Readily available and not locked;

(ii) Clearly marked;

(iii) Able to be moved to the location where needed; and

(f) Make sure first-aid supplies are appropriate for:

(i) The size of the assisted living facility;

(ii) The services provided;

(iii) The residents served; and

(iv) The response time of emergency medical services.

(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:

(v) Provisions for essential resident needs, supplies and equipment including water, food, and medications; and

The facility failed to ensure first aid kits were clearly marked, readily available, and appropriate for the size of the facility. The facility failed to ensure there were provisions for essential resident supplies and equipment in the event of a disaster warranting

evacuation. During the full inspection, the facility made clearly marked first aid kits readily available and developed a system to ensure residents had their essential supplies and medical equipment in the event of an evacuation.

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.

The facility failed to post a copy of the last full inspection report in a conspicuous location available to residents and guests. During the inspection, the facility corrected this issue per the regulation.

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 service plan to show they required the use of a Roho Cushion (a wheelchair cushion made of interconnected cells which are filled with air), alternating pressure relieving air mattress (an air mattress to prevent skin breakdown), and fall mats. The service plan did not provide the staff with instructions on how to maintain the equipment. During the full inspection, the facility updated the service plans to accurately reflect the needs of Resident 2.

WAC 388-78A-2510 Specialized training for dementia. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with dementia, whenever at least one of the residents in the assisted living facility has a dementia that is the resident's primary special need and has symptoms consistent with dementia as assessed per WAC 388-78A-2090 (7).

The facility failed to ensure a caregiver (Staff B) hired on 04/11/2024 completed specialized dementia training after 120 days of hire. Review of the facility caregiver schedules showed Staff B worked in the secured memory care unit in August 2024, September 2024, and October 2024. During the full inspection the facility removed Staff B from the Caregiver schedule until all requirements were met.

WAC 388-78A-2450 Staff.

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(D) First aid; and

The facility failed to ensure a caregiver obtained first aid training within 30 days of hire. During the full inspection, the facility updated the caregiver schedule and removed the caregiver from the schedule until all requirements were met.

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:

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)234-6020.

Sincerely,

Laurie Anderson, Field Manager
Region 2, Unit D

Residential Care Services

Enclosure