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

Merrill Gardens at Ballard, LLC
Merrill Gardens at Ballard
2418 NW 56th St
Seattle, WA 98107

RE: Merrill Gardens at Ballard License # 2507

Dear Administrator:

This letter addresses Compliance Determination(s) 32908 (Completion Date 12/01/2023) and 28868 (Completion Date 09/26/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/01/2023 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-2120-3-a, WAC 388-78A-2120-3-b, WAC 388-78A-2120-3, WAC 388-78A-2120-4, WAC 388-78A-2140-2-a, WAC 388-78A-2305-1, WAC 388-78A-2970-1-c-i, WAC 388-78A-2970-1-c-ii, WAC 388-78A-2970-1-c-iii, WAC 388-78A-2970-1-c, WAC 388-78A-2970-3-a, WAC 388-78A-3000-1-a

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

If you have any questions, please contact me at (425)670-6070.

Sincerely,

Jamie Singer

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

This document was prepared by Residential Care Services for the Locator website.

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

Statement of Deficiencies	License #: 2507	Compliance Determination # 28866
Plan of Correction	Merrill Gardens at Ballard	Completion Date
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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 09/29/2023 and 09/30/2023 of:
Merrill Gardens at Ballard
2418 NW 56th St
Seattle, WA 98107

The following sample was selected for review during the unannounced on-site visit: 8 of 32 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

Jamie Singer
Residential Care Services

10/3/2023
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.

This document was prepared by Residential Care Services for the Locator website.

Administrator (or Representative) 10/13/2023 Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section; and

(b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to monitor and evaluate 1 of 8 sampled residents (Resident 4) following falls with head injuries. This placed Resident 4 at risk of compromised health.

Findings included...

Note: Washington Administrative Code 388-78A-2410 - Content of resident records. The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident. Active resident records must include the following: (9) Documentation consistent with WAC 388-78A-2120 Monitoring resident well-being. (10) Staff interventions or responses to subsection (9) of this section, including any modifications made to the resident's negotiated service agreement.

Review of a Resident Information (RI) form showed the ALF admitted Resident 4 on [redacted] 2018 with multiple diagnoses including [redacted] Review of the Assessment/Negotiated Service Agreement (AINSA), dated 08/09/2023, showed Resident 4 was assessed as high risk for fall.

Review of a Progress Notes (PN), dated 07/15/2023, showed Resident 4 had an unwitnessed fall in her apartment that resulted in a skin laceration (cut) at the back of her head. A PN, dated 08/24/2023, showed Resident 4 had a fall while receiving showering assistance from her Private Caregiver, hit her head, and was transported to the hospital for evaluation. Resident 4 came back to the ALF the same day with a diagnosis of [redacted]

This document was prepared by Residential Care Services for the Locator website.

Record review showed there was no documentation of monitoring Resident 4's condition following the falls on 07/15/2023 and 08/24/2023. There was documentation following Resident 4's a head laceration or diagnosis of [redacted] and [redacted] and [redacted]

Interview, on 09/29/2023 at 1:30 PM, Staff I (Resident Care Director) stated the ALF had no documentation that Resident 4 had been evaluated and monitored following the falls and injuries on 07/15/2023 and 08/24/2023.

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 Ballard is or will be in compliance with this law and / or regulation on (Date) 9/1/2023.

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

Administrator (or Representative) — Date: 10/13/2023

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

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

(a) Exclusively for the individual resident; or

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to clearly define the roles and responsibilities, including an alternate plan, for 2 of 2 sampled residents (Residents 3 and 4), Resident 3, whose family member had been providing a medical device, and Resident 4, who had a private caregiver (PCG). This placed Resident 3 at risk for deterioration of diabetic conditions, and Resident 4 at risk for unmet care needs and compromised health if the PCG was unable to fulfill their duties.

Findings included...

This document was prepared by Residential Care Services for the Locator website.

RESIDENT 3
Record review showed that the ALF admitted Resident 3 on [redacted]/2023 with multiple diagnoses including [redacted] and [redacted]

Review of the June, July, and August 2023 electronic Medication Administration Records (eMARs) showed that a Primary Care Provider (PCP) had ordered Resident 3 to use FreeStyle Libre 2 (a continuous glucose (BS) monitoring device. The device measures BS levels through a small sensor applied to the back of a person's upper arm. The sensor can be worn for up to 14 days.) to check BS daily at 8:30 AM.

In an interview, on 08/30/2023 at 10:20 AM, Staff N (MT) stated that MTs were required to check Resident 3's BS every morning. When asked how MTs checked Resident 3's BS, Staff N stated that Resident 3 had a BS monitoring sensor on her arm, and MTs used a device to scan the sensor. Staff N stated that Resident 3's family had been bringing in a sensor every 14 days and changed it on Resident 3's arm.

Observation and interview, on 08/30/2023 at 10:55 AM, showed Resident 3 had a BS monitor sensor attached to her right upper arm. Resident 3 stated that every two weeks, their family member had been changing it.

Review of Progress notes, dated 06/30/2023 and 07/18/2023, showed that the ALF staff notified Resident 3's representative to bring the BS sensor.

Review of a Merrill Gardens Health Services Evaluation and Service Plan (MGHSESP, equivalent to a combined full Assessment and a NSA), dated 07/19/2023, showed no plan addressing who would check/monitor Resident 3's BS or how it would be done. The ALF did not develop plans describing the roles and responsibilities of Resident 3's representative who had been supplying a sensor for their BS monitoring and replacing it every two weeks. There was no alternate plan if the representative did not provide the sensor.

In an interview, on 08/30/2023 at 3:00 PM, after reviewing the Resident 3's MGHSESP, Staff I (Resident Care Director) confirmed that there was no plan for the roles and responsibilities of Resident 3's representative regarding the BS monitoring device. Staff I noted the MGHSESP did not include a back-up plan.

RESIDENT 4
Review of an Resident Information form, undated, showed the ALF admitted Resident 4 on [redacted]/2018 with multiple diagnoses including [redacted] Review of the Assessment/NSA (A/NSA) dated 08/09/2023 showed Resident 4 was assessed as a high risk for falls and had a PCG

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as a companion only.

Interview, on 08/28/2023 at 9:45 AM, Staff I (Resident Care Director) stated the family hired a PCG for Resident 4 who came twice a week. Staff I stated the PCG was not supposed to assist Resident 4 with any activities of daily living (ADL - a term used in healthcare to refer to people's daily self-care activities such as bathing, grooming, ambulation, etc.) or provide any care.

Review of a Progress Notes, dated 08/24/2024, showed Resident 4 fell while the PCG was providing shower assistance.

Review of Resident 4's A/NSA, dated 08/09/2023, did not identify the PCG was to assist Resident 4 with showers. The A/NSA did not clearly define roles and responsibilities, including alternate plan, when the PCG was unable to perform her duties as a companion, or to give shower to Resident 4 as needed.

Plan/Attestation Statement

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

Administrator (or Representative) 10/13/2023 Date

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 and interview, the Assisted Living Facility (ALF) failed to maintain cold holding food at the required temperature of 41 °F (degrees Fahrenheit) or below. This failure placed 32 residents at risk for food borne illness.

Findings included...

NOTE: Washington Administrative Code 246-215-03515 - Temperature and time control—Cooling (FDA Food Code 3-501.14). (1) Cooked time/temperature control for safety food

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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

Interview, on 09/29/2023 at 10:30 AM , Staff C (Executive Chef) stated the ALF had an open dining from 7.00 AM through 7.00PM.

Observation, on 09/30/2023 at 9:28 AM, showed a cooler in the kitchen by the food preparation area was propped open with a 12-inch pitcher containing waffle batter. The cooler had 4 x 4-inch metal containers with the ready-to-eat condiments for the sandwiches that were exposed to ambient air. When asked to check food temperatures, Staff C measured the condiments temperatures as follows.

- Sliced tomatoes 49°F
- Cherry tomatoes 64 °F
- Mayonnaise 50°F
- Sliced avocados 50°F
- Sliced onions 48°F
- Swiss cheese 68°F

In interview, on 09/30/2023 at 9:30 AM, Staff C stated the cooler should be covered to keep the cold food cold. When asked about the refrigerator below the cooler Staff C stated that Staff L (Prep Cook) reported that the refrigerator under the cooler had not been working for 3-4 days. Staff C stated he was not aware that the refrigerator under the cooler had not been working.

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 Ballard is or will be in compliance with this law and / or regulation on (Date) 9/1/2023.

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

Administrator (or Representative) — Date: 10/13/2023

WAC 388-78A-2970 Garbage and refuse disposal. The assisted living facility must:

(1) Provide an adequate number of garbage containers to store refuse generated by the assisted living facility:

(c) Cleaned and maintained to prevent:

(i) Entrance of insects, rodents, birds, or other pests;

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(ii) Odors; and

(iii) Other nuisances.

(3) Provide for safe and sanitary collection and disposal of:

(a) Garbage and refuse;

This requirement was not met as evidenced by:

Based on observation and interviews, the Assisted Living Facility (ALF) failed to ensure garbage and waste disposal was clean and maintained to prevent overflow and odors. This failure placed 32 residents at risk for unclean environment and diminished quality of life.

Findings included...

Observation, on 08/29/2023 between 11:15 and 11:45 AM, with Staff A (Maintenance Director) showed when the door to the ALF's refuse area was opened an overwhelming odor came out of the enclosed room. There was a pool of rust colored water observed on the floor of the room. A opened garbage compactor, located on the right side of the refuse room, was open with garbage in it. Two large compactor bins, located by the compactor, were left open with garbage bags in them. A large uncovered blue cart, used to collect garbage on the floor and a recycle bin were both full and overflowing.

In interview, on 08/29/2023 at 11:20 AM, Staff A stated the two extra compactors bins were not supposed to be used as filled with garbage, "Because staff knew they are supposed to throw garbage directly into compactor, not in the empty ones. I used to have labels around them, but I need to put them up again or put a plywood cover on top of them." Staff A further stated that she was not aware the recycle bin had to be covered.

In interview, on 08/29/2023 at 11:45 AM, Staff H (General Manager) stated the garbage was overflowing because the ALF did not set it up to be picked up by the city as scheduled, "If you do not put the bins in the right position along the curb, they will not pick them."

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 Ballard is or will be in compliance with this law and / or regulation on (Date) 9/1/2023

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

Administrator (or Representative) 10/13/2023 Date

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2507	Compliance Determination # 28656
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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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure a vent in a room used for housekeeping and refuse on the third floor was functional. This placed the four residents who lived on the third floor at risk for a diminished quality of life due to excessive odor from garbage.

Findings included...

Review of the Resident Characteristics Roster, undated, showed four Assisted Living residents living on the third floor.

Observation, during the environment tour with Staff H (Administrator), on 08/29/2023 at 10:51 AM, showed that a recycle bin and a garbage bin were stored in a Housekeeping/Refuse room (HK/RR) on the third floor. In the HK/RR, there was odor from the garbage. When the Department Representative turned on a switch for a vent in the ceiling, the ventilation did not start. Staff H also attempted to turn on the vent multiple times, but it did not work.

In an interview, on 08/29/2023 at 10:52 AM, Staff H stated that the HK/RRs were for residents to throw away their garbage. When asked how long the vent was not working, Staff H said, "I don't know."

In an interview, on 08/30/2023 at 3:30 PM, Staff A (Maintenance Director) stated that the ALF needed to have parts to fix the vent, and the parts had just been ordered.

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 Ballard is or will be in compliance with this law and / or regulation on (Date) 9/1/2023

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

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Statement of Deficiencies	License #: 2507	Compliance Determination # 28568
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Administrator (or Representative)

10/13/2023
Date

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

10/03/2023

Merrill Gardens at Ballard, LLC
Merrill Gardens at Ballard
2418 NW 56th St
Seattle, WA 98107

RE: Merrill Gardens at Ballard # 2507

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 09/26/2023 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:

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

This document was prepared by Residential Care Services for the Locator website.

Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

The Assisted Living Facility failed to maintain hot water temperature within the required 105°F (degree Fahrenheit) and 120°F used by residents. This placed 32 residents at risk for unmet care needs.

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 (425)670-6070.

Sincerely,

This document was prepared by Residential Care Services for the Locator website.

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

Enclosure

This document was prepared by Residential Care Services for the Locator website.