



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

Aegis Senior Communities LLC
Aegis of Mercer Island
7445 SE 24th Street
Mercer Island, WA 98040

RE: Aegis of Mercer Island License # 2509

Dear Administrator:

This letter addresses Compliance Determination(s) 40637 (Completion Date 05/01/2024) and 36710 (Completion Date 02/27/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/01/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2700-1-a, WAC 388-78A-2380-3, WAC 388-78A-2170-1

The Department staff who did the on-site verification:

Thomas Forkgen, ALF Licenser
Michelle Yip, ALF Licenser

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

Sincerely,

Laurie Anderson

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

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
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 2509	Compliance Determination # 36710
Plan of Correction	Aegis of Mercer Island	Completion Date
Page 1 of 7	Licensee: Aegis Senior Communities LLC	02/27/2024

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 02/13/2024, 02/13/2024, 02/16/2024 and 02/16/2024 of:

Aegis of Mercer Island
7445 SE 24th Street
Mercer Island, WA 98040

The following sample was selected for review during the unannounced on-site visit: 9 of 83 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licenser
Michelle Yip, ALF Licenser

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

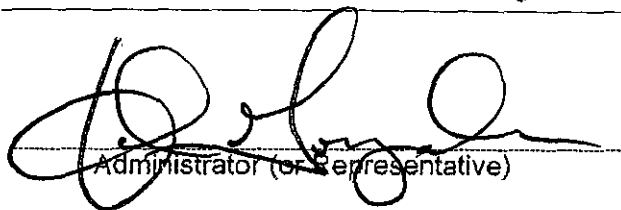
03/07/2024

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.

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Administrator (or Representative)

3/12/24
Date

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

- (1) The assisted living facility must:
- (a) Maintain the premises free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview the facility failed to ensure 1 of 2 stairwells (Stairwell 1) were accessible to residents for emergency evacuation purposes. This failure placed all residents at risk of not being able to evacuate the facility building during an emergency.

Findings included...

Review of the facility's document titled "Disaster Response Procedure: Evacuation", dated 08/17/2022, showed that ambulatory residents should be encouraged to exit via the stairs on their own if they can do so safely. The procedure showed that non-ambulatory residents or residents that required assistance utilized the evacuation chairs with staff assistance.

Review of the facility's undated Emergency Evacuation Plan showed the emergency stairwell exits were located at each end of the building. The plan showed that the emergency meeting areas were in each of the stairwells.

The physical construction of the facility consisted of four floors with two stairwells located on each end of the building.

During the environmental tour with Staff H, Maintenance Director, on 02/13/2024 at 2:30 PM, observation showed a plastic barrier installed with dust barrier poles to hold the plastic in place. The barrier extended from the floor to the ceiling. The barrier was located on the fourth floor of the facility. The plastic barrier blocked the access to the fourth-floor stairwell. Observation showed a red zippered door that allowed access to the other side of the barrier was closed. Observation showed there were missing tiles from the ceiling.

During an interview on 02/13/2024 between 2:30 PM and 4:00 PM, Staff H stated that a sand pipe broke inside the facility in January of 2024 and was in process of repair. Staff H stated that the construction company needed to access the pipe through the ceiling. Staff H stated that the plastic barrier was installed to contain the dust debris from the construction. Staff H stated that they had not considered the impact the barrier created for

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access to the stairwell during an emergency evacuation.

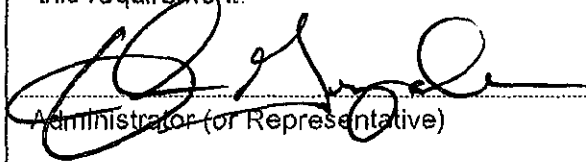
During an interview on 02/16/2024 at 10:40 AM, Staff H stated that the plastic barrier has been in place for a week. Staff H stated that the construction crew was scheduled to return and complete the job soon.

During an interview on 02/28/2024 at 3:29 PM, Collateral Contact 1 (CC1), State Deputy Fire Marshal, stated that a plastic barrier that blocks an emergency egress or required additional steps to access the evacuation route would be considered a fire safety issue and would need to be inspected. CC 1 stated that for elderly residents to perform the extra step of unzipping the access door to access the stairwell would cause a delay in evacuation.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Aegis of Mercer Island is or will be in compliance with this law and / or regulation on (Date) 4/12/24.

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


Administrator (or Representative)

3/12/24
Date

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.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to inform visitors how to exit from the secured memory care unit. This failure placed visitors with insufficient information to leave the secured unit without assistance.

Findings included...

Observations of the memory care ("Life's Neighborhood") unit on 02/13/2024 from 2:30 PM to 4:00 PM, on 02/14/2024 from 9:00 AM to 4:00 PM, on 02/15/2024 at 9:00 AM to 3:30 PM, and on 02/16/2024 from 9:00 AM to 11:00 AM, showed the unit had three exits. Each exit used a coded box that opened the door to leave the unit. Observation showed that none of the exits provided instructions on how to exit the unit.

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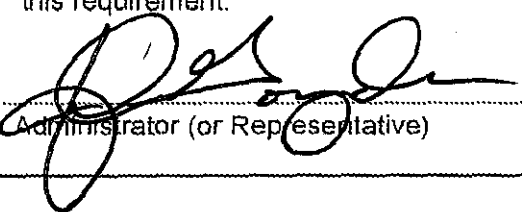
During an interview on 02/13/2023, at 2:30 PM, Staff H, Maintenance Director, stated that there was no system in place that informed visitors how to exit the secured memory care unit. Staff H stated that visitors needed to ask the staff for assistance to exit. Staff H stated that for security reasons, they changed the code to Life's Neighborhood every month. Staff H stated that the monthly change of the access code made it difficult to provide standard instructions to visitors.

During an interview on 02/16/2024 at 11:00 AM, Staff H stated that they were not sure how the facility would provide instructions to visitors that provided access to exit the unit.

Plan/Attestation Statement

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3/12/24
Date

WAC 388-78A-2170 Required assisted living facility services.

(1) The assisted living facility must provide housing and assume general responsibility for the safety and well-being of each resident, as defined in this chapter, consistent with the resident's assessed needs and negotiated service agreement.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 2 of 12 residents' (Resident 9 and Resident 10) medical device was securely and safely installed for use. This failure placed Resident 9 and Resident 10 at risk for potential entrapment and injury.

Findings included...

BED ENABLER

Review of the Department of Health and Social Services (DSHS) document titled "Dear Assisted Living Facility Administrator", dated 05/15/2013, showed Assisted Living Facility Providers were issued this letter related to the safety risks associated with the use of all medical devices. The letter listed some examples of medical devices with known safety risks when used include transfer poles, Posey or lap belts, and side bed rails. Potential risks of medical devices may include strangling, suffocating, bodily injury, skin bruising,

cuts, scrapes, agitation, feeling isolated or unnecessarily restricted.

Review of the Department of Health and Social Services (DSHS) document titled Dear Assisted Living Facility Administrator/Provider, dated 02/25/2022, showed Assisted Living Facility Providers were issued this letter related recall of certain bed rails. The letter showed that in December 2021, the United States Consumer Product Safety Commission (CPSC) issued recalls for three brand-specific quarter- and eighth-length bed rails that were commonly used to assist with transferring and positioning. The letter showed that CPSC found these devices can lead to consumer injury or death due to entrapment and asphyxiation. The letter showed that an occupational therapist/physical therapist may be able to find an alternative for transferring and positioning for those who need it.

Review of the facility's policy titled "Resident Services\Supportive Devices with Restraining Qualities", dated 03/15/2023, showed that the facility was committed to providing a resident environment that was free of hazards and restrictions. The policy showed that a resident may choose to use enabler devices, such as bed side rails or transfer poles, as long as their use does not impede or endanger the resident. The policy showed that close attention should be paid to the design of the side rail/enabler device and the relationship of the device to other parts of the bed. The policy showed that some bed rail/enabler devices were recalled and should be replaced. The policy showed that gaps or spaces of two (2) inches or larger for any side rail/enabler device would be filled or covered with suitable materials to reduce the risk of entrapment. The policy showed side rails and enabler devices must be firmly attached such that they were not able to be pulled loose.

RESIDENT 9

Review of the facility's Resident Characteristics Roster showed that the facility admitted Resident 9 in [REDACTED] 2022. The Characteristics Roster did not document Resident 9 used a medical device (bed enabler).

Observation of Resident 9's apartment on 02/15/2024 at 11:20 AM, showed a U-shaped half rail, 17 1/2 inches wide and 18 inches in length attached to the bed. Observation showed there no mesh or other type of cover over the gap of the rail bars. Observation showed the side rail was loose and moved with minimal pressure which created a gap, greater than six inches, between the mattress and the side rail. Observation showed Resident 9 moved the half rail with minimal effort.

During an interview on 02/15/2024 at 11:20 AM, Resident 9 stated that the side rail was loose and should be tightened up. Resident 9 stated that their daughter installed the rail and needed to bring in some straps to secure the side rail to the bed.

Review of Resident 9's assessment, dated 06/20/2023, showed Resident 9 used a half side rail on the right side of the bed. The assessment showed Resident 9 used the side rail to assist with getting in and out of bed and for repositioning when in bed. The assessment showed that a work order was submitted to the maintenance department on 06/20/2023 to secure the side rail to the bed. The assessment showed that on 06/19/2023, the rail gaps greater than two inches were covered with a mesh.

Review of Resident 9's Individualized Service Plan, dated 02/13/2024, showed that Resident 9 used a half side rail on the right side of the bed. The service plan showed that Resident 9 refused a cover over the rail.

Review of Resident 9's February 2024 electronic Medication Administration Record (eMAR) showed the Medication Technicians [Med Techs (unlicensed staff who dispense medications)] were to complete side rail safety checks every morning. The Med Techs were responsible to ensure the side rail was secured to the bed and ensure there was less than a two-inch gap between the side rail and mattress.

During an interview on 02/16/2024 at 10:45 AM, Staff I, Registered Nurse, Health Services Director, stated that Resident 9 refused to have a mesh cover over the side rail. Staff I stated that the mesh cover prevented Resident 9 from grabbing any part of the side rail. Staff I stated that the risks of entrapment were explained to Resident 9 and their representative, and both understood and accepted the risk. Staff I stated that it was Resident 9's right to have the unsafe side rail. Staff I stated that the loose side rail was a safety concern, and they would have it fixed. Staff I stated that they would work around any refusal Resident 9 may have so the side rail could be secured.

Resident 10

Record review of the facility's Resident Characteristics Roster showed that the facility admitted Resident 10 in [REDACTED] 2020. The Characteristics Roster showed Resident 9 used a medical device (bed enabler).

Observation on 02/16/2024 at 10:00 AM of Resident 10's apartment, showed a quarter side rail attached to the right side of Resident 10's bed. Observation showed a gap 7 inches wide and 20 inches long between the bars. Observation showed no mesh or other type of cover over the gap of the rail bars.

Review of Resident 10's assessment, dated 04/21/2023, showed a quarter side rail was attached to the right side of the bed. The assessment showed Resident 10 used the side rail was to assist to get in and out of bed and for repositioning when in bed. The assessment showed that on 04/21/2023, a mesh cover was applied to the rails and the side rail was secured to the bed.

Review of Resident 10's Individualized Service Plan dated 02/16/2024, showed that Resident 10 used a quarter side rail, attached to the right side of the bed. The service plan showed that Resident 10 used the side rails for bed mobility. The service plan showed staff were to ensure the side rail was secured and was not loose. The service plan showed that a mesh covering must be on the side rails for resident safety.

Review of Resident 10's February 2024 eMAR showed a directive to the Med Techs to perform a side rail safety check every morning. The side rail safety check showed that the

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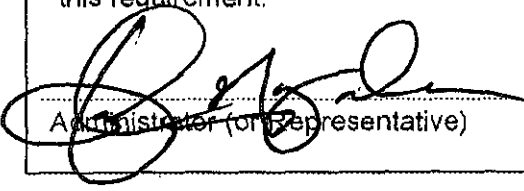
Med Techs were to ensure the side rail was covered.

During an interview on 02/16/2024 at 10:45 AM, Staff A, General Manager and Staff I both asked if the Department of Social and Health Service provided guidelines on side rail safety. Staff A and Staff I stated they were unaware of the "Dear Assisted Living Facility Administrator", letters dated 05/15/2013 and 02/25/2022 regarding side rail safety. Staff A and Staff I requested a copy of the letters.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Aegis of Mercer Island is or will be in compliance with this law and / or regulation on (Date) 4-12-24.

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


Administrator (or Representative)

3/12/24
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

03/07/2024

Aegis Senior Communities LLC
Aegis of Mercer Island
7445 SE 24th Street
Mercer Island, WA 98040

RE: Aegis of Mercer Island # 2509

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 02/27/2024 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

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

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-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 Assisted Living Facility did not post a copy of the last Department of Social and Health Services inspection report in an accessible place within the facility. The report was locked up in a drawer behind the concierge desk in an unmarked binder. There was no signage that showed anyone how to access the inspection report. During the on-site inspection the facility labeled the binder and posted a sign that showed the inspection report was available from the concierge upon request.

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

Aegis of Mercer Island # 2509

02/27/2024

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PO Box 45600

Olympia, WA 98504-5600

If You Have Any Questions:

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

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager

Region 2, Unit D

Residential Care Services

Enclosure

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