



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

KIN ON HEALTH CARE CENTER
Kin On Assisted Living
5214 42nd Ave S
Seattle, WA 98118

RE: Kin On Assisted Living License # 2519

Dear Administrator:

This letter addresses Compliance Determination(s) 28954 (Completion Date 09/01/2023) and 26997 (Completion Date 07/27/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/01/2023 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-2140-1-a-ii, WAC 388-78A-2140-5

The Department staff who did the on-site verification:
Keiko Kitano, Licensors

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 #: 2519	Compliance Determination # 26997
Plan of Correction	Kin On Assisted Living	Completion Date
Page 1 of 3	Licensee: KIN ON HEALTH CARE CENTER	07/27/2023

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 07/20/2023 and 07/21/2023 of:

Kin On Assisted Living
5214 42nd Ave S
Seattle, WA 98118

This document references the following SOD dated: 07/27/2023

The following sample was selected for review during the unannounced on-site visit: 5 of 17 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Keiko Kitano, Licenser

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

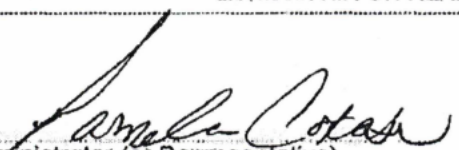
08/09/2023

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.

Statement of Deficiencies	License #: 2519	Compliance Determination # 26997
Plan of Correction	Kin On Assisted Living	Completion Date
Page 2 of 3	Licensee: KIN ON HEALTH CARE CENTER	07/27/2023


Administrator (or Representative)

8/17/2023
Date

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:

- (1) The care and services necessary to meet the resident's needs, including:
 - (a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:
 - (ii) The resident's full assessments;
- (5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop and document behavioral interventions in the Negotiated Service Agreement (NSA) for 1 of 5 sampled residents (Resident 5). This placed Resident 5 at risk for not receiving care and services related to behavioral health needs.

Findings included...

Review of Resident 5's records showed that the ALF admitted Resident 5 on [REDACTED]/2023 with multiple diagnoses including [REDACTED] and [REDACTED]

Review of the Current and Past Behaviors/Problems section in the ALF's Supportive Housing Assessment (SHA), dated 06/22/2023, showed that Resident 5 was identified as having current depression and having hallucinations, as well as a history of suicidal thoughts and behaviors.

Review of Resident 5's Supportive Housing NSA (SHNSA), dated 06/23/2023, showed Resident 5 had visual hallucinations. Review of the SHNSA showed no interventions in place to provide care and services if Resident 5 was experiencing visual hallucinations or suicidal ideations. Review of the SHNSA showed no plan to instruct care staff what to do when Resident 5 exhibited mental decompensation (worsening condition of mental illness). There was no information about a crisis plan should Resident 5 experience a worsening mental health condition.

Statement of Deficiencies	License #: 2519	Compliance Determination # 26997
Plan of Correction	Kin On Assisted Living	Completion Date
Page 3 of 3	Licensee: KIN ON HEALTH CARE CENTER	07/27/2023

In an interview, on 07/21/2023 at 10:37 AM, Staff A (Administrator) stated that she acknowledged Resident 5's SHNSA did not include a crisis plan for if Resident 5 exhibited a worsening mental health condition.

In a telephone interview, on 07/26/2023 at 11:46 AM, Staff B (Registered Nurse) stated that she had been responsible for developing and updating the SHNSAs for all residents. Staff B said that when admitting Resident 5, she did not develop any interventions for Resident 5's suicidal ideations or hallucinations. Staff B stated that she never thought that Resident 5's suicidal ideations would be the issue because it was in the past, not current.

This is an uncorrected deficiency previously cited on 06/02/2023 and a recurring deficiency previously cited on 01/21/2022.

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, Kin On Assisted Living is or will be in compliance with this law and / or regulation on (Date) 8/24/2023

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



Administrator (or Representative)

8/14/2023

Date



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 #: 2519 Compliance Determination # 23912
Plan of Correction Kin On Assisted Living Completion Date
Page 1 of 21 Licensee: KIN ON HEALTH CARE CENTER 06/02/2023

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 05/10/2023 and 05/12/2023 of:

Kin On Assisted Living
5214 42nd Ave S
Seattle, WA 98118

The following sample was selected for review during the unannounced on-site visit: 8 of 17 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licenser
Keiko Kitano, Licenser

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.

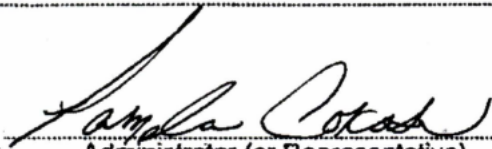
Jamie Singer
Residential Care Services

6/5/2023
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.

Statement of Deficiencies	License #: 2519	Compliance Determination # 23912
Plan of Correction	Kin On Assisted Living	Completion Date
Page 2 of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023


 Administrator (or Representative)

6/9/2023
 Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

- (8) Individual's level of personal care needs, including:
- (b) Medication management ability, including:
 - (i) The individual's ability to obtain and appropriately use over-the-counter medications; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that an assessment was completed regarding 1 of 1 sampled resident's (Resident 3) ability to safely self-administer her medication without nurse delegation (ND). This placed Resident 3 at risk for receiving unnecessary nurse delegation services.

Findings included...

Review of a Resident Information (RI) form, dated 01/11/2023, showed the ALF admitted Resident 3 on [REDACTED]/2021 with care needs related to multiple disabling diagnoses. Review of the Supportive Housing Assessment, dated 01/12/2023 showed Resident 3 required ND service for Voltaren gel (used for mild to moderate pain) on her hand.

Review of Resident 3's January 2023 electronic Medication Administration Records (eMARs) showed Resident 3 was prescribed a Salonpas (used to relieve back pain) daily and Voltaren gel 1% every 12 hours as needed.

Review of the ND Nursing Visit form, dated 03/11/2023, showed Staff H (Registered Nurse Delegator) delegated medication technicians (MTs) to administer Resident 3's Voltaren gel and Salonpas patch due to left sided weakness, hand arthritis, back, and tailbone pain.

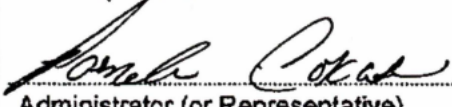
In interview, on 05/12/2023 at 12:45 PM, Resident 3 was found to be alert and oriented, and able to express her care needs.

In interview, on 05/12/2023 at 2:30 PM, Staff A (Registered Nurse), stated Resident 3

Statement of Deficiencies	License #: 2519	Compliance Determination # 23912
Plan of Correction	Kin On Assisted Living	Completion Date
Page 3 of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023

could communicate her care needs, including asking for pain medications. Staff A stated Resident 3 could direct MTs where to place her Salonpas patch and Voltaren gel and therefore did not meet the needs of ND.

This is a deficiency previously cited on 01/21/2022.

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, Kin On Assisted Living is or will be in compliance with this law and / or regulation on (Date) <u>7/7/2023</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>6/9/2023</u> Date

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:

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to update a Negotiated Service Agreement (NSA) for 1 of 1 sampled resident (Resident 1) to reflect current assessed needs and preferences regarding self-management of medications. This placed Resident 1 at risk of compromised health status.

Findings included...

Review of a Move-In Record showed the ALF admitted Resident 1 on [REDACTED]/20219 with multiple medical diagnoses. An Assessment, dated 12/05/2022, showed Resident 1 was independent and managed medications by herself. Review of an NSA, dated 12/05/2022, showed Resident 1 had a medication organizer with medication prepared by the family.

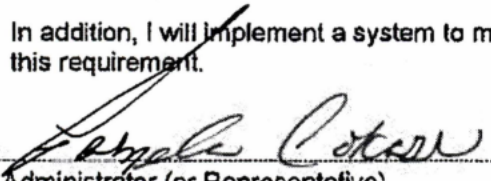
In an interview, on 05/11/2023 at 10:20 AM, when asked where the ALF filed the plan for the family's assistance with medication services for Resident 1, Staff A (Registered Nurse) stated that Resident 1 had been taking medications by herself, and her family did not assist her with medications.

Statement of Deficiencies	License #: 2519	Compliance Determination # 23912
Plan of Correction	Kin On Assisted Living	Completion Date
Page 4 of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023

In an interview, on 05/24/2023 at 1:48 PM, Resident 1 stated that she had been ordering medications from her preferred pharmacy and taking them independently. When asked how the pharmacy delivered her medications, Resident 1 stated, "by mail." When asked whether her family assisted her with medications, Resident 1 stated, "No." Resident 1 stated she preferred to manage her medications by herself.

Resident 1's record showed no updated NSA addressing Resident 1's current preference to self-manage her medications, including ordering medications by mail.

This is a deficiency previously cited on 09/08/2022.

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, Kin On Assisted Living is or will be in compliance with this law and / or regulation on (Date) <u>7/7/2023</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>6-9-2023</u> Date

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:

- (1) The care and services necessary to meet the resident's needs, including:
 - (a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:
 - (ii) The resident's full assessments;
- (5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to develop and document interventions appropriate to the care needs of 3 of 6 sampled residents (Residents 3, 4, and 6) in the Negotiated Service Agreement (NSA) This placed Residents 3, 4, and 6 health and safety at risk.

Statement of Deficiencies	License #: 2519	Compliance Determination # 23912
Plan of Correction	Kin On Assisted Living	Completion Date
Page 5 of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023

Findings included...

RESIDENT 3

Review of a Resident Information (RI) form, dated 01/11/2023, showed the ALF admitted Resident 3 on [REDACTED]/2021, with care needs related to multiple disabling diagnoses including recurrent [REDACTED]

Review of the ALF's Supportive Housing Assessment (SHA), dated 01/12/2023, under section on Depression Screening, did not show list of possible indicators of depression. However, review of the February, March, and April 2023 electronic medication administration record (eMAR) showed Resident 3 received citalopram (a medication to treat depression) 20 milligrams (mg) daily.

Review of the NSA, dated 01/12/2023, under Psychosocial/Cognitive Status, did not address Resident 3's baseline behaviors for staff to identify changes, behavioral interventions, or worsening condition of Resident 3's mental health.

RESIDENT 4

Review of a RI form, dated 09/07/2022, showed the ALF admitted Resident 4 on [REDACTED]/2021 with care needs related to multiple diagnoses including [REDACTED]. Review of the ALF's SHA, dated 11/16/2022, under Cognitive Skills for Decision Making, showed Resident 4 had moderately impaired cognition, required reminders, cues, and supervision in planning organizing daily routines, with significant behavior identified with depression.

Review of the February, March, April, and May 2023 eMARs showed Resident 4 received Sertraline 25 mg daily for depression.

Review of the Progress Notes (PN), dated 02/15/2023, showed Staff G (Medication Technician ((MT))) documented Resident 4, "Having onset of dementia, behavior changed and approached MT physically...pulled her jacket and name tag, expressing angry behavior, yelling, talking loud...two caregivers tried to calm [Resident 4] down." A PN, dated 02/20/2023, showed Resident 4 with a "different behavior," asking for medications after already given. A PN, dated 02/23/2023, showed staff documented Resident 4 had confusion and behavior issues, attacking the night shift staff with her cane. A PN, dated 03/05/2023, showed Resident 4 yelled at staff saying someone stole her clothes and burned her, forced open the office and smashed all the documents at the door. A PN, dated 03/19/2023, showed Resident 4 hit a pregnant staff member in her stomach with her fist.

Review of the NSA, dated 11/29/2022, under Psychosocial/Cognitive Status showed when Resident 4 "Gets agitated, staff to offer coffee or other things to distract and calm her down." However, the NSA did not include target behaviors for staff to identify, behavioral approaches or interventions, or Resident 4's worsening condition of health.

Statement of Deficiencies	License #: 2519	Compliance Determination # 23912
Plan of Correction	Kin On Assisted Living	Completion Date
Page 6 of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023

RESIDENT 6

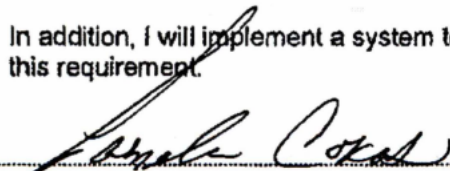
Review of a RI form showed the ALF admitted Resident 6 on [REDACTED] /2023 with multiple disabling diagnoses including [REDACTED] and [REDACTED].

Review of the SHA, dated 02/24/2023, under Depression Screening showed Resident 6 with, "Depressed and irritable mood, or loss of interest or pleasure in nearly all activities."

Review of the March, April, and May 2023 eMARs, showed Resident 6 received escitalopram oxalate 10 mg daily (a medication for depression and anxiety) and clopidogrel bisulfate (a blood thinning medication) 75 mg daily for stroke or heart attack prevention. The February 2023 eMAR showed Resident 6 received metformin HCL (a medication used to control high blood sugar ((BS)) 1000 mg two times a day.

Review of Resident 6's NSA, dated 02/24/2023, did not include target behaviors for staff to identify, behavioral approaches or interventions, or information in the event of Resident 6's worsening condition of mental health. The NSA did not include safety instructions for out-of-range BS readings to guide staff if Resident 6 showed symptoms of high or low BS. The NSA did not include a plan for staff to watch, for the use of a blood thinner such as bleeding events (nosebleed, blood in the urine, and bruising).

This deficiency was previously cited on 01/21/2022.

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, Kin On Assisted Living is or will be in compliance with this law and / or regulation on (Date) <u>7/7/2023</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>6-9-2023</u> 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 Assisted Living Facility (ALF) failed to ensure proper and safe instillation of a side bed rail (SBR) for 1 of 1 sampled resident (Resident 3). This failure placed Resident 3 at potential risk for serious bodily harm,

Statement of Deficiencies	License #: 2519	Compliance Determination # 23912
Plan of Correction	Kin On Assisted Living	Completion Date
Page 7 of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023

including death from entrapment from a bed mobility device.

Findings included...

Note: Washington Administrative Code (WAC) 388-78A-2700 - Emergency and disaster preparedness. (1) The assisted living facility must: (a) Maintain the premises free of hazards.

Note: On 05/15/2013, a "Dear Assisted Living Facility Administrator" letter was issued to Assisted Living Facility Providers related to the safety risks associated with the use of all medical devices to include, i.e. "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 United States Food and Drug Administration (FDA) website, on 05/30/2023, showed the FDA developed a document regarding side bed rail use in health care facilities titled, "A Guide to Bed Safety." The document outlined the importance of frequent assessment to monitor for resident's physical and mental status, monitoring high risk residents, and ensuring side bed rail safe installation. The document outlined risks of using side rails including strangling, suffocating, bodily injury, or death when a person can get caught, increased fall risk if not used properly, feelings of isolation and unnecessary restriction and prevention of completing activities of daily living.

Review of the FDA website, on 05/30/2023, showed specific measurements for side bed rail safety titled, "Overview of the U.S. food and drug administration's potential zones of bed entrapment."

ZONE 1: Within the Rail - any open space between the perimeters of the rail can present a risk of head entrapment. FDA recommended space: less than 4 3/4 inches (").

ZONE 2: Under the Rail, Between the Rail Supports or Next to a Single Rail Support - the gap under the rail between the mattress, may allow for dangerous head entrapment. FDA recommended space: less than 4 3/4"

ZONE 3: Between the Rail and the Mattress - this area is the space between the inside surface of the bed rail and the mattress, and if too big it can cause a risk of head entrapment. FDA recommended space: less than 4 3/4"

ZONE 4: Under the Rail at the Ends of the Rail - a gap between the mattress and the lowermost portion of the rail poses a risk of neck entrapment. FDA recommended space is less than 2 3/8".

Statement of Deficiencies	License #: 2519	Compliance Determination #23912
Plan of Correction	Kin On Assisted Living	Completion Date
Page 8 of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023

ZONE 5: Between Split Bed Rails - when partial length head and split rails are used on the same side of the bed, the space between the rails may present a risk of either neck or chest entrapment.

ZONE 6: Between the End of the Rail and the Side Edge of the Head or Foot Board - a gap between the end of the bed rail and the side edge of the headboard or footboard can present the risk of resident entrapment.

ZONE 7: Between the Head or Foot Board and the End of the Mattress - when there is too large of a space between the inside surface of the headboard or footboard and the end of the mattress, the risk of head entrapment increases.

Review of a policy created by the ALF titled, "Proper Use of Bed Rails", revised October 2022 stated, "If bed rails are used, the facility ensures correct installation, use, and maintenance of the rails." The policy also included a subsection titled, "Policy Explanation and Compliance Guideline: On Going Monitoring and Supervision" under number 15. The facility will continue to provide necessary treatment and care to the resident who has bed rails in accordance with professional standards of practice and the resident's choices. This should be evidenced in the resident's records, including their care plan, including, but not limited to, the following information: A. The type of specific direct monitoring and supervision provided during the use of the bed rails, including documentation of the monitoring..."

Review of a Resident Information (RI) form showed the ALF admitted Resident 2 on [REDACTED]/2021 with multiple disabling diagnoses including [REDACTED].

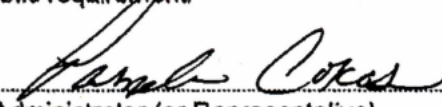
Review of Resident 3's Supportive Housing Assessment (SHA), dated 01/12/2023, under the section of Positioning, showed Resident 3 could reposition herself in bed. Review of Resident 3's Negotiated Service Agreement (NSA), dated 01/12/2023, showed, "Check u-rails at bedtime and as needed to ensure proper placement and safety. Ensure there is covering over the rails. Report to nurse if there is an issue with the bed rail."

Interview and observation, on 05/12/2023 at 12:50 PM, showed an uncovered quarter-size U-shape tubular frame SBR located on the left side of the Resident 3's bed. There was a 7 inches (") X 11" large open gap between the bed rail. The SBR was held to the bed by two horizontal bar supports that sat under the mattress, secured to the floor. Resident 3's spouse (Resident 8) stated that Resident 3 was alert and oriented and able to use the SBR to get in and out of bed.

Observations, on 05/12/2023 and 12:50 PM, 05/12/2023 at 12:50 PM showed the uncovered size and opening of the bed rail did not prevent potential serious injury and entrapment to Resident 3 per FDA's, "potential zones of bed entrapment."

Statement of Deficiencies	License #: 2519	Compliance Determination # 23912
Plan of Correction	Kin On Assisted Living	Completion Date
Page 9 of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023

This is a deficiency previously cited on 01/21/2023.

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, Kin On Assisted Living is or will be in compliance with this law and / or regulation on (Date) <u>6/17/2023</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>6/9/2023</u> Date

WAC 388-78A-2210 Medication services.

- (1) An assisted living facility providing medication service, either directly or indirectly, must:
- (b) Develop and implement systems that support and promote safe medication service for each resident.
- (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 :
- (a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to implement systems to promote safe medication services for 2 of 5 sampled residents (Residents 2 and 6) who required staff assistance with medications. This resulted in Resident 2 not receiving prescribed vitamin D and placed Residents 2 and 6 at risk for compromised health conditions.

Findings included...

Note: According to www.healthline.com, on 06/01/2023, a good diastolic blood pressure (DBP) for older people is between 60 and 90 mm (millimeter of) Hg (mercury). Below 60 mm Hg, older people may experience fainting, tiredness, dizziness, and falls. Low DBP decreases blood flow to your heart. Very low levels may cause symptoms of heart failure.

RESIDENT 2

Review of a Move-In Record showed the ALF admitted Resident 2 on [REDACTED] /2022 with

Statement of Deficiencies	License #: 2519	Compliance Determination # 23912
Plan of Correction	Kin On Assisted Living	Completion Date
Page of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023

multiple diagnoses including [REDACTED]

[REDACTED]. Review of an Assessment, dated 11/20/2022, showed Resident 2 required staff assistance with medications. Review of a Negotiated Service Agreement, dated 12/01/2022, showed the ALF staff would provide Resident 2 with medication assistance.

Review of an After Visit Summary from the office of a Primary Care Provider (PCP), dated 01/05/2023, showed that Resident 2 had an order to take vitamin D (supplement) every 48 hours.

Review of the electronic Medication Administration Records (eMARs) from January 2023 to May 2023 showed the order for vitamin D to be given every 48 hours. The eMARs showed that a column for vitamin D was left blank, indicating that Resident 2 had not received it for over four months.

Observation and interview, on 05/12/2023 at 10:35 AM, showed Resident 2's medication bottles were in a drawer of the medication cart in the medication room. Staff G (Medication Technician (MT)) stated that Resident 2's family had been supplying her medications from a pharmacy in the community. Observation showed no vitamin D in the medication cart. Staff G stated that there was no order for vitamin D. When reviewing the May 2023 eMARs for Resident 2 on the computer screen, Staff G found instructions for vitamin D. Staff G stated that she was not aware of the vitamin D order, but the family had not supplied any vitamin D. Staff G stated that staff had not given vitamin D to Resident 2, but she might be taking it in her apartment.

Observation and interview, on 05/12/2023 at 10:00 AM, showed no medication in Resident 2's apartment. Resident 2 stated that there were no medications in her apartment, and she did not take any medication by herself.

In a telephone interview, on 05/16/2023 at 11:00 AM, when asked why Resident 2 did not receive any vitamin D, Staff A (Registered Nurse) stated that recently, Resident 2's family told her that the PCP discontinued all supplements as of January 2023. So, on 05/02/2023, Staff A stated she discontinued the vitamin D order in the eMARs. When asked whether she received a PCP order to discontinue vitamin D, Staff A said, "No".

On 05/16/2023, the Department received additional documents from Staff A, including a current medication list for Resident 2 from the PCP. Review of the current medication list, dated 05/16/2023, showed that Resident 2 still had an order to take vitamin D every 48 hours.

In a follow-up telephone interview, on 05/24/2023 at 2:09 PM, Staff A stated that she acknowledged that Resident 2's vitamin D order was not followed, and she should not discontinue the order without the PCP's instruction.

Statement of Deficiencies	License #: 2519	Compliance Determination # 23812
Plan of Correction	Kin On Assisted Living	Completion Date
Page of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023

RESIDENT 6

Review of a RI form showed that the ALF admitted Resident 6 on [REDACTED]/2023 with multiple medical diagnoses including [REDACTED]. Review of the Negotiated Service Agreement (NSA), dated 02/24/2023, showed Resident 6 required staff assistance with medication services.

Observation and interview during a medication pass, on 05/12/2023 at 9:00 AM, showed Staff G (Medication Technician) taking Resident 6's BP before giving her medications. When questioned, Staff G identified two BP medications: amlodipine besylate 10 milligram (mg) and benazepril HCl 40 mg (medications used to lower BP) Resident 6 received daily. When asked about BP parameters to identify when Resident 6's BP medications should be held according to the BP reading, Staff G said she followed what the eMARs showed, "Check BP and Pulse twice a day." The eMAR showed no parameters as to when to inform the LN or the physician for high or low BP readings, or when to hold the BP medications for Resident 6.

Review of the April 2023 eMARs showed Resident 6's had low BP readings as follows: 120/53 on 04/03/2023; 135/54 on 04/04/2023; 131/58 on 04/05/2023; 107/60 on 04/09/2023; 127/58 on 04/10/2023; 105/60 on 04/11/2023; and 127/50 on 04/26/2023.

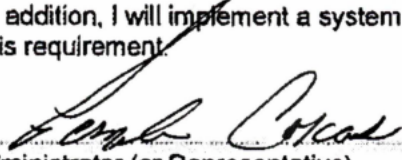
In an interview, on 05/12/2023 at 2:45 PM, when questioned what the BP parameters for Resident 6 were, Staff A (Registered Nurse) stated there were no BP parameters ordered. Staff A acknowledged that BP parameters for when to inform licensed nurse (LN) and physician for Resident 6 needed to be identified.

This is a recurring deficiency previously cited on 01/21/2022.

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, Kin On Assisted Living is or will be in compliance with this law and / or regulation on (Date) 7/7/2023.

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


Administrator (or Representative)

6/9/2023
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:

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

Statement of Deficiencies	License #: 2519	Compliance Determination # 23912
Plan of Correction	Kin On Assisted Living	Completion Date
Page of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(c) Chapter 246-840 WAC, Practical and registered nursing;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to follow the criteria for nurse delegation (ND) for 2 of 2 sampled residents (Residents 7 and 8) who required staff to check blood sugar (BS) levels and/or administer insulin (a medication used to lower BS), and failed to ensure that ND services with consent were provided for 1 of 1 sampled residents (Resident 6). This resulted in non-licensed staff members conducting nursing tasks without having the proper credentials or receiving ND training and placed Residents 6, 7, and 8 at risk for compromised health conditions.

Findings included...

NOTE: The Nurse Delegation Program, under Washington State law, allowed nursing assistants (NAs) and Home Care Aides (HCAs) working in certain settings to perform certain tasks--such as administering medications, including insulin injections and BS testing--normally performed only by licensed nurses. A Registered Nurse (RN) must teach and supervise the nursing assistant, as well as provide nursing assessments of the patient's condition. Nurse Delegation is specific to each resident, each caregiver, and each task. Documentation must be specific as listed in WAC 246-840-930.

NOTE: Washington Administrative Code (WAC) 246-840-930 Criteria for delegation, included the following subsections: (8) Verify that the nursing assistant or home care aide: (b) Has completed both the basic caregiver training and core delegation training before performing any delegated task; (c) Has evidence as required by the department of social and health services of successful completion of nurse delegation core training; (d) Has evidence as required by the department of social and health services of successful completion of nurse delegation special focus on diabetes training when providing insulin injections to a diabetic client; (9) Assess the ability of the nursing assistant or home care aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision. (10) If the registered nurse delegator determines delegation is appropriate, the nurse: (b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter 7.70 RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process. (14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.

Statement of Deficiencies	License #: 2519	Compliance Determination # 23912
Plan of Correction	Kin On Assisted Living	Completion Date
Page of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023

Review of the ALF's undated Disclosure of Services showed that the ALF used NAs as Medication Technicians (MT) under the delegation of a RN to provide some authorized nursing services.

In interviews, on 05/10/2023 at 9:10 AM, Staff G (Executive Director) stated the ALF provided ND services to residents. Staff F (Resident Services Manager) stated that Staff H (RN) had been the Registered Nurse Delegator. When asked what sorts of nursing tasks were delegated to MTs, Staff F stated that there were multiple tasks, including BS testing, insulin injections, administering eye ointments.

RESIDENT 6

Review of a Resident Information (RI) form showed that the ALF admitted Resident 6 on [REDACTED]/2023 with multiple medical diagnoses including [REDACTED].

[REDACTED] Review of the Negotiated Service Agreement (NSA), dated 02/24/2023, showed Resident 6 required staff assistance with medication services.

Review of Resident 6's active records showed a Physician's order, dated 04/07/2023, for Refresh Lacri-Lube Ophthalmic (eye) Ointment (a medicated ointment for dry eyes) to instill to both eyes at bedtime.

In an interview, on 05/11/2023 at 9:00 AM, Staff G (MT) stated that evening shift MTs administered Resident 6's eye ointment.

Review of the April 2023 electronic Medication Administration Record (eMARs) showed Staff B (MT) initialed on 04/08/2023, 04/05/2023, 04/10/2023, 04/23/2023, and 04/30/2023 at 8:00 PM, and Staff D (MT) initialed on 04/09/2023, 04/14/2023, 04/21/2023, and 04/28/2023 at 8:00 PM to indicate administration of eye ointment to Resident 6.

Record review of ND documentation showed Resident 6's or their representative's had not signed a consent to receive ND services. Additionally, ND documentation showed Staff B and Staff D had not been delegated to administer the eye ointment to Resident 6.

In interview, on 05/12/2023 at 2:30 PM, when discussing ND records Staff J (Administrator) stated, "Who put them on schedule? It is our responsibility. That is a citation."

RESIDENT 7

Review of a Move-In Record (MIR) showed the ALF admitted Resident 7 on [REDACTED]/2021 with multiple diagnoses including [REDACTED].

[REDACTED] Review of a Negotiated Service Agreement (NSA), dated 01/25/2023, showed Resident 7 required ND services for insulin injections. Resident 7's Assessment, dated 01/16/2023, showed that insulin was to be administered by licensed

Statement of Deficiencies	License #: 2519	Compliance Determination # 23912
Plan of Correction	Kin On Assisted Living	Completion Date
Page of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023

nurses and delegated MTs.

Review of the April 2023 electronic Medication Administration Records (eMARs) showed orders for Resident 7 to receive an injection of Lantus (a long-acting insulin) every morning and Lispro (a short-acting insulin) three times a day on a sliding scale (varies the dose of insulin based on BS level) when his BS level was above 150.

Observation and interview, on 05/12/2023 at 8:10 AM, showed Resident 7 sitting in a chair in the medication room. Staff G (MT) stated that she had already checked Resident 7's BS level. Observation showed Staff G used an insulin pen on Resident 7's abdomen to inject Lantus insulin. Staff G stated that MTs had been administering two kinds of insulin, one was Lantus every morning, and the other was Lispro, three times a day. Staff G stated that Lispro's dosage was dependent on Resident 7's BS level.

Review of the April 2023 eMARs showed that Staff B (MT) administered Lantus and/or Lispro insulin for Resident 7 on 04/02, 04/03, 04/08, 04/09, 04/10, 04/17, 04/23, 04/24, 04/28, and 04/30/2023.

Review of the April 2023 eMARs showed that Staff D (Caregiver) administered Lispro insulin for Resident 7 on 04/07, 04/14, 04/21, and 04/28/2023.

Review of ND documents showed Staff B and Staff D had never been ND to perform injecting insulin for Resident 7.

RESIDENT 8

Review of a MIR showed that the ALF admitted Resident 8 on [REDACTED]/2020 with multiple diagnoses including [REDACTED]. Review of an NSA, dated 10/17/2022, showed Resident 8 required ND services for insulin injections and BS checks. The NSA showed that injections were managed and administered by Licensed Nurses or MTs, and staff would check Resident 8's BS daily.

Review of the April 2023 eMARs showed that staff had been checking Resident 8's BS before breakfast daily and administering Lantus at 8:00 AM.

Observation and interview, on 05/12/2023 at 8:15 AM, showed Resident 8 entering the medication room and sitting on a chair. Staff G checked his BS by piercing the skin of his finger with a lancet (a single-use, sterile needle for micro-blood Sampling and BS testing). Then, Staff G dialed a Lantus insulin pen to 10 units and injected it on Resident 8's abdomen. Staff G stated that MTs had been checking Resident 8's BS and injecting Lantus every morning.

Review of the April 2023 eMARs showed that Staff B had initialed in columns for BS checks and Lantus injections on 04/02, 04/09, 04/10, 04/17, 04/23, 04/24, 04/26, and

Statement of Deficiencies	License #: 2519	Compliance Determination # 23912
Plan of Correction	Kin On Assisted Living	Completion Date
Page of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023

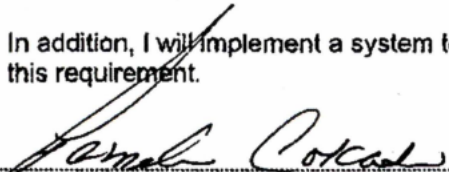
04/30/2023, indicating she had completed those tasks on those days.

Review of ND documents showed Staff B had never been ND to perform BS checks and insulin injections for Resident 7.

Review of a staff record showed the ALF hired Staff B on 01/20/2023 as a caregiver. Staff B's record showed she received certificates of ND Core training on 04/12/2023 and ND Diabetes Focus on 04/26/2023, indicating that Staff B began conducting nursing tasks, such as BS checks and/or administering insulin, before she received ND certificates.

In an interview, on 05/11/2023 at 3:00 PM, Staff F stated that, because Staff B and D had been working as a MT at another facility, she thought Staff B and D were qualified to conduct Nursing tasks at the ALF. Staff F stated that she did not know ND was specific to each resident, each MT, and each task.

This deficiency was previously cited on 09/08/2022.

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, Kin On Assisted Living is or will be in compliance with this law and / or regulation on (Date) <u>7/7/2023</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 _____ Administrator (or Representative)	<u>6/9/2023</u> _____ 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 Assisted Living Facility (ALF) failed to protect the confidentiality and privacy of 1 of 1 former resident (Resident 9) by displaying a confidential list of resident names in a public location. This resulted in a violation of Resident 9's rights related to confidential resident information being available to others.

Findings included...

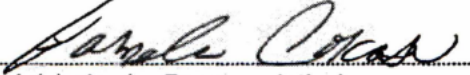
Statement of Deficiencies	License #: 2519	Compliance Determination # 23912
Plan of Correction	Kin On Assisted Living	Completion Date
Page of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023

NOTE: Revised Code of Washington (RCW) 70.129.050 Privacy and confidentiality of personal and medical records - The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. (1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. This does not require the facility to provide a private room for each resident however, a resident cannot be prohibited by the facility from meeting with guests in his or her bedroom if no roommates object.

During the environment observation of the ALF, on 05/10/2023 at 12:50 PM, the Department's Representatives (DRs) observed a binder near the medication room in the ALF lobby on the first floor. The binder was titled State (Department of Social and Health Services) Survey/Inspection Report.

Review of the binder showed a Statement of Deficiencies (SOD), dated 10/12/2022, with a confidential list of residents' names (a key to the residents listed in the SOD). Review of the SOD and attached resident list showed Resident 9's medical conditions. The list read, "CONFIDENTIAL, Do Not Post This List In The Facility."

In an interview, on 05/10/2023 at 12:50 PM, Staff F (Resident Services Manager) stated that she was not aware that the residents' names list was in the binder.

Plan/Attestation Statement	
I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Kin On Assisted Living is or will be in compliance with this law and / or regulation on (Date) <u>7/7/2023</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 _____ Administrator (or Representative)	<u>6-9-2023</u> _____ Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties, including:

(iv) How to report resident abuse and neglect consistent with chapter 74.34 RCW and assisted living facility policies and procedures;

(vii) Resident rights, including without limitation, those specified in chapter 70.129 RCW.

Statement of Deficiencies	License #: 2519	Compliance Determination # 23912
Plan of Correction	Kin On Assisted Living	Completion Date
Page of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 4 of 4 sampled staff members (Staff A, B, C, and J) received required orientation topics, including Resident Rights. This placed 17 of 17 residents in the ALF at risk for violation of their Resident Rights, including abuse and neglect, from untrained staff members, resulting in a diminished quality of life.

Findings included...

NOTE: Washington Administrative Code 388-112A-0210 What content must be included in facility and long-term care worker orientation? (1) For those individuals identified in WAC 388-112A-0200(1) who must complete facility orientation training: (a) Orientation training may include the use of videos, audio recordings, and other media if the person overseeing the orientation is available to answer questions or concerns for the person(s) receiving the orientation. Facility orientation must include introductory information in the following areas: (vi) Resident rights, including: (A) The resident's right to confidentiality of information about the resident; (B) The resident's right to participate in making decisions about the resident's care and to refuse care; (C) Staff's duty to protect and promote the rights of each resident and assist the resident to exercise these rights; (D) How staff should report concerns they may have about a resident's decision pertaining to their care and who they should report these concerns to; (E) Staff's duty to report any suspected abuse, abandonment, neglect, or exploitation of a resident; (F) Advocates that are available to help residents (such as long-term care ombudsmen and organizations); and (G) Complaint lines, hot lines, and resident grievance procedures such as, but not limited to: (i) The DSHS complaint hotline at 1- 800-562-6078; (ii) The Washington state long-term care ombudsman program;

Review of the Resident Characteristics Roster, dated 05/01/2023, showed the ALF provided care and services to 17 residents.

Record review showed Staff A (Registered Nurse) began working at a Skilled Nursing Facility (SNF) in the same campus on 04/13/2022 and transferred to the ALF on 04/01/2023. Staff A received facility orientation on 04/13/2022.

Record review showed the ALF hired Staff B (Caregiver) on 01/20/2023. Staff B received facility orientation on 01/22/2023.

Record review showed Staff C (Housekeeper) began working at the SNF on 08/08/2022 and transferred to the ALF on 10/05/2022. Staff C received facility orientation on 08/08/2022.

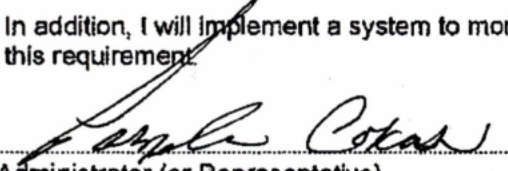
Record review showed the ALF hired Staff J (Administrator) on 01/23/2023. Staff J received facility orientation on 01/23/2023.

Statement of Deficiencies	License #: 2519	Compliance Determination # 23912
Plan of Correction	Kin On Assisted Living	Completion Date
Page of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023

Review of contents about the facility orientation showed no information as to whether Staff A, B, C, and J had received a training for Resident Rights.

In an interview, on 05/12/2023 at 2:30 PM, Staff F (Resident Services Manager) stated that all new staff orientation was conducted by the Human Resources (HR) Department at the main office. The HR told Staff F that they would not provide a training of Resident Rights during the new staff orientation at the main office, saying that it should be provided at the ALF.

Review of staff files showed no additional orientation documents, including Resident Rights, for Staff A, B, C or J.

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, Kin On Assisted Living is or will be in compliance with this law and / or regulation on (Date) <u>7/7/2023</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 _____ Administrator (or Representative)	<u>6/9/2023</u> _____ Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 4 sampled newly hired staff members (Staff C) received a tuberculosis skin test (TST) within three days of her being hired. This placed 17 of 17 residents in the ALF at risk for exposure to a communicable disease.

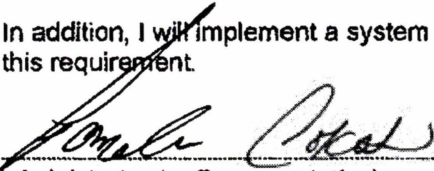
Findings included...

Review of staff records showed that the ALF hired Staff C on 10/02/2022 as a housekeeper. Review of Staff C's record showed that Staff C received a TST on 03/01/2023, about 5 months after being hired.

In an interview, on 05/11/2023 at 3:00 PM, Staff F (Resident Services Manager) stated that

Statement of Deficiencies	License #: 2519	Compliance Determination # 23912
Plan of Correction	Kin On Assisted Living	Completion Date
Page of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023

Staff C's initial (when she was hired) TST results were unable to be located.

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, Kin On Assisted Living is or will be in compliance with this law and / or regulation on (Date) <u>7/7/2023</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>6/9/2023</u> Date

WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

- (1) Ensure that the staff person has a chest X-ray within seven days;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 1 sampled staff (Staff B) had a chest X-ray within seven days when her tuberculosis skin test (TST) result came back positive. This placed 17 of 17 residents in the ALF at risk for exposure to a communicable disease.

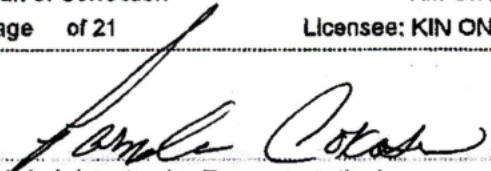
Findings included...

Review of staff records showed that the ALF hired Staff B on 01/20/2023 as a caregiver. Staff B's record showed that she received a TST on 01/20/2023, and the result came back positive on 01/22/2023. Staff B's record showed that she received a Chest X-Ray on 03/15/2023, about two months after her TST result was shown to be positive.

In an interview, on 05/11/2023 at 11:00 AM, Staff F (Resident Services Manager) acknowledged Staff B's Chest X-Ray was done late.

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, Kin On Assisted Living is or will be in compliance with this law and / or regulation on (Date) <u>7/7/2023</u> .
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Statement of Deficiencies	License #: 2519	Compliance Determination # 23912
Plan of Correction	Kin On Assisted Living	Completion Date
Page of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023

	6/9/2023
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:

- (1) The residents' characteristics and needs;
- (2) The degree of hazardousness or toxicity posed by the supplies or equipment;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to secure toxic chemicals in an area residents had access. This failure placed 17 of 17 residents in the ALF at risk for inadvertent ingestion of a toxic solution that could cause harm and compromised health.

Findings included...

Review of the Resident Characteristics Roster, dated 05/01/2023, showed that six residents were identified as having Dementia/Cognitive Impairment and five residents were identified as having behavior/psychosocial issues. Review of Resident 6's active records showed that the ALF admitted Resident 6 with a diagnosis of [REDACTED]

Observation and interview, on 05/11/2023 at 9:10 AM, showed a spray bottle of Hydrogen Peroxide sitting under a sink in the dining preparation area (DPA). Review of the label on the spray bottle showed, "Danger: Causes serious eye damage" and "Keep Out of Reach of Children". Staff I (Director of Food and Nutrition Services) stated that housekeepers (HK) were responsible for cleaning the DPA, and a HK might have left it there.

During the observation, on 05/11/2023 at 9:39 AM, a sliding door was noted between the dining room and the DPA. Staff I stated that the sliding door was kept open until the kitchen staff leave in the evening.

In an interview, dated 05/11/2023 at 10:40 AM, Staff F (Resident Services Manager) stated that the sliding door at the DPA had been kept open from 7:30 AM to 8:00 PM. Staff F stated that the solution inside the spray bottle was not Hydrogen Peroxide, but rather was a diluted bleach (toxic chemical solution; ingestion of bleach will cause damage to the esophagus and stomach, possibly leading to death).

Statement of Deficiencies	License #: 2519	Compliance Determination # 23912
Plan of Correction	Kin On Assisted Living	Completion Date
Page of 21	Licensee: KIN ON HEALTH CARE CENTER	06/02/2023

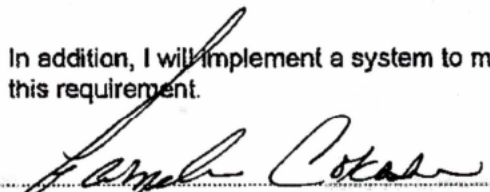
Observation, on 05/12/2023 at 9:20 AM, showed a caregiver cleaning a dining room table with a spray bottle of bleach solution and a rag. During the observation, a resident was walking from the dining room to the elevator. The caregiver put the spray bottle on the counter in the middle of the dining room and followed the resident to get into the elevator. Multiple residents remained in the dining room without staff supervision.

In an interview, on 05/12/2023 at 2:00 PM, Staff J (Administrator) stated that staff needed to have an education to not leave any toxic chemical unattended.

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, Kin On Assisted Living is or will be in compliance with this law and / or regulation on (Date) 7/7/2023.

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


Administrator (or Representative)

6/9/2023
Date